Spirituality and Occupational Therapy: Enhancing the Quality of Life

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Abstract

Spirituality, beliefs, and values are essential client factors that are recognized by the American Occupational Therapy Association's (AOTA) *Occupational Therapy Practice Framework: Domain and Process, Framework III* (AOTA, 2014). These client factors contribute to the meaning and quality of life. Spirituality influences a person's motivation to interact with the environment and engage in occupational performance activities. Spirituality has a unique meaning to every client; therefore, it should be explored from the client's point of view. Frequently spirituality improves coping mechanisms and buffers emotional distress associated with illness. It can be considered a resource for overall wellness and mental health. Occupational therapists may be uncomfortable or unaware as to how to incorporate the client's spiritual needs into treatment. As it is a powerful force in the lives of many people, the concept of spirituality should not be ignored or overlooked in occupational therapy. Increasing awareness of the importance of spirituality's role in client wellness is essential to holistic client-centered occupational therapy practice. The capstone will educate occupational therapy practitioners in exploring spirituality's effect on coping skills, anxiety, depression, and the overall healing process through the development of a manuscript, thereby enhancing client care. Evidence-based practice is utilized to support the importance of including spirituality in occupational therapy to assist clients in maximizing their quality of life and occupational engagement.

Keywords: spirituality, chronic health conditions, coping, quality of life, spiritual well-being

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Project Purpose

The purpose of this manuscript is to investigate the effects spirituality has on the quality of life for individuals who suffer from chronic health conditions. Spirituality is defined as "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, Ferrell, Virani, Otis-Green, Baird, Bull, . . . Sulmasy, 2009, p 887). Connectedness can contribute to the meaning of life, which therefore can influence a person's motivation to engage in occupational performance (AOTA, 2014). This proposed manuscript intends to review evidence-based literature to determine the effects of spirituality on healing, quality of life, and the coping skills of patients and families who are experiencing traumatic health-related issues. In doing so, the findings will further define the role of occupational therapy (OT) and align with AOTA's vision 2025 as occupational therapists maximize the quality of life for all individuals (AOTA, 2017).

Literature Review

The AOTA's *Occupational Therapy Practice Framework: Domain and Process*, *Framework III* (2014) is a guide for occupational therapy practice and defines the profession's core beliefs. It refers to humans as occupational beings with a mind-body-spirit union (AOTA, 2014). Addressing the mind and body in clinical performance is common, but the client's spiritual needs can be overlooked. Thompson, Gee, & Hartje (2018) found that due to the variation of cultural differences in the United States, many OTs view the subject of religion as controversial or difficult to address resulting in the client having unmet spiritual needs.

Following the *Framework III*, occupational therapists are in a prime position to incorporate spirituality into activities of daily life and occupational performance tasks (AOTA, 2014). Exploration of spirituality with clients can increase the natural healing process and address moral injuries that may complicate recovery (Sherman, Usset, Voecks, & Harris, 2018). Authors Thompson et al. (2018) support spirituality as an ever-present force that mingles with occupational choices and performance to influence the quality of life. Spirituality plays a substantial role in managing life experiences, including illnesses (Namageyo-Funa, Muilenburg, & Wilson, 2015).

Spirituality is a vast concept practiced in many ways (Dose, Leonard, McAlpine, & Kreitzer, 2014). Jones, Dorsett, Simpson, and Briggs (2018) reported in their qualitative longitudinal study that spiritual beliefs are often related to religion; however, recognizing that spirituality has many potential sources is vital. A relationship with God or a higher power is the most common form of spirituality, but it is also associated with a connectedness to others, the natural world, and inner strength (Jones et al., 2018). The authors also reported God or a higher power was frequently correlated with religion and gave people a sense of protection, a source of meaning and hope, and provided comfort and peace through prayer. Prayer contributed to the generation of hope for recovery and healing (Jones et al.,2018).

In a systematic review of fifty-nine articles, Maley, Pagana, Velenger, & Humbert (2016) sought to clarify spiritualty's influence, directly or indirectly, on occupational engagement. They discovered spirituality is associated with helping others embrace and deal with disappointments, suffering, fear, and guilt. The authors reported that spirituality allows individuals to be resilient in overcoming obstacles, illnesses, and accept change. The article states that the way individuals

internalize suffering and adversity influence their self-identity. Many people maintain a reliance on a higher power and find spiritual occupations, such as prayer, can improve coping skills and peace of mind. Engagement in spirituality has various avenues but it is interconnected and interrelated to occupations, rituals, habits, and client factors (Maley et al., 2016). Recognizing the mind-body-spirit union is critical when addressing healing and issues associated with chronically ill individuals and their quality of life.

Authors Maley et al. (2016) continues to state that the spiritual aspect of the mind-body-spirit union helps clients cope with major life events and influences occupational engagement. The study revealed that spiritual actions helped foster coping skills, improved self-identity, and enhanced spiritual well-being. One theme emerged, the experience of spirituality, in which participants found support through spirituality in facing their fears, overcome suffering, and deal with feelings of guilt. Finding hope was another theme established by the study in which people developed hope by recognizing God's support, comfort in the belief that things will work out, and direction in dealing with difficult circumstances. Spirituality enhanced the ability of individuals to overcome challenges and accept change (Maley et al., 2016).

The systematic study by Maley et al. (2016) also reported that the theme, the meaning of spirituality, emerged defining how people understand and cope with situations beyond their control. Spirituality contributes to a person's purpose and meaning in life while incorporating feelings of being a part of a bigger plan. A resulting subtheme of positivity and acceptance revealed through spiritual beliefs, individuals found acceptance and encouragement in beauty and strength from everyday experiences despite their suffering or discomfort. The authors

reported that individuals feel a connectedness to personal encounters and relationships. People often seek or associate the connectedness of life to a higher power, God, or something beyond themselves. Maley et al. (2016) described critical thoughts as being present as individuals attempted to make sense of the situation, and find meaning and purpose in their life journey. The article suggests that although spirituality is described in occupational therapy literature, information is missing on how people use spirituality to deal with emotions, form their self-identity, and incorporate it in their life occupations to facilitate coping skills. There appears to be a lack of understanding of how spirituality evolves over time, how it affects adaptation to life circumstances, and the overall spiritual journey. The article by Maley et al. (2016) demonstrates the clinical significance of addressing spirituality in occupational therapy.

Individuals who have a spiritual belief system find that spirituality plays an active role in their hope for healing (Namageyo-Funa et al., 2015). Spirituality involves the client, the client's family, extended relationships, and caregivers including, occupational therapy practitioners and other health care professions (Namageyo-Funa et al., 2015). Religious beliefs should not be overlooked or dismissed as they are a source of comfort and support to families whose loved ones face life-threatening diseases (Beheshitpour et al., 2015).

The authors Sherman et al., in their qualitative study of posttraumatic stress disorder (PTSD) clients, defined spirituality as a connectedness not only to God but to each other as well. The study stated that spirituality increases feelings of connectedness, hope, and love in individuals and their extended family members and friends. Authors Jones et al. (2018) agreed that is important to include family members in the spiritual healing process as they contribute to feelings of connectedness and love. Awareness of the intersection of spirituality, trauma, and

significant relationships impacts an individual's healing and overall well-being (Sherman et al., 2018).

Jones et al. (2018) reported in their qualitative study of resilience and spinal cord injury that spiritual beliefs add to coping mechanisms under challenging situations, while also diminishing depression and anxiety. The authors explored how spirituality contributed to resilience and discovered that a connectedness to God or a higher power, as opposed to a religion, lowers levels of stress and improves overall life satisfaction, thus influencing the quality of life. Prayer was found to facilitate comfort and coping skills while simultaneously generating hope for recovery and healing. The authors also concluded that family should be included in the spiritual process and that spirituality may assist clients in the ability to move forward in life.

Authors Dose et al. (2014) reported that the subject of spiritual well-being is often uncomfortable to address with clients, but it is a very potent coping mechanism. In their qualitative study of the meaning of life at the end of life, it was discovered that the knowledge of the impact spirituality has on purposeful living, and the influence it plays on overall mental and physical health should be considered when treating clients. Connectedness was one of the themes uncovered in the study relating to family, friends, and a higher power or God. Spirituality impacts mental well-being in many clients, but may be more valuable to those who are facing chronic health conditions or end of life circumstances (Dose et al., 2014). The authors reported that clients have a desire to discuss spirituality with their healthcare professionals as it is a crucial component in life experiences. Addressing the client's need to incorporate spirituality into therapy holistically treats the mind-body-spirit union.

Reviewing evidence-based studies indicate there is a strong relationship between spirituality, physical health, and mental health (Dose et al., 2014) (Jones et al.,2018) (Maley et al., 2016). The balance of these three interacting components in people improves their quality of life. Recognizing the power of spirituality and religion to aid in the healing process is vital in every area of healthcare (Namageyo-Funa et al., 2015). Faith-based interventions may be useful to some clients and aids in the awareness of treatment choices that may enhance coping skills (Namageyo-Funa et al., 2015). Spirituality has a vital role in coping with life-threatening conditions, and it is an essential aspect of healing (Beheshitpour, Nasirpour, Yektatalab, Karimi, and Zare, 2015).

Feelings of burnout and stress are often associated with chronic health conditions. Authors Beheshitpour et al. (2015) completed a randomized control trial, level two study, on how educational-spiritual interventions affect the burnout and stress levels in parents of children with cancer. The study concluded that educational-spiritual training reduces burnout in parents of children with cancer when compared to a control group. Immediately following the training, parents in the education-spiritual group showed a statistically significant ($t=10.03$, $p<0.0001$) reduction in stress and burnout compared to the control group. One month after the education, the intervention group continued to show a statistically significant improvement ($t=10.16$, $p<0.0001$) when compared to the control group. The results of the study suggest spiritual needs should be addressed in holistic health care to reduce stress and burnout, especially when facing chronic health situations. Addressing spiritual beliefs with clients can help them cope and reduce anxiety while offering support and comfort.

Another quasi-experimental quantitative study, level 3, conducted by authors Wilson, Forchheimer, Heinemann, Warren, and McCullumsmith, (2017), investigated the effect of spiritual wellbeing on spinal cord injury (SCI) clients and its association on major depressive disorder (MDD) and quality of life (QOL). The study revealed a statistically significant difference among clients who did not participate in spirituality versus those who prescribed to a form of spiritual well-being. Meaning and Peace spirituality (M&P) and faith-based spirituality equally influenced QOL with M&P $p < 0.001$ and faith $p=0.004$. M&P was a significant predictor of the absence of major depressive disorder over faith-based spirituality with M&P value of $p=0.041$, and the faith-based results being less significant at $p=0.635$. All forms of spiritual based coping improved the quality of life and depression with patients who suffered traumatic spinal cord injuries with M&P having $p<0.001$ and faith-based spirituality $p=0.004$. Those individuals who believed in a more existential spirituality, as opposed to a faith-based religion, displayed higher coping mechanisms and less depression. The results of this study demonstrate that spirituality has a positive association with QOL and mood on clients who have a SCI; therefore, it is appropriate for occupational therapists to address spiritual issues with patients. Spiritual strengths that are already present in clients are beneficial, regardless of whether it is M&P focused or religion-based, to improve their overall effect, depressive tendencies, and their quality of life.

Utilizing religious observances in occupational therapy treatment was explored by authors Thompson et al. (2018). The completed qualitative research study included surveys sent to AOTA members investigating the inclusion of religion in their occupational therapy care plans. The results indicated that more than 25% of the occupational therapists never assess a

client's ability to participate in religious observances. Those who did address religion reported they did so due to the client request, but it was not a routine part of the evaluation or treatment plan. Therapists who did address religion did so by helping the client contact a religious leader, praying with the client, practicing components of religious rituals, visiting the hospital chapel, and singing religious songs. Collectively, over half the respondents recognized the importance of spiritual well-being, but rarely ask about it and seldom included it in the treatment plan. The authors hypothesized the lack of attention to spiritual care is due to therapists believing it is a topic to be initiated by the client. In conclusion, the majority of therapists in this study do not view religious observance as a meaningful therapeutic occupation for use in practice. The authors state the lack of application may indicate that therapists may need further education to learn how to utilize religion in therapy. The Thompson et al. (2018) study utilized reliable strategies including triangulation of raters, peer examination, and auditing of data analysis so that the qualitative analysis procedures would have good credibility, confirmability and transferability.

In a qualitative study by Bremault-Phillips, Olson, Brett-MacLean, Oneschuk, Sinclair, Magnus, … Puschalski (2015), the authors defined spirituality as giving purpose and meaning to life, especially in cases of serious illness, chronic medical conditions, or terminal situations. They described spirituality as a dimension of the whole person and a prominent factor in making healthcare decisions; thus, suggested that healthcare professions should address it. Despite reviews that spiritual needs are of vital importance to patients, healthcare providers frequently do not address the issue due to feelings of discomfort, incompetence in their abilities to engage

patients, or time restraints. The authors report that addressing spiritual needs leads to results that are meaningful to the patients and informative and rewarding to the healthcare workers.

Results from the Bremault-Phillips et al. (2015) study concluded that spirituality had a positive influence when incorporated in patient care. It fostered the patient/caregiver relationship, improved care as perceived by the patient and family, enhanced the job satisfaction of healthcare employees, and reduced burnout among interprofessional team members. The study also brought attention to the need for increased awareness of clients' spiritual well-being. Spirituality is often an uncomfortable conversation in patient care that often is alleviated with provider education. Their study supports including spirituality in patient care as it promotes high-quality healthcare services.

Incorporating spiritual care into treatment may directly affect an individual's quality of life. Occupational therapists are in a perfect position to offer resources and support for the spiritual needs of their clients as they address occupational performance areas. Occupational therapists are not providing complete holistic care if they are omitting a key component in mind-body-spirit connection. The knowledge of the impact spirituality has on person-centered care should influence occupational therapists to incorporate it during treatment planning. Increasing awareness of the mind-body-spirit relationship among occupational therapy practitioners is essential as it is an integral part of holistic care. Following the American Occupational Therapy Association's (AOTA) *2025 Vision*, occupational therapy works to maximize the quality of life, well-being, and health of all people. Similarly, AOTA's *Framework III* discusses the mind-body-spirit union, which acknowledges that focusing on the whole person

is better than focusing on isolated aspects of function. Occupational therapists should be aware of the necessity and value of attending to spiritual needs when treating their clients.

Implications for Occupational Therapy

The *AOTA's Occupational Therapy Practice Framework,* (Framework III) is a guide for occupational therapy practice and defines the profession's core beliefs (AOTA, 2014). The *Framework III* defines humans as occupational beings with a mind-body-spirit union (AOTA, 2014). Achieving optimal health and well-being is accomplished through holistic occupational participation in life (AOTA, 2014). The engagement in meaningful activities empowers a variety of influences, including the client factors of values, belief, and spirituality (AOTA, 2014). Spirituality is defined as "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, Ferrell, Virani, Otis-Green, Baird, Bull, . . . Sulmasy, 2009, p 887). This connectedness contributes to the meaning of life, thus influencing a person's motivation to engage in occupational performance (AOTA, 2014). AOTA's *Vision 2025* defines occupational therapy as a profession that maximizes well-being and quality of life for all individuals (AOTA, 2017). Consideration of spirituality in treatment is necessary for optimum quality of life. Occupational therapists can incorporate spirituality into treatment plans enhancing holistic healing and treat the mind, body, spirit union.

The goal of occupational therapists is to improve and maximize the client's quality of life at every stage throughout the lifespan. Therapists should be cognoscente that spirituality may bring comfort, peace, hope, and acceptance to clients (Dose, Leonard, McAlpine, & Kreitzer, 2014). Furthermore, knowing that clients who have relied on spirituality through the life process

may have a greater dependency on it during chronic health issues or at the end of life (Dose et al., 2014). Addressing spiritual concerns demonstrates compassion and is a form of service to chronically ill clients as they process and cope with their circumstances (Puchalski, 2001). Spirituality is essential to client-centered practice as it encompasses treating the mental, physical, and spiritual dimensions of the whole person (Bremault-Phillips et al., 2015).

A mixed-method study completed by Morris, Stecher, Briggs-Peppler, Chittenden, Rubira, & Wismer (2014) reviewed responses of 97 occupational therapists to a 24 question Likert-type questionnaire regarding spirituality in occupational therapy. The results indicated that 60% of respondents agreed or strongly agreed that occupational therapists should incorporate spiritual needs of their clients, 90% agreed spirituality was integral to the human experience, yet 85% indicated they did not assess their client's spiritual needs. The study suggests that even though occupational therapists are aware of the spiritual needs of their clients, the avenue to address those needs is uncomfortable or uncertain. Lack of education or confidence in their ability to assess spirituality may contribute to the lack of its inclusion in treatment. The implications of this study for occupational therapy practice suggest that without treatment that includes spiritual well-being, services may not be holistic.

The Canadian Model of Occupational Performance and Engagement (CMOP-E) supports the use of spirituality in occupational therapy practice (CMOP-E, 2018). The CMOP-E is a client-centered model that revolves around the person, the environment, and the occupation through engagement in life (Wong & Fisher, 2015). The CMOP-E defines a person as having cognitive, physical, and emotional characteristics that are bound together at the core through spirituality (Cole & Tufano, 2008). Human spirituality is the core of self-identity, self-direction,

and life choices (Cole & Tufano, 2008). An individual's occupational choice is purposeful and meaningful, reflecting their inner spiritual being (Cole & Tufano, 2008). The CMOP-E suggests spirituality is tightly woven and intertwined in client-centered therapy, client choices, and client well-being.

The Lifespan Development frames of reference are appropriate to compliment the CMOP-E as it leads therapists to contemplate the meaning of their intervention choice (Cole & Tufano, 2008). An activity that holds meaning to the client maximizes a person's occupational engagement. This client-centered approach restores or adapts client-chosen occupations for continued participation in life-roles (Cole & Tufano, 2008). It takes into account age and changes over the lifespan, which contributes to an individual's quality of life and may affect occupational performance (Cole & Tufano, 2008). AOTA's *Framework III* states that the client factors of beliefs, values, and spirituality affect a client's motivation to engage in life occupations and contribute to the quality of life (AOTA, 2017).

The literature demonstrates that spirituality is an integral aspect of an individual influencing their feelings of fear, guilt, hope, and resilience while simultaneously affecting occupational participation and performance (Maley et al, 2016). The literature also suggests that spirituality has a profound effect on the healing of the mind and body. Spirituality is addressed and supported by the AOTA's *Framework III*, AOTA's *Vision 2025*, practice models, including the CMOP-E, and the Lifespan Development frames of reference. The benefits of addressing spirituality are apparent in the literature and supported by the AOTA as being part of the scope of practice for occupational therapists (AOTA, 2014).

The AOTA *Code of Ethics* (2015) states that occupational therapists are to act morally, mindfully, and follow seven core values, one of which is *freedom* of the clients to direct their care plan. Another core value is *dignity*, which respects and preserves the individuality of the client. Additionally, the *Code of Ethics* lists principles and standards of conduct, one of which is autonomy. Autonomy relates to the self-direction of care while respecting the clients' views and choices regarding their beliefs and values. Occupational therapists are encouraged to make discerning decisions for the advancement of functional performance. These decisions include acknowledging the individual's personal characteristics, their desires, and their goals which may be spiritual in nature.

Translating spirituality into practice is essential as it comprises one of the basic human factors influencing performance (Morris et al., 2014). Occupational therapists should ponder how they are addressing spirituality in their practice and if not, why is it absent? Occupational therapy is a profession proclaiming to practice holistic care. It is vital to increase awareness among occupational therapy practitioners of the need to assess spirituality and advocate for its incorporation into client treatment (Morris et al., 2014). This capstone project informs occupational therapists on the importance of being leaders in promoting spiritual well-being in healthcare.

Reflection and Implementation

The capstone process has been both enlightening and illuminating for me as a person and a professional. It has inspired me to re-evaluate the world, my profession, and my impact on society. It has also strengthened the merger of who I am as a person and my profession. I consider it a gift when your career intertwines with your character traits.

My passion for academia, problem solving, knowledge, and working in a professional and medical environment led me to pursue my occupational therapy doctorate (OTD). The process of developing my capstone has been an intense journey requiring dedication, tenacity, commitment, and the desire to work hard to achieve this goal. There were times when the hours of the day disappeared far too quickly. However, the challenges presented through this process made me stop and contemplate issues that I would not have done in my normal life. It taught me the value of taking time to reflect on many aspects of my life including my current career, techniques and education I can improve upon, and ways to seek new opportunities in the future. Participating in the OTD program has strengthened and enriched my self-esteem. The process of this journey has reignited my passion for occupational therapy.

One of the most significant changes in my practice, which I acquired in this program, is the ability to search the literature for quality evidence-based practice material. Today's medicine is broad with many developments and treatment discoveries. The detailed aspects of medicine comprise so much educational material. Learning to not only find significant articles but also to decipher their credibility and quality is priceless. Acquiring the ability to maneuver through the immense amount of evidence-based literature is a game-changing experience for delivering quality therapeutic treatment. The knowledge of evidence-based research has enhanced my personal growth, the quality of my client care, my ability to advocate for my clients, and my desire to promote the occupational therapy profession.

Being an occupational therapist has always been a source of pride in my life. Helping others live life to the fullest, despite physical and health obstacles, brings me joy and adds to my feelings self-worth. Knowing that I have made a difference in someone's life is an amazing

experience. My career has led me through unexpected doorways and opportunities that I did not initially envision for myself. The more I learn and reach out, grasp possibilities, the more I visualize the change I can make in the lives of people, society, and colleagues.

My motivation to engage in the scholarly pursuit of my doctorate was the realization that I was educationally being left behind by my profession. I feel the advancement of my education will enhance my credibility as a therapist and a respected member of the profession. I also believe that achieving my OTD empowers my voice to create change. Choosing my capstone topic was difficult, but I wanted to find an area that could be significant for both therapists and society. I chose the topic of spirituality because I believe it is a controversial area of treatment, yet it is a powerful source in what motivates people, influences their decisions, and molds their value system. The mind, body, spirit union discussed in the *Framework III*, comprises the characteristics of a person (AOTA, 2014). I chose to illuminate the spiritual aspect of this union.

My implementation process involves submitting my manuscript to *OT Practice*. I have reviewed and followed the authorship guidelines as well as completed an authorship agreement with my two advisors. I plan to submit the manuscript to the journal within six months of graduation. Submitting a manuscript for publication is an exciting time for me as I have not previously been published. It will be another milestone in my career journey. Writing an article for publication once seemed a task beyond my reach. Achieving one goal often creates a path toward another. I now have plans to continue this journey with ideas for future publications.

I am excited and enthusiastic about being a part of the academic world. I look forward to having a seat at a different table, sharing my ideas with the confidence and credibility I have obtained from completing this program. I have enjoyed this educational endeavor.

Collaborating with colleagues, improving my competency, and increasing my understanding of evidence-based practice has enhanced me as a therapist. I am looking forward to future opportunities made available through my persistence and dedication to our profession. I do not know where this road will take me, but I am so grateful to be on it!

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Spirituality and Occupational Therapy: Enhancing the Quality of Life

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Spirituality, beliefs, and values are essential client factors that are recognized by the American Occupational Therapy Association's (AOTA) *Occupational Therapy Practice Framework: Domain and Process, Framework III* (AOTA, 2014). These client factors contribute to the meaning and quality of life. The *Framework III* refers to humans as occupational beings with a mind-body-spirit union (AOTA, 2014). Addressing the mind and body in clinical practice is common, but often, the client's spiritual needs are not recognized. Spirituality is defined as "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 et al., 2009, p. 887). Connectedness can contribute to the meaning of life, which therefore, can influence a person's motivation to engage in occupational performance (AOTA, 2014). Occupational therapists may be uncomfortable or unaware as to how to incorporate the client's spiritual needs into treatment. As it is a powerful force in the lives of many people, the concept of spirituality should not be ignored or overlooked in occupational therapy. Increasing awareness of the importance of spirituality's role in client wellness is essential to holistic client-centered occupational therapy practice.

Evidence-based literature demonstrates that spirituality is beneficial to the healing process. Authors Sherman, Usset, Voecks, & Harris (2018) discovered that the integration of spirituality in client care could increase the natural healing process and address moral injuries that may complicate recovery. Additionally, Thompson, Gee, & Hartje (2018) support

spirituality as an ever-present force that mingles with occupational choices and performance to influence the quality of life. However, Thompson et al. (2018) found that due to the variation of cultural differences in the United States, many occupational therapists view the subject of religion as controversial or difficult to address which results in unmet spiritual needs.

Jones, Dorsett, Simpson, and Briggs (2018) reported that spiritual beliefs often relate to religion; however, recognizing that spirituality has many potential sources is vital. A relationship with God or a higher power is the most common form of spirituality, but it is also associated with a connectedness to others, the natural world, and inner strength. The authors discovered God or a higher power was frequently correlated with religion and gave people a sense of protection, a source of meaning and hope, and provided comfort and peace through prayer. Jones et al. (2018) found that prayer facilitated coping skills while simultaneously generating hope for recovery and healing.

Similarly, in a systematic review, authors Maley, Pagana, Velenger, & Humbert (2016) sought to clarify spiritualty's influence on occupational engagement. The authors discovered that spirituality is associated with helping others embrace and deal with disappointments, suffering, fear, and guilt. The study reported that spirituality allows individuals to be resilient in overcoming obstacles, illnesses, and accept change. The way individuals internalize suffering and adversity influence their self-identity. Many people maintain a reliance on a higher power and find spiritual occupations, such as prayer, can improve coping skills and peace of mind. Maley et al. (2016) expressed that engagement in spirituality has various avenues, but it is interconnected and interrelated to occupations, rituals, habits, and client factors. The study revealed that spiritual actions helped foster coping skills, improved self-identity, and enhanced

spiritual well-being. The article by Maley et al. (2016) demonstrates the clinical significance of addressing spirituality in occupational therapy.

The authors Sherman et al. (2018) examined individuals with posttraumatic stress disorder and discovered spirituality has a connectedness not only to God but to each other as well. The study stated that spirituality increases feelings of connectedness, hope, and love in individuals and their extended family members and friends. Authors Jones et al. (2018) agreed that it is important to include family members in the spiritual healing process as they contribute to feelings of connectedness and love. Awareness of the intersection of spirituality, trauma, and significant relationships impacts an individual's healing and overall well-being (Sherman et al., 2018).

In a randomized controlled trial, authors Beheshitpour, Nasirpour, Yektatalab, Karimi, & Zare (2015) examined how educational-spiritual interventions affect the burnout and stress levels in parents of children with cancer. The study concluded that educational-spiritual training reduces burnout in parents. The results of the study were statistically significant suggesting spiritual needs should be addressed in holistic health care to reduce stress and burnout, especially when facing chronic health situations. Addressing spiritual beliefs with clients can help them cope and reduce anxiety while offering support and comfort. Occupational therapy practitioners should not overlook or dismiss religious beliefs as they are a source of comfort and support to families whose loved ones face life-threatening diseases.

A quasi-experimental study conducted by authors Wilson, Forchheimer, Heinemann, Warren, and McCullumsmith (2017) revealed a statistically significant difference in the quality of life (meaning and peace focused spirituality, $p<0.001$ and faith focused spirituality, $p=0.004$)

among clients who did not participate in spirituality versus those who prescribed to a form of spiritual well-being. Spiritual strengths present in clients are beneficial to improve their overall affect, depressive tendencies, and quality of life. Spirituality plays a substantial role in managing life experiences, including illnesses. The results of this study demonstrate that spirituality has a positive association with the quality of life in patients; therefore, it is appropriate for occupational therapists to address spiritual issues in keeping with the *Framework III* precepts.

Another qualitative study by Bremault-Phillips et al. (2015), the authors defined spirituality as giving purpose and meaning to life, especially in cases of serious illness, chronic medical conditions, or terminal situations. They described spirituality as a dimension of the whole person and a prominent factor in making healthcare decisions; thus, suggested that healthcare professions should address it. Despite reviews that spiritual needs are of vital importance to patients, healthcare providers frequently do not address the issue due to feelings of discomfort, incompetence in their abilities to engage patients, or time restraints.

The Bremault-Phillips et al. (2015) study concluded that spirituality had a positive influence when incorporated in patient care. It fosters the patient/caregiver relationship and improves care as perceived by the patient and family. The study also distinguished the need for an increased awareness of clients' spiritual well-being. Educating healthcare providers can aid in alleviating discomfort associated with spiritual conversations in patient care. Their study supports including spirituality in treatment plans as it promotes high-quality healthcare services.

Implications for Occupational Therapy

A mixed-method study completed by Morris, Stecher, Briggs-Peppler, Chittenden, Rubira, & Wismer (2014) reviewed responses of 97 occupational therapists to a 24 question Likert-type questionnaire regarding spirituality in occupational therapy. The results indicated that 60% of respondents agreed or strongly agreed that occupational therapists should incorporate spiritual needs of their clients, 90% agreed spirituality was integral to the human experience, yet 85% indicated they did not assess their client's spiritual needs. The study suggests that even though occupational therapists are aware of the spiritual needs of their clients, the avenue to address those needs is uncomfortable or uncertain. The implication for occupational therapy practice is deciding if practitioners are giving adequate holistic services if they are omitting spiritual well-being.

The results of the Thompson et al. (2018) study, mentioned prior, indicated that more than 25% of the occupational therapists never assess a client's ability to participate in religious observances. Those who did address religion reported they did so due to the client request, but it was not a routine part of the evaluation or treatment plan. Therapists who did address religion did so by helping the client contact a religious leader, praying with the client, practicing components of religious rituals, visiting the hospital chapel, and singing religious songs. Collectively, over half the respondents recognized the importance of spiritual well-being, but rarely asked about it and seldom included it in the treatment plan.

Incorporating spiritual care into occupational therapy may directly affect an individual's quality of life. Following AOTA's *2025 Vision*, occupational therapy works to maximize the quality of life, well-being, and health of all people (AOTA, 2017). Similarly, AOTA's *Framework III* discusses the mind-body-spirit union, which acknowledges that focusing on the

whole person surpasses focusing on isolated aspects of function. Increasing awareness of the mind-body-spirit relationship among occupational therapy practitioners is essential as it is an integral part of holistic care.

Achieving optimal health and well-being is accomplished through holistic occupational participation in life (AOTA, 2014). The engagement in meaningful activities empowers a variety of influences, including the client factors of values, belief, and spirituality (AOTA, 2014). AOTA's *Vision 2025* defines occupational therapy as a profession that maximizes well-being and quality of life for all individuals (AOTA, 2017). Consideration of spirituality in treatment is necessary for optimum quality of life.

The Canadian Model of Occupational Performance and Engagement (CMOP-E) supports the use of spirituality in occupational therapy practice (CMOP-E, 2018). The CMOP-E is a client-centered model that revolves around the person, the environment, and the occupation through engagement in life (Wong & Fisher, 2015). The CMOP-E defines a person as having cognitive, physical, and emotional characteristics that are bound together at the core through spirituality (Cole & Tufano, 2008). Human spirituality is the core of self-identity, self-direction, and life choices (Cole & Tufano, 2008). The Lifespan Development frames of reference are appropriate to compliment the CMOP-E as it leads therapists to contemplate the meaning of their intervention choice (Cole & Tufano, 2008). An activity that holds meaning to the client maximizes a person's occupational engagement. This client-centered approach restores or adapts client-chosen occupations for continued participation in life-roles (Cole & Tufano, 2008). The Lifespan Development takes into account age and changes over the lifespan, which contributes to an individual's quality of life and may affect occupational performance (Cole & Tufano, 2008).

Spirituality is an integral component of the client factors defined by AOTA's *Framework III* and influences occupational participation and performance. The literature suggests that spirituality has a profound effect on the healing of the mind and body. Spirituality is addressed and supported by AOTA's *Framework III*, AOTA's *Vision 2025*, and practice models, including the CMOP-E, and the Lifespan Development frames of reference. The benefits of addressing spirituality are apparent in the literature and supported by AOTA as being part of the scope of practice for occupational therapists (AOTA, 2014). Occupational therapists are encouraged to make discerning judgments for the advancement of functional performance and include all aspects of the individual's characteristics and desires, including spirituality (AOTA, 2014).

The evidence-based literature in this article supports spirituality influence on a person's motivation to interact with the environment and engage in occupational performance activities. Occupational therapists should ponder how they are addressing spirituality in their practice, and if not, why is it absent? Occupational therapy is a profession proclaiming to practice holistic care. It is vital to increase awareness among occupational therapy practitioners of the need to assess spirituality and advocate for its incorporation into client treatment (Morris et al., 2014).

Conclusion

The goal of occupational therapists is to improve and maximize the client's quality of life at every stage of life. Therapists should be cognoscente that spirituality may bring comfort, peace, hope, and acceptance to clients (Dose, Leonard, McAlpine, & Kreitzer, 2014). Furthermore, knowing that clients who have relied on spirituality through the life process may have a greater dependency on it during chronic health issues or at the end of life (Dose et al.,

2014). Addressing spiritual concerns demonstrates compassion, and is a form of service to chronically ill clients as they process and cope with their circumstances (Puchalski, 2001).

Occupational therapists are in a perfect position to offer resources and support for the spiritual needs of their clients as they address occupational performance areas. Occupational therapists may not be providing complete holistic care if they are omitting a key component in mind-body-spirit connection. The balance of these three interacting components improves the quality of life of individuals. The knowledge of the impact spirituality has on person-centered care should influence occupational therapists to incorporate it during treatment planning.

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Appendix A

HRP 213

HRP 214

IRB

#	Question	Definition	Yes	No
8	**Will you gather that data through an <u>intervention</u> or an <u>interaction</u>?**	<u>Intervention</u>: includes both physical procedures by which information or biospecimens are gathered (e.g., venipuncture) and manipulations of the subject or the subject's environment that are performed for research purposes. <u>Interaction</u>: includes communication or interpersonal contact between investigator and subject.	☐ Yes	☐ No
If you answered "Yes" to the question above, your project meets the definition of human subjects research. If you answered "No" to the question above, answer the next question.				
9	**Will you gather <u>private information</u>?**	<u>Private Information</u>: data about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place ***or*** data provided for specific purposes in which the individuals can reasonably expect that it will not be made public, such as a medical record.	☐ Yes	☐ No
If you answered "No" to the question above, your project does **not** meet the definition of human subjects research. If you answered "Yes" to the question above, answer the next question.				
10	**Is the private information you are gathering, <u>identifiable information</u>?**	<u>Identifiable Information</u>: data from which the individual's identity is or may be readily ascertained by you or others.	☐ Yes	☐ No
11	**Are you gathering an <u>identifiable biospecimen</u>?**	<u>Identifiable Biospecimen</u>: is a biospecimen for which the identity of the subject is or may readily be ascertained by the investigator or associated with the biospecimen.	☐ Yes	☐ No
If you answered "No" to both questions above, your project does **not** meet the definition of human subjects research. If you answered "Yes" to either question above your project meets the definition of human subjects research.				
SUBMITTED BY:				
[signature]				

FORM: Determining if an Activity is Human Subjects Research			
NUMBER	APPROVED	REVISED	PAGE
HRP – 213	May 5, 2015	January 21, 2019	1 of 2

Instructions

Answer the questions below to determine if your project meets the federal regulatory definition of human subjects research.

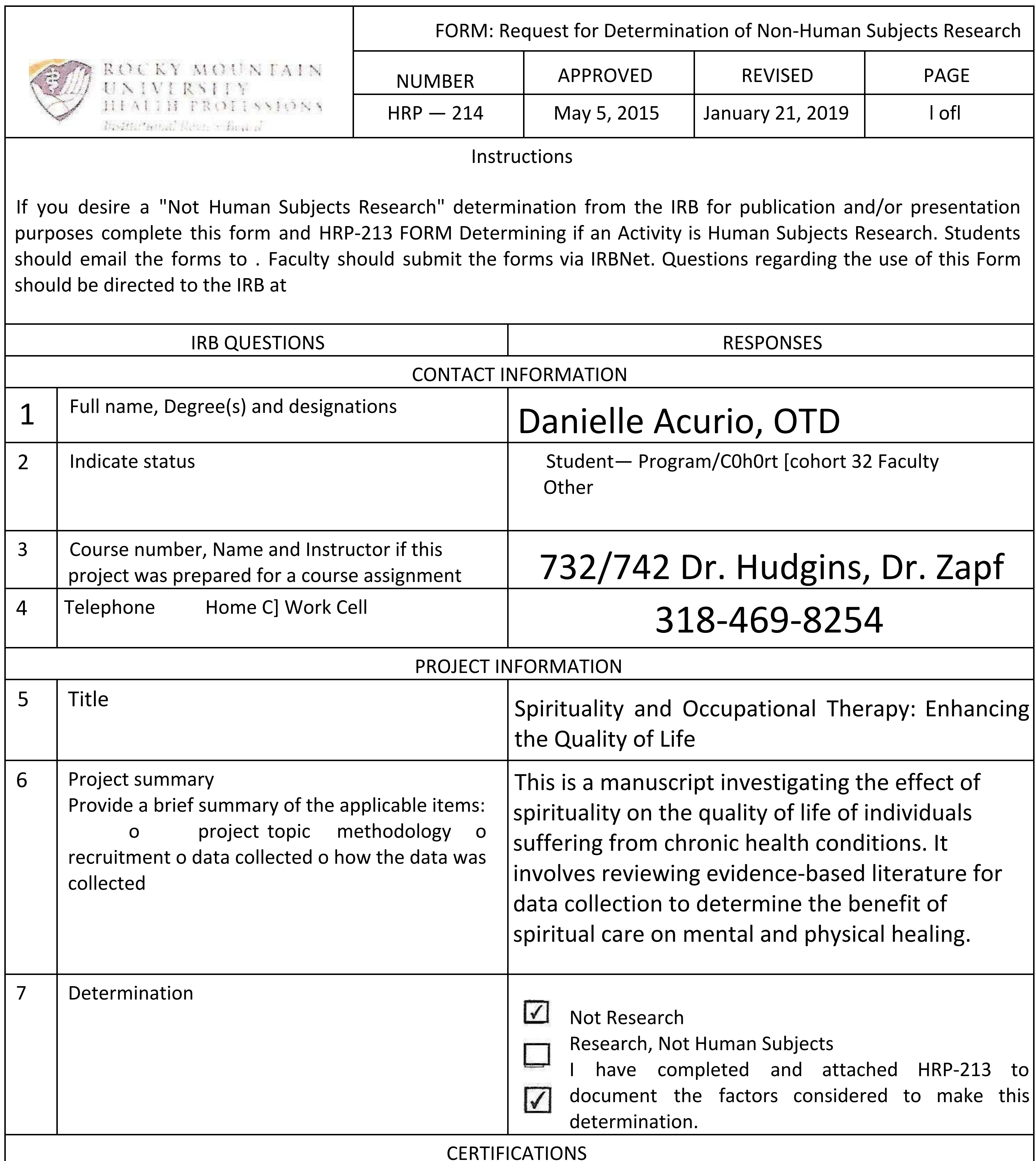
If your project meets the federal regulatory definition of human subjects research, you must file an application with the Institutional Review Board (IRB).

If your project does not meet the federal regulatory definition of human subjects research and you desire a "Not Research" determination from the IRB for publication and/or presentation purposes, email this form along with Form HRP-214 to irb@rm.edu.

Questions regarding the use of this Worksheet should be directed to the IRB at irb@rm.edu

1	**Name and Degree(s)**	Danielle Acurio OTD		
2	**Project Name**	Spirituality and Occupational therapy: Enhancing the Quality of Life		
3	**Is the activity an investigation?**	Investigation: A searching inquiry for facts; detailed or careful examination.	☑ Yes	☐ No
4	**Is the investigation systematic?**	Systematic: Having or involving a system, method, or plan.	☑ Yes	☐ No
5	**Is the systematic investigation designed to develop or contribute to knowledge?**	Develop: to form the basis for a future contribution. Contribute: to result in. Knowledge: truths, facts, information.	☑ Yes	☐ No
6	**Is the knowledge the systematic investigation is designed to develop or contribute to generalizable?**	Generalizable: Universally or widely applicable.	☑ Yes	☐ No
7	**Are you gathering data about living individuals?**		☐ Yes	☑ No

If you answered "no" to ***any*** of the questions above, your project does not meet the definition of human subjects research.
You may stop filling out this form.
If you answered "yes" to **all** of the questions above, answer the next question.

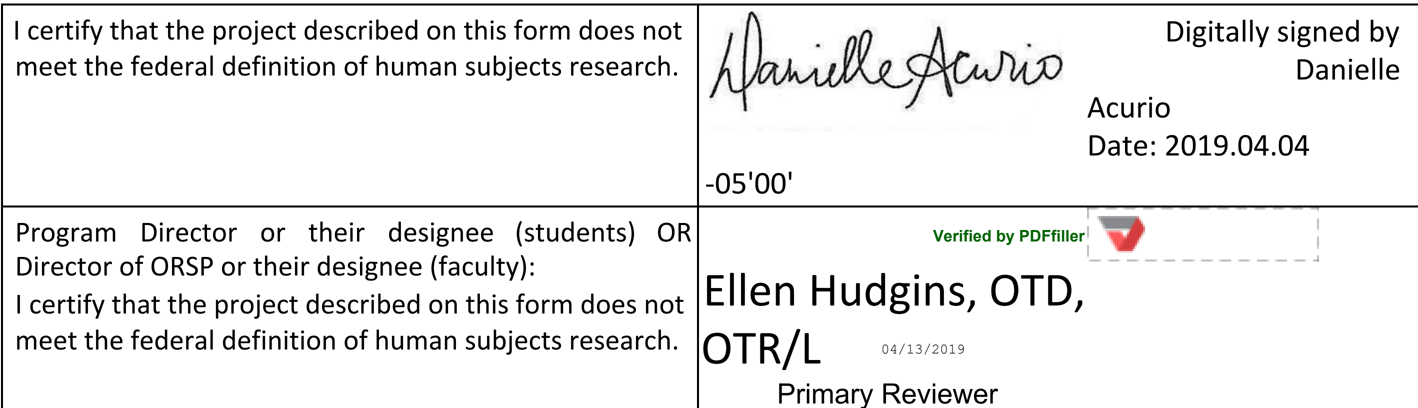


ROCKY MOUNTAIN UNIVERSITY HEALTH PROFESSIONS Institutional Review Board	FORM: Request for Determination of Non-Human Subjects Research			
	NUMBER	APPROVED	REVISED	PAGE
	HRP — 214	May 5, 2015	January 21, 2019	l ofl

Instructions

If you desire a "Not Human Subjects Research" determination from the IRB for publication and/or presentation purposes complete this form and HRP-213 FORM Determining if an Activity is Human Subjects Research. Students should email the forms to . Faculty should submit the forms via IRBNet. Questions regarding the use of this Form should be directed to the IRB at

	IRB QUESTIONS	RESPONSES
	CONTACT INFORMATION	
1	Full name, Degree(s) and designations	Danielle Acurio, OTD
2	Indicate status	Student— Program/C0h0rt [cohort 32 Faculty Other
3	Course number, Name and Instructor if this project was prepared for a course assignment	732/742 Dr. Hudgins, Dr. Zapf
4	Telephone Home C] Work Cell	318-469-8254
	PROJECT INFORMATION	
5	Title	Spirituality and Occupational Therapy: Enhancing the Quality of Life
6	Project summary Provide a brief summary of the applicable items: o project topic methodology o recruitment o data collected o how the data was collected	This is a manuscript investigating the effect of spirituality on the quality of life of individuals suffering from chronic health conditions. It involves reviewing evidence-based literature for data collection to determine the benefit of spiritual care on mental and physical healing.
7	Determination	☑ Not Research ☐ Research, Not Human Subjects ☑ I have completed and attached HRP-213 to document the factors considered to make this determination.
	CERTIFICATIONS	



I certify that the project described on this form does not meet the federal definition of human subjects research.	Danielle Acurio Digitally signed by Danielle Acurio Date: 2019.04.04 -05'00'
Program Director or their designee (students) OR Director of ORSP or their designee (faculty): I certify that the project described on this form does not meet the federal definition of human subjects research.	Verified by PDFfiller Ellen Hudgins, OTD, OTR/L 04/13/2019 Primary Reviewer

DATE:	April 16, 2019
TO:	Danielle Acurio
FROM:	Institutional Review Board
PROTOCOL #:	190424-04
TITLE:	Spirituality and Occupational Therapy: Enhancing the Quality of Life
SUBMISSION TYPE:	New Project
ACTION:	Not Human Subjects Research
REVIEW TYPE:	Administrative

Thank you for your submission of new project materials for this project.

The Rocky Mountain University of Health Professions IRB (IRB) has determined this project does not meet the definition of human subjects research under the purview of the IRB according to federal regulations found at 45 CFR 46. Therefore, IRB review and approval by this organization is not required.

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human in which the organization is engaged, please submit a new request to the IRB for a determination.

If you have any questions, please contact the IRB staff at irb@rm.edu .

122 East 1700 South, Provo, UT 84606
801.375.5125
rm.edu

Appendix B

Search history

OTD 732 Capstone Project
Search History

Name: Danielle Acurio

Project: Spirituality and Occupational Therapy: Enhancing the Quality of Life

Clinical Question in PICO Format that is driving your search of the literature [Note – PIO is acceptable, simply insert N/A at C]:

P (population/problem) - Chronic health conditions
I (intervention) - Spirituality
C (comparison) - N/A
O (outcome) – Enhanced quality of life

Clinical Question in Sentence Format:

Does spiritualty enhance quality of life in people with chronic health conditions?

SEARCH STRATEGY

DATABASES or Websites utilized in search [Must report on 3 ONLY]:

☐ CINAHL ☐ PubMed ☐ Ebsco ☐ OVID ☐ Cochrane Library ☐ OT Seeker

☐ www.guidelines.gov ☐ List Other(s):

Duplicates removed

Database or Website	Keywords used in search	Yields [# of initial hits]	Limits used	Yields [# after additional limits]	Limits used	Obtained [# of articles]
Ebsco	Spirituality	40,893	And Chronic health conditions	127	And Coping	27
Pubmed	Spirituality	10,037	And Chronic health conditions	77	And Coping	37
OT Seeker	Spirituality	401	And Chronic health conditions	0	And Coping	3

Appendix C

Evidence charts (5)

APA Citation:

Dose, A. M., Leonard, B., McAlpine, C. P., & Kreitzer, M. J. (2014). The meaning of spirituality at the end of life. *Journal of Hospice & Palliative Nursing, 16*(3), 158-164.

Research Problem and Purpose:

The purpose of this qualitative study was to determine the meaning of spirituality at the end of life for clients receiving hospice care. It included interpreting and describing the remembered experiences of spirituality across the lifespan and how those memories shaped the meaning of spirituality at the end of life.

Study Participants:

Number: n=11. Seventeen individuals invited to participate with six declining due to health or perceptions of burden. Eleven hospice patients participated including seven females and four males age 49-97 with median age of 84. Four of the participants identified themselves as Catholics, five implied they followed Christianity, and two patients did not indicate any religion affiliation.

Describe Sampling:

Participants were recruited from two hospice programs using purposeful sampling. Inclusion criteria included English speaking adults who were cognitively intact in a hospice program. The hospice staff was educated on the study and asked to refer potential candidates for participation.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s):

Researchers utilized the phenomenology framework to explore and gain understanding of the lived experiences of spirituality across the lifeline. Spirituality was described as those events that affect the human spirit along with characteristics of spirituality including relationships with self, others, God/Higher power, nature, love, forgiveness, and the meaning of life.

Study Design: Qualitative

Data Collection Methods:

Each participant signed an informed consent. They were then asked to formulate a lifeline of their spiritual journey over the course of their lifetime. This information was available to them as a reflection to assist with interviews. Multiple interviews were conducted probing into the meaning of spirituality to the participant. Interviews continued until data redundancy was achieved. Each participant averaged three to four interviews of thirty to forty-five minutes each. The interview process was weekly for approximately one month. Chaplains or mental health professionals were available in the event distress was experienced by the participants. Each interview built on information from the previous interview to explore deeper meanings of spirituality. Observations were recorded including setting, non- verbal communication, and tone of voice. The interviewers kept field notes and personal journals. Each interview was translated verbatim and read twice for consistency and meaning.

Analysis:
Interviewers followed van Manen's methodology for the interview data collection. Interviews were initially coded using NVivo software with coding grouped into priori codes. Additional codes were added as themes emerged. Audits and decision trails were maintained. Other qualitative researchers validated the codes.

Results & Conclusion (max 400 words):
The study concluded that clients often want to discuss spirituality with their healthcare professionals at the end of life. Four themes were established:

- Connectedness – Connectedness to family was considered the most important thing in life. Most participants recognized God or a higher power. God represented love, trust, gratitude, and thankfulness. The perception of God often changed over the lifespan from judging to forgiving.
- Spiritual life moments – These are described as defining moments of high emotions including personal assaults or with loved ones through disagreement or death.
- Pick up the pieces and move on – This theme refers to overcoming challenges with the help of faith, inner strength, and assistance from others. Picking up the pieces and moving on connects spirituality to psychological coping.
- Religion matters - The individuals who prescribed to a religion found it very important for their connectedness to God. Religion brought a degree of comfort and social interaction to participants.

Spirituality has a broad meaning and is individualized; therefore, the client's definition should be regarded. Often it has a connectedness to God or a higher power. It is important for medical staff to be thoughtful of the spiritual needs of clients at the end of life. It may be necessary to refer them to clergy or pastoral care. Life reviews from a spiritual perspective may give meaning and purpose to life.
Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words): **Credibility**: Triangulation was achieved through multiple interviews, personal field notes, and the opinion of codes from outside researchers. **Transferability**: Although the researchers described the findings of the study, they failed to detail the interviewers, the interview setting, the structure of the questions asked, and education of the interviewers. For these reasons, the study has weak transferability. **Dependability**: There is evidence of dependability in the study as the methods of data collection and analysis of data are clearly defined. The authors stated investigators recorded audit and decision trails. These trails were not detailed or made clear. However, coding was validated and a consensus on thematic discrepancies was peer-reviewed. **Confirmability:** Confirmability was reached through the interviewer's use of a personal journal for perceptions, impressions, and biases for both the interview process and analysis. Multiple interviews were conducted. The previous interview was reviewed and discussed with the participant for validity before continuing with further interviews. The interviews were coded using NVivo software. Coding and themes were peer reviewed.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This study applies to my capstone because it is valuable for occupational therapists, and other healthcare providers, to better understand the meaning and power of spirituality on patients with life-ending conditions. Spirituality may improve the quality of life at the end of life. Failure to address a client's spirituality concern may exacerbate stress, anxiety, depression, and end of life symptoms. Client-centered therapy should incorporate the knowledge of spirituality when regarding overall client well-being. Therapists will encounter clients who face end of life challenges and choices. Our goal is to improve and maximize their quality of life as much as possible. Spirituality is often an uncomfortable conversation which may not always be addressed. Being aware that spirituality can bring comfort, peace, hope, and acceptance to our clients should encourage therapists to open doors for communication on this subject. Furthermore, knowing that clients who have relied on spirituality through the life process may have a greater dependency on it for meaning and fulfillment at the end of life.

APA Citation:

Beheshtipour, N., Nasirpour, P., Yektatalab, S., Karimi, M., & Zare, N. (2016). The effect of educational-spiritual intervention on the burnout of the parents of school age children with cancer: A randomized control clinical trial. *International Journal of Community Based Nursing and Midwifery, 4*(1), 90-97.

Research Question: (Phrase it as one or more alternative hypothesis(es)

Educational-spiritual intervention will affect the burnout of the parents of children with cancer.

Study Design & Level of Study per CEBM Levels of evidence (LOE) (2011):

Randomized control trial: Level 2, quantitative design

Subjects

Number: 135 Parents of children with cancer using convenience sampling from children who met inclusion criteria. Parents were randomly allocated into two groups, control and intervention, by drawing a ball from a box when recruited. The balls were numbered with a one or two dividing the subjects between the two groups.

Inclusion criteria: Children 6-12 years of age diagnosed by a specialist with cancer for at least 6 months to 2 years. Parents had to be able to read and write, sign informed consents, and take part in all educational sessions. Children could not be an only child, must be under treatment by chemotherapy, radiotherapy, and bone marrow transplantation, and have a burnout score of >3.75.

Exclusion criteria: Exclusion criteria included the death of the child, unwillingness to continue participation, and diagnosis of other chronic diseases in children and parents. Parents who had a burnout score <3.75 were also excluded.

Measurement:

Parents were randomized by drawing a one or two from a box at recruitment indicating intervention and control groups. All parents were given a questionnaire measuring their level of burnout at the beginning of the intervention, the completion of the intervention, and one month after the intervention. Parents had to have an initial burnout score of >3.75 to participate.

Independent variable (s) for experimental and quasi-experimental studies (Intervention):

The study had an intervention group and a control group. The intervention consisted of six educational sessions each lasting 45 minutes. Intervention participants were divided into groups of 7-10 meeting once weekly. Topics included introduction to cancer disease, diagnosis and treatment of cancer, the side effects of treatments, daily activity, diet and spirituality teaching, divine fate and acceptance, and patience and fortitude discussed by a religious advisor.

Dependent variable (s): Stress and burnout level of parents with children in cancer treatment.

Outcome measures utilized:
The Shirom and Melamed Burnout Questionnaire (SMBQ) and a demographic questionnaire.

- The two questionnaires were compared and necessary modifications applied to create a single questionnaire.
- The questionnaire included 22 questions in 4 domains; Physical fatigue, Cognitive weariness, Tension, and Listlessness. Each question had 7 options from one (almost never) to seven (nearly always).
- The combined demographic and SMBQ score above 3.37 represents high burnout, above or equal to 4.47 represents a pathologic condition, and scores below 2.75 are considered healthy. The reliability of the questionnaire was obtained using test re-test=0.9, and the internal consistency of the questionnaire was determined through Cronbach's alpha coefficient which resulted in 0.91. (measured on a scale of 0 – 1.0 with higher scores indicating greater consistency)
- Data of the study was analyzed by SPSS software, version 18, using statistical methods of t-test, and repeated measure ANOVA.

Results & Conclusions of the Study- Report any statistically and/or clinically significant results and explain your rationale (max 400 words):

The results of the study showed that educational-spiritual training intervention leads to reduction of burnout in parents of children with cancer. The study compared results before, after, and one month after receiving intervention. Initial mean scores between the control and intervention group were 4.28+/-0.61 and 4.23+/-0.5 which were not a statistically significant difference (P=0.59). Both

groups experienced moderate to high burnout. Immediately following intervention, the intervention group burnout mean score was 3.25+/-0.68 while the control group scored 4.33+/-0.56. This showed a statically significant result ($t=10.03$, $P<0.0001$). One month after intervention, the mean intervention group score was 3.33+/-0.68 and the control group mean was 4.42+/-0.57. Independent t-test revealed a statistically significant difference between the two groups ($t=10.16$, $P<0.0001$). Repeated ANOVA indicated there was a significant difference in parental burnout between the two groups ($F=58.62$, $P<0.0001$). Overall, educational-spiritual intervention reduced burnout and stress of parents of children with cancer. The results of this study suggest spiritual needs should be addressed in holistic health care to reduce stress and burnout.
Study Limitations- report both those published by the author(s) and those you the reader, perceive (max 400 words): The study did not list limitations. One of the most significant limitations of the study was the lack of details included in the study process. The exclusion criteria did not preclude individuals from participating in the research but rather explained drop-out during the study. Random sampling was utilized; however, the location from which the sample was derived was not reported until the end of the study in the acknowledgment section. The study does not explain if the control group met occasionally, were made aware of the group differences, or had no involvement other than testing. There was little information regarding the creation of the final questionnaire used for the study. The administrators of the questionnaire were not defined nor the setting in which it took place.
Application of Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words): Addressing the spiritual needs of clients is often not discussed in healthcare settings. Spiritual beliefs can aid in comfort and support while decreasing stress and discomfort. This study had a large sampling size with the results indicating a statistically significant impact of a spiritual intervention on the coping skills and stress level of parents facing the intense situation of childhood cancer. This study supports my capstone by reporting how spiritual intervention can reduce stress, thus improving the quality of life of clients who are suffering from chronic illnesses. Following the American Occupational Therapy Association's (AOTA) *2025 Vision*, occupational therapy works to maximize the quality of life, well-being, and health of all people. Similarly, AOTA's *Occupational Therapy Practice Framework: Domain and Process, third edition*, discusses the mind-body-spirit union which acknowledges that focusing on the whole person is better than focusing on isolated aspects of function. Based on this study results, occupational therapists should be aware of the necessity and value of attending to spiritual needs when treating their clients.

References

American Occupational Therapy Association, AOTA. (2017). Vision 2025. *American Journal of Occupational Therapy, 71,* 7103420010

American Occupational Therapy Association, AOTA. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68*(suppl. 1), S1-S48. Doi.org/10.5014/ajot.2014.682006

APA Citation:
Wilson, C. S., Forchheimer, M., Heinemann, A. W., Warren, A. M., & McCullumsmith, C. (2017). Assessment of the relationship of spiritual well-being to depression and quality of life for persons with spinal cord injury. *Disability and Rehabilitation, 39*(5), 491-496.

Research Question: (Phrase it as one or more alternative hypothesis(es)

- The level of quality of life (QOL) and the prevalence of major depressive disorder (MDD) would be explained by the degree of spiritual well-being present in the client.
- Meaning and peace (M&P) focused spirituality would have a stronger impact on clients than faith focused spirituality.
- Spiritual well-being would be a significant predictor of the likelihood of MDD and QOL.

Study Design & Level of Study per CEBM Levels of evidence (LOE) (2011):
Quasi-experimental quantitative design, level 3, cohort study from a randomized trial

Subjects Number:
204 participants with traumatic spinal cord injury (SCI)

Inclusion criteria: Individuals 18-64 years of age with a history of a traumatic SCI with permanent neurological deficits and a least one-month post-injury. Participants had to pass a screening battery to determine eligibility. All participants signed informed consent.

Exclusion criteria: Exclusion criteria included non-English speaking patients and clinically significant cognitive or language impairments.

Measurement:

Independent variable (s) for experimental and quasi-experimental studies (Intervention): Traumatic SCI participants who were given four standardized tests or measurements to determine the effects of spirituality on depression and quality of life.

Dependent variable (s): Major depressive disorder and quality of life following a traumatic SCI.

Outcome measures utilized:
The Patient Health Questionaire-9 (PHQ-9):

- Tests for major depressive disorder
- Has a four-point grading scale 0 (not all) and 3 (nearly every day)
- Good internal consistency – Cronbach's alpha = 0.87, and evidence of construct validity

The Functional Assessment of Chronic Illness Therapies – Spiritual (FACIT-Sp)

- Twelve statements with a 5-point measurement of spiritual well-being including two subscales of Meaning and Peace (M&P) and Faith
- Good concurrent and construct validity
- Good internal consistency – Cronbach's alpha 0.81-0.88

Quality of Life in Neurological Disorders: Positive Affect and Well-being Short Form (PAWB)

- Nine item measurement of health-related quality of life (HRQOL)
- Good internal consistency and test re-test reliability ranging from 0.59 – 0.86.

Positive and Negative Affect Schedule (PANAS)

- Consist of 10 two item mood scales of positive and negative affect measured on a 5-point scale
- Good internal consistency: Cronbach's alpha 0.87
- Correlation between positive and negative affect scales are low (r=0.22)
- Good predictive indicator for QOL and depression

Results & Conclusions of the Study- Report any statistically and/or clinically significant results and explain your rationale (max 400 words):

Researchers used Pearson correlations, t-tests, analyses of variance, and Chi-Square test. A priori was used including age and gender. Two regression models were developed; a linear regression to explain PAWB scores and a logistic regression to explain the prevalence of the likelihood of MDD.

The mean age of participants was 41.2 years of age with 52% having paraplegia and 72.1% were male. Bivariate correlations of scores on the PAWB and all four scales on the PANAS and FACIT-Sp strongly correlated with p<0.0005. Likely MDD positive and negative groups from the PANAS were compared the FACIT-Sp using student t-tests. Correlation between the two FACIT-Sp scales were defined as moderate with r=0.469 and p,0.0005. Findings supported spirituality, measured by the FACIT-Sp, affected QOL and depression. Meaning and Peace spirituality (M&P) and faith-based spirituality equally influenced the QOL with M&P p< 0.001 and faith p=0.004. M&P was a significant predictor of the absence of major depressive disorder over faith spirituality with M&P value of p=0.041, and faith scale less significant at p=0.635. All forms of spiritual based coping improved the quality of life and depression with patients who suffered traumatic spinal cord injuries with M&P having p<0.001 and faith-based spirituality p=0.004.. Those individuals who believed in a more existential spirituality, as opposed to a faith-based religion, displayed higher coping mechanisms and less depression than those of faith or religion-based coping.

Bivariate associations of the PANAS scale, PAWB, and PHQ-9 showed negative and positive affects influenced scores (p<0.005). Outcomes indicated significant findings for positive affect influencing QOL (p<0.001) and negative affect predicting major depressive disorder (p<0.001). Depression and spirituality have an influence on the quality of life and mood of individuals with SCI.

The results of this study demonstrate that spirituality has a positive association with QOL and mood on clients who have a SCI; therefore, it is appropriate for clinicians to address spiritual issues with SCI patients. Spiritual strengths that are already present in their clients can be utilized, regardless the meaning or whether it is peace-focused or religion-based, to improve their overall affect, depressive tendencies, and their quality of life.

Study Limitations- report both those published by the author(s) and those you the reader, perceive (max 400 words):

The study reported a sample limitation of only SCI patients who signed up to participate in an anti-depressive clinical trial. It is unclear if the sample represents the SCI population at large. Longitudinal studies are needed to address if spiritual well-being intervention is effective in treating mood and QOL. The screening interview process for participation selection is unclear. The comparison of the four standardized assessments is difficult to follow. The study states that assessments were completed in person or by telephone but does not clearly state who did the assessments nor the location in which face-to-face meetings occurred.

Application of Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This study directly relates the effect of spirituality on quality of life and depression in patients with SCI. Spirituality can be an essential aspect of the healing process by improving coping skills and adding meaning to life experiences. This study indicates there is a strong relationship between quality of life, mood, and spirituality that can result in positive attitudes and approaches to healing and living with a disability. Occupational therapy practitioners should examine the spiritual needs of their clients and utilize the client's spiritual beliefs to assist in treatment interventions and improve life satisfaction. The study supports my capstone by exploring the positive effects spirituality plays in the quality of life and overall mood of individuals. It also emphasizes the importance of incorporating the spiritual need of clients into the healing process. Occupational therapists are dedicated to improving the quality of life of their clients and practicing holistic patient care; therefore, spirituality should be a consideration in the formulation of treatment plans and patient care.

APA Citation:

Maley, C. M., Pagana, N. K., Velenger, C. A., & Humbert, T. K. (2016). Dealing with major life events and transitions: A systematic literature review on and occupational analysis of spirituality. *American Journal of Occupational Therapy, 70*(4), 7004260010p1-7004260010p6

Research Question: (Phrase it as one or more alternative hypothesis(es)

1. People dealing with a major life event or transition will use spirituality to help make meaning of their experiences.
2. Spirituality has either a direct or indirect association with occupational engagement.

Study Design & Level of Study per CEBM Levels of evidence (LOE) (2011):

Qualitative Systematic review, level 2 due to not being randomized control trials.

Systematic Review Design:

 # starting Articles: 60 articles

Inclusion Criteria: The inclusion criteria were empirical and peer reviewed articles that were published from January 2011 through January 2014. All the articles were published in English utilizing a narrative analysis or a phenomenological methodology. Each article addressed the concept of spirituality and major life events or transitions.

Exclusion Criteria: Must meet above inclusion criteria, otherwise no other exclusions listed.

Characteristics of Included Studies:

Researchers further clarified the following research questions. These questions became the foundation for the coding.

- What are the avenues to and through spirituality?
- What is the outcome experience?
- What is the meaning of spirituality to people dealing with a major life event or transition?

Descriptive coding, focused coding, and thematic analysis were completed on all data. Major themes were highlighted and subthemes were established along with interconnections between the themes. The articles spanned different major life events, religious affiliations, geographical locations, and included participants age and gender. Participants were primarily adults 18-64 years of age from North America

Final # of included articles: 59

Procedures: Researches searched the following databases: EBSCOhost, Academic Search Premier, CINAHL, Medline, ATLA Religion, PsycARTICLES, and PyscINFO. Search terms include spirituality, life change, disability, illness, death, crisis, conflict, rehabilitation, stress, trauma, substance abuse, abuse, mental health, marriage, or children. Abstracts were reviewed for inclusion material. The sixty articles were randomly assigned to the researchers. Two researchers independently coded each article.

Results & Conclusions of the Study- Report any statistically and/or clinically significant results and explain your rationale (max 400 words):

Three major themes were developed:

1. Avenues to and through Spirituality: This theme represents actions, mechanisms, and activities used to cope with their current life situation. These three subthemes were established relating to religious affiliations, coping mechanisms, and relationships. Actions of spirituality include talking to religious leaders, prayer, rituals, and routines. These actions are associated with a trust in God and Faith regardless of life circumstances. The actions also help foster coping skills, increase self-identity, and improved spiritual well-being.
2. Experience of Spirituality: This theme represents the expressed or observable outcome of spirituality dividing into subthemes of acceptance; dealing with fear, suffering, and guilt; finding hope and the will to fight; moving forward; and resilience. Acceptance from loved ones, friends, and a higher being helps find purpose and meaning in life. Spirituality helped participants face fears or deal with suffering and guilt. Finding hope is the recognition of God's support, the belief things will work out, and finding direction in dealing with circumstances. Moving forward and resilience relates to the thought that a better future awaits and enhances one's ability to overcome difficulties and accept change.
3. Meaning of Spirituality: The meaning of spirituality relates to how people understand and cope with their life circumstance. Subthemes include purpose and life meaning; trust in a higher power; positivity and acceptance; connectedness; questioning God; and critical thoughts. A purpose and meaning relate to being part of God's plan and events that happen are a part of a bigger picture in life. Positivity and acceptance involve finding beauty and strength in everyday experiences despite suffering or discomfort.

People feel a connectedness to personal encounters and relationships that weave into a grander scheme, leading them to seek or contemplate a higher power, God, or something beyond themselves. These insights increased self-awareness and illuminated perspectives not previously considered, which added to feelings of hope and reassurance. Critical thoughts or questions arose toward God, a higher power, others, or themselves in an attempt to make sense of the situation and find meaning and purpose in life. The article reports that although spirituality is described in occupational therapy literature, how people use spirituality to deal with emotions is missing. There is a lack of information on how spirituality adds to a person's self-identity, along with ways incorporate spirituality in occupations to improve coping skills. The absence of information appears to be from a lack of understanding of how spirituality evolves over time, and how it affects adaptation to life's circumstances. The authors suggest the evolution of the spiritual journey is not fully understood.

Study Limitations- report both those published by the author(s) and those you the reader, perceive (max 400 words):

The authors reported limitations as a lack of available databases and restricted time frame for article retrieval. Keywords and terms may not have included all major life events. A positive constructivist and optimistic stance were used in formulating the study which may not represent political-social-cultural differences in the analysis. Other limitations include a lack of details as the formulation of themes along with information regarding the number of people helping with the study or if it was exclusively the authors.

Application of Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This systematic review looks at the meaning of spirituality in individuals with life-altering situations which relates directly to my capstone by exploring the effect spirituality has on healing, coping, and life occupations. The results indicate that individuals often seek an explanation for challenging life events, which frequently leads them down a spiritual path. People come to terms with reality by seeking a meaning for their circumstances, questioning God or a higher power, and finding a purpose for the future. The study has implications for occupational therapy that are important to address. The *Occupational Therapy Practice Framework: Domain and Process, 3rd edition,* addresses spirituality as an aspect of lived experiences, its influence on the motivation to engage in occupation, and the mind-body-spirit union. Occupational therapists have a unique opportunity to incorporate spiritual wellness in team approaches to client care. The systematic review supports the unique role of occupational therapists in addressing the influence of spirituality on occupation and occupational engagement. The article discusses the need for therapists to be sensitive to the desires and beliefs of their clients when using spirituality to help with major life events. It also emphasizes the importance of spirituality as individuals attempt to make sense of internal turmoil associated with life changes.

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APA Citation:

Thompson, K., Gee, B. M., & Hartje, S. (2018). Use of religious observance as a meaningful occupation in occupational therapy. *The Open Journal of Occupational Therapy, 6*(1), 1-13.

Research Problem and Purpose:
The purpose of this article was to explore the occupational therapy profession's views on the use of spirituality in treatment practices. It focuses mainly on the topic of religion and whether it is addressed as a meaningful occupation in client care, and if not, why. Three research questions were formulated:

- Is religious observance a meaningful occupation addressed in occupational therapy practice?
- How are therapists addressing religious observance?
- Why are therapists not addressing a client's ability to participate in religious observance?

Study Participants:
Study participants were occupational therapists who were selected from a random convenience sampling of American Occupational Therapy Association (AOTA) members. AOTA members were chosen because of the likelihood of a heightened awareness of the *Occupational Therapy Practice Framework: Domain and Process* (OTPF). Certified occupational therapy assistants (COTA) were excluded from the study. Approval for the study was obtained from the Human Subjects Committee.

Number:
One thousand occupational therapist were asked to participate in the study with only 181 responding, resulting in a 18.2% response rate.

Describe Sampling:
Participants were selected from AOTA's membership lists due to the higher likelihood of being familiar with AOTA's attempt to include religion and spirituality in the scope of practice.

Study Design & Data Collection Methods

Theoretical Framework of Researcher(s): Researchers used a participatory action research approach to determine occupational therapists' personal experiences and beliefs about utilizing religion observances as part of occupational therapy practice.

Study Design: Qualitative

Data Collection Methods:

Data collection was accomplished through a survey. The survey was created to explore the attitudes occupational therapist have toward the use of religious observance as an instrumental activity of daily living (IADL) and how those attitudes influence practice. In order to obtain candid and accurate responses, an online survey was utilized. The survey contained information regarding the purpose, contact information of the researcher, web address, individualized password, and informed consent. The survey consisted of eleven content and six demographic questions to determine therapists' attitudes and behaviors regarding religious observance as part of therapy. Content questions included Likert-type attitudinal questions with a 5-point scale agreement scale. Multiple-choice questions were also utilized to determine the frequency in which therapists considered religion observance in client care. The multiple-choice answers were never, rarely, sometimes, often, and always. A few questions had an option of "other" allowing them to expand on the ways religion was addressed during therapy.

Analysis:

The authors utilized descriptive statistics on the survey questions. Cross-tabulations were used to determine attitudes and behaviors of the respondents were influenced by the practice setting, geographical location, years of experience, and gender. For each question, the mean level and percentage of affirmations were calculated using SPSS 21.0. Each response was assigned a point value which was used to calculate the mean. Affirmation responses were calculated by combining responses of strongly agree and agree. Optional written responses were used for qualitative analysis in determining any themes present. Each researcher independently reviewed the data to compile a list of codes and then collectively reached a consensus. The authors put strategies in place and gathered data to achieve credible triangulation. Strategies included triangulation of raters, peer examination, and auditing of data analysis so that the qualitative analysis procedures would have good credibility, confirmability and transferability.

Results & Conclusion (max 400 words):

One hundred and eighty-one surveys were completed out of the one thousand distributed. Ninety-two participants were female, with 74.5% of ages 30-59, and 48.3% having obtained a master's degree. Almost half the responses, 48.9%, had been practicing for over fifteen years. The results indicated more than 25% of the occupational therapists never assess a client's ability to participate in religious observance and 29% indicated they wrote interventions related to religion in the care plans. Of those who did assess religious beliefs, they did so because clients reported it was a meaningful occupation for them, and it contributed to health and well-being. Those who did address religion reported they did so due to the client request, but it was not a routine part of the evaluation or treatment plan. Those therapists that did address religion did so by helping the client contact a religious leader, praying with client, practicing components of religious rituals, visiting the hospital chapel, and singing religious songs.

The most common reason therapists did not address religion in therapeutic care was that the client did not identify it as a priority. The second most common explanation for not discussing religion was that it did not work in alignment with the organizational culture of the practice setting. Other reasons included it was not an evaluation protocol, it was not reimbursable, and finally, therapists were either uncomfortable or uneducated in approaching the subject. Social issues were also involved in the decision such as school-based therapists feeling pressure to separate religion from state-run institutions. Others stated religion was a controversial topic to be avoided due to association with politics. One respondent mentioned discomfort in religious issues outside of their own belief; therefore, avoided the subject.

Collectively, over half the respondents recognize the importance of spiritual well-being but rarely ask about it and seldom include it in the treatment plan. The authors hypothesize the lack of attention to religious care is due to therapists believing it is a topic to be initiated by the client. Approximately 76.8 % of the participants acknowledged it is important to address religious observances in occupational therapy ($M=3.96$, $SD=0.85$). However, only 69.9% of the responses indicated that occupational therapists were qualified to address religion with clients ($M=3.69$, $SD=0.94$). In conclusion, the majority of therapists in this study do not view religious observance as a meaningful therapeutic occupation for use in practice. Authors state the lack of application may indicate that therapists may need further education to learn how to utilize religion in therapy.

Trustworthiness & Limitations of the Study –report information published by author(s) and those you, the reader, perceive (max 400 words):

Researches set out to obtain trustworthiness by careful qualitative data gathering, coding, theme consensus, followed by peer review and triangulation of raters, and auditing of data analysis. Implementation of these strategies was used to obtain good credibility, transferability, and confirmability.

There are several limitations in this study. The authors indicate one limitation involved the survey tool itself. The tool lacked details as to how the client was asked about religious observances. Some of the answers were contradictory to one another. For example, one question would indicate religion was never addressed, but later comments indicated it was indeed discussed at some point in treatment. Another self-reported limitation was the reduced response rate resulting in a smaller sample size. The authors reported that school system therapists should not have been included due to a conflict of interest in their job parameters. Finally, only using occupational therapists who are AOTA members may be biased. AOTA members are exposed to the *Occupational Therapy Practice and Domain, Framework III*, which supports spirituality in practice; therefore, the chosen therapists may not represent the profession as a whole.

Application of the Study to My Capstone Project- given the limitations noted above, explain the rationale for using the study in your project, and explain how the study will inform the capstone project. (max 350 words):

This study confirms the power of spirituality in the daily life of individuals who have spiritual beliefs. It is present in their routines, habits, personal roles while influencing lifestyle decisions of personal health, diet, friendships, work relationships, attitudes, and marriage. Spirituality is present in the daily lives and occupations of many individuals contributing to their life’s purpose and meaning. It is an ever-present force that mingles with occupational choices and performance to influence the quality of life. Because the occupational therapy profession subscribes to the holistic care of a person, spirituality should not be overlooked and dismissed due to social discomfort or attitudes. If we as therapists believe in the mind-body-soul connection as encompassing holistic care, then not addressing the spiritual well-being of our clients or attending to their spiritual needs results in omitting one-third of holistic care. Many articles support the benefits of spirituality to improve quality of life, along with mental and physical health, but few articles discuss the need to incorporate spirituality in therapeutic occupational therapy clinical practice. The authors of this publication support the need to include aspects of spirituality in the treatment plan to accomplish true holistic care. Absence of religion in the treatment plan is associated with feelings of discomfort to address the topic with clients. Many of those who do incorporate religion into care do so by the client’s request. If it is uncomfortable for holistic health care professionals to broach the topic of religion with clients, I would assume it is equally as uncomfortable for clients to bring up the matter with healthcare professionals. Therapists seek to eliminate barriers to occupational function. Addressing the topic of religion may remove some barriers and improve the overall mental, spiritual, and ultimately the physical health of our clients. Improved awareness of the power of spiritual well-being, and the need to address spirituality with clients, will advance occupational therapy’s ability to maximize individuals’ functional performance and engagement in life. Occupational therapists should cognizant of spiritual concerns when creating a treatment plan for their clients.

Appendix D

Critical Appraisal Paper and associated article

Critical Review Form – Qualitative Studies (Version 2.0)

© Letts, L., Wilkins, S., Law, M., Stewart, D., Bosch, J., & Westmorland, M., 2007
McMaster University

CITATION:

Bremault-Phillips, S., Olson, J., Brett-MacLean, P., Oneschuk, D., Sinclair, S., Magnus, R., . . . Puschalski, C. (2015). Integrating spirituality as a key component of patient care. *Religions,6*(2), 479-798.

	Comments
STUDY PURPOSE: Was the purpose and/or research question stated clearly? ☒ yes ☐no	**Outline the purpose of the study and/or research question.** The purpose of the study was to improve person-center care by integrating spirituality as a key component of care in the context of interprofessional (IP) healthcare teams. Researchers sought to (1) explore the value of including spirituality in clinical practice, (2) identify facilitators and barriers to incorporating spirituality into person-centered care, and (3) determine ways healthcare professions (HCPs) can utilize a spiritual history when giving person-centered care.
LITERATURE: Was relevant background literature reviewed? ☒yes ☐no	**Describe the justification of the need for this study. Was it clear and compelling?** The justification for the study was clear, compelling, and supported by the literature. The authors defined spirituality as giving purpose and meaning to life, especially in cases of serious illness, chronic medical conditions, or terminal situations. They described spirituality as a dimension of the whole person and a prominent factor in making healthcare decisions; thus, HCPs should address it. Despite reviews that spiritual needs are of vital importance to patients, HCPs frequently do not address the issue due to feelings of discomfort, incompetence in their abilities to engage patients, or time restraints. When spiritual needs are addressed, the result is meaningful to the patients and informative and rewarding to the HCPs. Two tools are utilized in this study to address spiritual issues. An Inpatient Spiritual Care Implementation Model (ISCIM) was developed to integrate spiritual history and distress into treatment planning. The Faith, Importance, Community, Address (FICA) spiritual history tool was developed to assist HCPs in identifying and helping address patient's spiritual needs, develop interventions, and incorporate spiritual distress into intervention plans. The

	authors sought to determine if the ISCIM and the FICA would improve HCPs willingness to engage in spiritual issues and incorporate spirituality in treatment planning and care for enhanced outcomes and quality of life. The authors predicted that taking a spiritual history will improve communication and understanding between HCPs and patients, along with helping HCPs recognize and promote the need for referrals to spiritual care professionals (SCPs) when necessary.
	How does the study apply to your practice and/or to your research question? Is it worth continuing this review?[1] This study directly applies to my capstone by addressing, through an extensive literature review, the importance of spirituality as a component of the whole person and its effect on the quality of life. Puchalski describes spiritual care as compromising the physical, emotional, social, and spiritual dimensions of an individual's experience. Occupational therapists are not providing holistic care if they are omitting a key component in mind-body-spirit connection. This study supports the importance of spiritual well-being. It provides evidence to the need to address spiritual distress, and examines tools to assist HCPs, including occupational therapists, to identify issues and opportunities to address patient concerns.
STUDY DESIGN: What was the design? ☐phenomenology ☐ethnography ☐grounded theory ☒participatory action research ☐ other _ ______________	**Was the design appropriate for the study question? (i.e., rationale) Explain.** This is a participatory action study as it involves individuals and groups researching their own experiences. Participants reflected and recorded their perspectives, feelings, and shared group experiences. Knowledge was gained through the deliberate action of administration of the FICA and exploring the comfort of HCPs addressing spiritual issues with patients. The study explored whether increasing HCPs confidence and competence will improve spiritual discussions and communication with clients. The researchers also worked in partnership with the HCRs, through focus groups and data collection, to determine if administering the FICA resulted in meaningful spiritual experiences. The study design is appropriate as it looks to determine how the responses support using a spiritual tool to address spirituality in treatment care and the effect it has on person-centered healthcare services.
Was a theoretical perspective identified? ☒ yes	**Describe the theoretical or philosophical perspective for this study e.g., researcher's perspective.**

[1] When doing critical reviews, there are strategic points in the process at which you may decide the research is not applicable to your practice and question. You may decide then that it is not worthwhile to continue with the review.

☐ no	The theoretical perspective of the researchers was that spiritual care is essential to treating the whole person and is a vital dimension of holistic care. The authors reported that biomedical approaches are the primary treatment pathways focusing on cure-oriented outcomes and physical symptom management. The authors provided supporting literature that patients have a desire to have their spiritual needs addressed by their healthcare providers. They also stated there has been a lack of education to help HCPs include spiritual needs in treatment.
Method(s) used: ☐ participant observation ☒interviews ☒ document review ☐ focus groups ☒ other _participant education Survey Audio-recording with professional transcription	**Describe the method(s) used to answer the research question. Are the methods congruent with the philosophical underpinnings and purpose?** Three inpatient hospital units, operated by a faith-based organization Covent Health, were used for the study in Alberta, Canada. The units consisted of a hospice unit, a tertiary palliative care unit, and a geriatric assessment unit. The hospice unit serviced both cancer and life limiting illness patients with a life expectancy of four months or less. The tertiary palliative care unit served individuals with advanced cancer and life limiting illnesses. The geriatric assessment unit provided an interprofessional (IP) approach to rehabilitation for elderly patients with multiple co-morbidities. The study consisted of three phases. The first phase was recruitment of HCPs for study participation and educating them on the ISCIM and FICA during a half-day workshop. Originally eleven HCPs were recruited but only nine actively participated. HCPs participating in the study were given a pre-education survey and allowed time to practice taking a spiritual history using the FICA post-education. Participants were given a second post-education survey regarding their readiness to administer the FICA and address spiritual issues of patients. The second phase consisted of the trained HCPs conducting a spiritual history during routine patient intake utilizing the FICA. Patients were screened for eligibility. Findings were documented in the patient's chart as well as reported to IP team. A spiritual plan was formulated and SCP were available for support and guidance. At the conclusion of the second phase, two focus groups were held. One with HCPs site-specific and one with all participants, unit managers, and SCPs from the three sites. All focus groups were audio-recorded and professionally transcribed verbatim. The third phases involved qualitative data analysis using survey questions,

	and chart review data. Three members of the research team conducted thematic coding using inductive content analysis and NVivo 10 software.
SAMPLING: Was the process of purposeful selection described? ☒ yes ☐ no	**Describe sampling methods used. Was the sampling method appropriate to the study purpose or research question?** The HCPs were recruited through purposeful sampling of poster solicitation and invitation by an individual associated with the research team. Each unit had a clinical manager that agreed to facilitate the study. The managers then assigned a member of the IP team to screen patients for inclusion/exclusion criteria, communicate with the research assistant (RA) regarding study participants, and facilitate access to patient charts. The nine active HCPs consisted of one physician, four nurses, one nurse practitioner, an occupational therapist, a physical therapist, and a social worker. Twenty-four patients were recruited for the study as follows: ● Ten from the geriatric unit: three males and seven females, ages 71-92 years of age, ● One male from the tertiary palliative care unit, age 53, ● Thirteen from the hospice unit: seven males and six females, ages 54-84 years of age. Diagnosis included metastatic cancer (n = 12), pain or weakness (n = 3), dementia (n = 1), falls or injury (n = 2), gastrointestinal bleeds (n = 2), COPD (n = 2), rehabilitation needs (n = 1), and flu-like symptoms (n = 1). Hospital stay ranged from 11-219 days but enrollment in the study was 6-119 days. The study states that the designated member of the IP team would screen clients for inclusion/exclusion criteria. The authors did not report specific criteria.
Was sampling done until redundancy in data was reached?[2] ☐ yes ☐ no ☒ not addressed	**Are the participants described in adequate detail? How is the sample applicable to your practice or research question? Is it worth continuing?** The participants and several of their responses are described in detail even though the study did not indicate if saturation was achieved. The information is noteworthy as it gives insight to the benefit of educating HCPs on how to incorporate spirituality into practice. It also helps to inform the reader of the change in attitudes toward incorporating spiritual well-being into patient care following education in spiritual assessment. The study also reveals information on how the patients perceived the addition of spiritual conversations to their treatment plans and its effect on spiritual distress. Due to these reasons, the sample is applicable to occupational therapy practice and addresses the research question.
Was informed consent obtained?	Informed consent was obtained for both the HCPs and the patients. The

[2] Throughout the form, “no” means the authors explicitly state reasons for not doing it; “not addressed” should be ticked if there is no mention of the issue.

☒ yes ☐ no ☐ not addressed	University of Alberta Health Research Ethics Board approved the study protocol.
DATA COLLECTION: **Descriptive Clarity** Clear & complete description of site: ☒ yes ☐ no participants: ☐ yes ☒ no Role of researcher & relationship with participants: ☒ yes ☐ no Identification of assumptions and biases of researcher: ☒ yes ☐ no	**Describe the context of the study. Was it sufficient for understanding of the "whole" picture?** The context of the study was to explore the change of HCPs when introduced to a spiritual history tool that helped incorporate spirituality history into patient care. It sought to determine if including spiritual history in clinical practice was valuable, to identify facilitators and barriers to spiritual care, and to explore ways for HCPs to effectively utilize the patient's spiritual history. The site of the study was clear. The authors stated that inclusion/exclusion criteria existed for patient participation, but the specific details were omitted. The participation requirements for staff HCPs was not defined other than it was volunteers from the hospital staff. The relationship of the researchers and participants is stated. The RA was the primary means of communication. The authors met with HCPs in a face to face meeting post-education to discuss preliminary findings related to the inclusion of spirituality in patient care. The researchers also discussed recommendations pertaining to the research protocol. The researchers reported using techniques of bracketing and reflexivity in order to eliminate any idiosyncratic perspectives and potential biases of the researchers. The researches stated that their approach assisted in identifying and mitigating bias to ensure heightened sensitivity to viewpoints and experiences the participants shared with the researchers. The content was sufficient for understanding the whole picture, although some information was missing such as inclusion/exclusion criteria and the religious background of the participants. **What was missing and how does that influence your understanding of the research?** - The missing inclusion/exclusion requirements limit the understanding of the parameters and standards required for participation for both the patients and the HCPs. It is also unknown if the HCPs were spiritual or non-spiritual, which may add bias to the outcomes. The patients in the study had criteria for participation according to the authors, but the criteria were undisclosed. Did each patient have to be spiritual or were atheists included in the study? What were the cognitive requirements for participation and were family members/caregivers included? Also, the hospital is designated as a spiritual institution; therefore, there is an assumption that patients in the hospital may be spiritual. These patients may not be representative of the general

	population. - The length of time of the study was not defined. The reader is unclear what determined the termination of each patient from the research study. Did the authors follow the initial patients until discharge, demise, or until a spiritual satisfaction was met? The authors stated patients participated for 6-119 days, but did not clarify if they were added weeks into the study or they were original participants from a beginning time frame.
Procedural Rigour Procedural rigor was used in data collection strategies? ☒ yes ☐ no ☐ not addressed	**Do the researchers provide adequate information about data collection procedures e.g., gaining access to the site, field notes, training data gatherers? Describe any flexibility in the design & data collection methods.** The researchers utilized a pre-participation survey to explore HCPs current attitudes toward professional preparation, perspectives, and comfort levels regarding spirituality in patient care. They were also asked which HCPs were responsible for addressing spiritual/religious concerns. With the exclusion of pharmacists, the results indicated every HCP had a responsibility to address spiritual patient concerns. Patients were screened for eligibility, meeting inclusion/exclusion criteria, during routine intake, given the study description, and consent was obtained from those interested in participating. HCPs participated in a half-day education class on the administration of the FICA and the ISCIM tools. They were given opportunities to practice taking a spiritual history, participated in two post-education focus groups with the researchers (90 minutes each), and completed a post-education survey regarding their preparedness to include spirituality in patient care. Most HCPs agreed that they felt more comfortable and prepared to engage in spiritual conversations with patients along with identifying spiritual needs. HCPs conducted a spiritual history during routine intake by integrating the FICA into their patient interactions. Both HCPs and patients identified spiritual issues and concerns. The HCPs documented spiritual interventions that were offered along with reasons for referrals to SCPs. All findings were documented in the patient chart, shared with the IP team, and a spiritual care plan was formulated including any referrals. Following data collection, HCPs participated in two focus groups: a site or unit specific group and a group with all the HCPs, unit managers, and SCPs from all three units. Focus groups were audio recorded and professionally transcribed. Retrospective chart reviews were completed in order to retrieve all notes regarding inclusion of spirituality in patient care.

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DATA ANALYSES:

Analytical Rigour
Data analyses were inductive?
☒ yes ☐ no ☐ not addressed

Findings were consistent with & reflective of data?
☒ yes ☐ no

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Describe method(s) of data analysis. Were the methods appropriate? What were the findings?

The researchers used audio-recordings of the focus groups and had them professionally transcribed. They used qualitative data analysis for focus group transcripts, survey questions, and chart review data strengthening triangulation techniques. Thematic coding was conducted by three research members using inductive content analysis and NVivo 10 software. Over a series of meetings, themes were checked and re-checked, using auditing notes to trail decisions in theme development. Strengths of HCPs for the inclusion of spirituality in patient care, challenges of HCPs inclusion of spirituality in patient care, and opportunities for HCPs inclusion of spirituality in patient care were developed and defined as follows:

Strengths of HCP Inclusion of Spirituality in Patient Care:

- One strength identified at the organizational level was the fact that the institution was faith-based. The mission and vision stated the facility was committed to serving all faiths, beliefs, and cultures as they cared for the whole person, mind, body, and soul. The clinical staff and leaders felt aligned to the organizational commitments. The organization also had SCPs employed to support patients.
- The HCPs employed at the hospital were professionally and personally committed to a person-centered care approach and viewed spirituality as an essential component. Incorporating a spiritual history supported the concept. HCPs reported that the spiritual history opened communication between them and the patient which allowed them to learn more about the patients concerns, vulnerabilities, and fears. It helped to create patient trust and gain confidence. The spiritual history gave clinicians the opportunity to diagnose spiritual distress and locate inner resources in clients.
- The patient reported strengths of enhanced comfort levels and improved relationships with HCPs. Patients appreciated meaningful activities incorporated into their care such as prayer, rituals, liturgy, art and reflection. The spiritual inclusion assisted patients in determining meaningful experiences and enhanced both spiritual and emotional support by the HCPs. It inspired people to participate when they were physically weak or compromised.

Challenges of HCP Inclusion of Spirituality in Patient Care:

- One challenge noted was that while the spiritual tool was useful in addressing spiritual issues, follow-up interventions were necessary. Time, resources, and preparation were needed to address the issues. Due to the medically challenged needs of the patients, physical demands required attention and care making spiritual concerns hard to address. There was often

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	pressure to discharge or transfer patients prior to spiritual concerns being resolved. There was little consideration given to the spiritual needs post-discharge. Spiritual information should be transferred and continued at discharge similar to medicines and physical abilities. Fiscal constraints and competing priorities impede the incorporation of spirituality in care. - Although HCPs reported spiritual care facilitated person-centered care, many reported that spiritual needs were not viewed by other IP team members as efficient and a productive use of time. It was difficult to convey the spiritual needs of patients to other IP members. Other challenges included language barriers, reluctance of patients to discuss their spirituality, and a false connectedness with and attachment to the HCP after the spiritual history. The discussions fostered a sense of closeness which left the patient distressed when the HCP did not continue the engagement in the same manner. *Opportunities for HCP Inclusion of Spirituality in Patient Care*: - There are organizations that have research days that provide funding to explore ways to more explicitly include spirituality in patient care. These organizations provide vehicles for dissemination of research findings and examination of clinical best practices. The organization used in this study is open to ongoing work on this topic, as well as financial and professional support to staff who decide to further their learning in this area. The research aligns with the organization's mission. - The patient and family may have enhanced satisfaction from their healthcare experience. The researchers state patients may feel more respected and seen as a person rather than a constellation of physical symptoms. HCP stated they would be more likely to address spirituality if a specific tool was used routinely and that it would facilitate spiritual conversations in routine care. - HCP noted opportunities of increased job satisfaction as they better attended to patient care, professional role validation, professional growth, and better therapeutic relationships. Other HCP stated it improved empathy and communication skills. Addressing the spiritual needs of clients allows HCP to better understand what is meaningful to the patient, thus helping them cope with current and future circumstances. - Lastly, HCP are provided with the opportunity to discover additional resources in the community or next clinical setting.

Auditability Decision trail developed? ☒ yes ☐ no ☐ not addressed Process of analyzing the data was described adequately? ☒ yes ☐ no ☐ not addressed	**Describe the decisions of the researcher re: transformation of data to codes/themes. Outline the rationale given for development of themes.** Researches stated that qualitative data analysis was used for the focus groups transcripts, chart review data, and the survey questions. Themes were coded by three members of the research team using inductive content analysis and NVivo 10 software. Themes were checked and re-checked over a series of meetings. Auditing notes were utilized as a clarification source and to trail decisions created in collapsing themes together. To help with decisions, authors used extensive memos and consultations to ensure confirmability.
Theoretical Connections Did a meaningful picture of the phenomenon under study emerge? ☒ yes ☐ no	**How were concepts under study clarified & refined, and relationships made clear? Describe any conceptual frameworks that emerged.** The concepts of the study were clarified, and the relationship to spirituality was made clear. Three themes were revealed and described. All three themes related to the purpose of the study. Findings from this study support the inclusion of spirituality in IP person-centered care. HCPs reported the study increased their awareness of the need to recognize and respond to spiritual needs. The inclusion of spiritual care improved patient communication, promoted person-centered care, and heightened job satisfaction among HCPs. One theoretical concept that emerged was that HCPs need more education in addressing spiritual care with patients to overcome discomfort, feelings of incompetence, and learn avenues of spiritual referrals. The authors state such education would be beneficial in undergraduate or graduate curriculums. Occupational therapists should be open to the idea of discussing spirituality with patients and seek continuing education courses to improve competence in addressing spiritual issues in whole-person care.
OVERALL RIGOUR Was there evidence of the four components of trustworthiness? Credibility ☒ yes ☐ no Transferability ☒ yes ☐no Dependability ☒ yes ☐ no Comfirmability ☒yes ☐ no	**For each of the components of trustworthiness, identify what the researcher used to ensure each.** Achieving the true picture of a phenomenon through description and interpretation relates to credibility. Researchers used triangulation of from multiple focus groups, personal field notes, and the opinion of multiple researchers and HCPs. The focus groups were audio-recorded and professionally transcribed. Extensive use of memos were kept along with communication with co-authors. Reflexivity and bracketing were utilized to discover personal perspectives and biases. Coding was validated with three qualitative researchers for trustworthiness. The authors stated the four criteria of trustworthiness, as described by Lincoln and Guba's model (1985), were

	maintained during analysis. The authors stated they maintained transferability by using a purposeful and theoretical sampling strategy. Key informants were identified that satisfied the comprehensiveness of the conceptual description and theoretical needs. The responses to the pre and post-test questions were identified in a table along with the end of the project focus groups. The lack of detail in choosing the sample size is the limiting and weak factor in transferability. The authors addressed dependability by stating they examined the study process to insure consistency over time. They stated they maintained auditing notes for clarification and trail decisions. Themes were checked and re-checked. The analysis of data was completed using NVivo 10 software. Data collection was defined. Approval was obtained from the participating organization and informed consent forms were signed. Confirmability was maintained, by author report, through prolonged engagement during data collection and analysis along with uses of memos and consultations with co-authors. Reflexivity and bracketing techniques were used stating the authors reflections and articulation of experiences and perceptions. This was done to determine perspectives and potential biases of the researchers. Researchers mitigated bias to ensure sensitivity to viewpoints and experiences by participants. **What meaning and relevance does this study have for your practice or research question?** I find this study relevant and meaningful to my capstone as it addresses the benefits and barriers to incorporating spiritual care in the whole person healthcare. As holistic caregivers, occupational therapists should be prepared to acknowledge and address situations of spiritual well-being and spiritual distress. This study supports that spirituality has a significant impact on patients and HCPs. It has a positive influence on patient-centered care, fosters relationships with patients, and can improve job satisfaction in HCPs.
CONCLUSIONS & IMPLICATIONS Conclusions were appropriate given the study findings? ☒ yes ☐ no The findings contributed to theory development & future OT practice/ research? ☒ yes ☐ no	**What did the study conclude? What were the implications of the findings for occupational therapy (practice & research)? What were the main limitations in the study?** The study focused on spirituality integration into a multi-discipline, person-centered care facility focusing on three inpatient care units. Results concluded that spirituality had a positive influence when incorporated in patient care. It fostered the patient/caregiver relationship, improved care as perceived by the patient and family, enhanced HCPs job satisfaction, and reduced burnout among IP members. It also facilitated the need for awareness of patient's spiritual needs. The study suggests that inclusion of spirituality at

	the organizational level, through the mission and vision statements, may improve spiritual support in patient care. The authors also concluded that HCPs need support from leadership and further education to develop confidence and competence in addressing the spiritual domain of clients. - Barriers defined include financial restraints, pressing care priorities, discharge urgencies, documentation challenges, and limited resources. These barriers have a negative effect on the whole-person care. - Limitations include the small sample size for both the patients and HCPs along with being selected from one faith-based organization. Secular organizations may not have the same results. Other limitation are gaps in the knowledge of HCPs concerning spirituality inclusion in care, the brief training session, limited follow-up with HCPs, and challenges in the consenting process of those patients who were very ill. By authors' report, recruitment of HCPs was hindered due to competing priorities and self-perceived inappropriateness for the study due to lack of confidence or limited understanding of spiritual care. Some patients declined participation due to not being spiritual or they believed their perceptions of spiritualty did not make them a study candidate. One noted limitation in the study was the fact that patients often wanted to discuss spirituality or receive spiritual care once the conversation was initiated. HCPs struggled to balance priorities. Occupational therapists strive to improve and maximize the quality of life of their patients. It is the topic of spirituality that can pose challenges in a conversation when a HCP is striving for person-centered care. These challenges may be alleviated with provider education. This study supports including spirituality in patient care and it promotes high quality healthcare services. The AOTA framework refers to spirituality as a key component in client factors that can affect the facilitation and engagement in occupation and life (AOTA, 2014). Spirituality represents the connectedness a person has to the lived moment or experience (AOTA, 2014). The knowledge of the impact spirituality has on person-centered care should influence occupational therapists to include it during treatment planning. Spirituality is essential to mind-body-spirit connection.

References

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.) *American Journal of Occupational Therapy, 68*(Supp.1), S1-S48.

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Appendix E

Authorship agreement

Appendix F

Publisher guidelines

OT Practice Magazine
Authorship Guidelines

Directly from the *OT Practice* Magazine:

Mission Statement

OT Practice® is the clinical and professional magazine of the American Occupational Therapy Association (AOTA). It serves as a comprehensive, authoritative source for practical information to help occupational therapists and occupational therapy assistants to succeed professionally. *OT Practice*® provides professional news and information on all aspects of practice and encourages a dialogue among AOTA members on professional concerns and views.

Editorial Focus

OT Practice® focuses on news and practical information that occupational therapy practitioners need to succeed professionally and that encourages discussion of professional concerns and views. Articles that are research oriented should be submitted to the *American Journal of Occupational Therapy*. We present only new articles in *OT Practice*®, so please do not send us manuscripts that are being considered by other publishers or that have already been published. Articles should include concrete examples and demonstrate the unique contribution and expertise of occupational therapy practitioners.

Submissions to *OT Practice*® should support occupation-based practice by reflecting the language of the *Occupational Therapy Practice Framework: Domain and Process* or the language of a developing model in the field (e.g., model of human occupation, person-environment-occupation, person-environment-occupational-performance, occupational adaptation, enabling occupation, etc.). In addition, they should incorporate the principles of evidence-based practice. Consistent with the *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services,* the roles of the occupational therapist and occupational therapy assistant shall be considered and, when appropriated, role distinctions shall be clarified.

Submissions should be a maximum of 2,000 words (about 10 double-spaced, typed pages). There is no minimum length.

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Do not write directly on photos; attach a separate sheet of paper to the back of each one that states your name, address, and telephone number(s); the name of your article; and a caption or description of what the photo demonstrates. Place photos between two pieces of cardboard for mailing. Always keep negatives or copies of the photos you submit in case the originals are lost. If you send negatives, do not cut them from their strip. If you send slides, please put them in an envelope with the same information that is required for photos (see above).

Digital photographs must meet the following criteria:

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- 3 inches x 5 inches minimum; 8 inches x 10 inches maximum

- JPEG (Mac or PC version), TIF (Mac or PC version), or EPS (Mac version only)

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You must submit a signed release from each identifiable subject or subject's guardian in a photograph before publication. You must also submit a release from the photographer if you do not own the photo. If your article and photos are accepted, the *OT Practice*® staff will provide you with the necessary release forms. Any fees associated with printing author-submitted photos are the responsibility of the author.

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All accepted articles are edited by the *OT Practice*® staff for clarity, length, adherence to AOTA style, and reflection of the terminology and construct of the *Occupational Therapy Practice Framework: Domain and Process* or other models in the field. *OT Practice*® editors use the American Psychological Association style guide in addition to an in-house guide. *OT Practice*® is not peer reviewed, although articles are reviewed by practitioners with expertise in the subject area.
Before publication, all articles are returned to the author for a final review.

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Writing Tips

- Tell us your story.
- Why is this topic important?
- How will reading your article enhance your peers' practice?
- Provide strategies that readers could apply the next day (as opposed to vague, sweeping statements).

Vague: Persons recovering from stroke benefit from intervention based on their interests.

Practical: Mr. D. had enjoyed carpentry before his stroke. Therefore, the therapist modified his workbench to allow him to complete simple projects that increased his strength and range of motion.

- Use case examples to demonstrate your ideas.
- Write crisply.
- Read your story out loud. If you have to pause at an unnatural breathing point, the sentence is probably too long.
- Use the active voice to engage readers and clarify the action.

Passive voice: The assessment was administered.

Active voice: The occupational therapist administered the assessment.

Submission Checklist

- Manuscript via e-mail.
- A cover page that includes the title of the article and each author's name, in the order in which they should appear in print, credentials, and short biography; and the contact author's address and phone number(s).
- A copyright release form signed by each author (for accepted or assigned articles). The release(s) may be mailed or faxed.
- A release form signed by each identifiable person (or his or her guardian) in each submitted photograph (for accepted or assigned articles). The release(s) may be mailed or faxed back.

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