UNDERSTANDING AND ADDRESSING SPIRITUALITY IN OCCUPATIONAL THERAPY PRACTICE

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy.

by

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Certification of Approval

I certify that I have read Spirituality in Occupational Therapy Practice by Alexandra Baumgartner, Leia Bautista-Pedlow, Molly Fuller, and Holly Webster, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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Abstract

While spirituality has been recognized across several clinical fields for its ability to improve health and rehabilitation outcomes, it still may be considered an underutilized and overlooked concept in the field of occupational therapy. This is most likely due to the lack of a proper definition of spirituality, along with the deeply individualized nature of the concept. Another explanation is that there is currently a lack of evidence regarding its use and efficacy in occupational practice, leading to uncertainty among practitioners about how to perceive and address it. Therefore, this study aimed to gain an understanding of how spirituality is currently understood and addressed in occupational therapy practice, and to briefly explore the evolution of therapists' understanding of spirituality. In this descriptive survey design, a comprehensive, semi-structured survey was distributed via the AOTA and OTAC online forums which was completed by 65 licensed occupational therapists who were members of either the national (AOTA) or state (OTAC) occupational therapy organizations. Various themes were generated from the data with results indicating that the understanding of spirituality in occupational therapy practice is diverse and is determined by diverse personal, social, and professional factors. Notably, 13% of respondents claim to always address spirituality with clients, 40% address it frequently, with 37% revealing that they only tend to address spirituality when clients bring up the topic first. Lastly, the frequency and nature of how spirituality is addressed is largely dependent on client factors and practice settings. This study highlights the need for an increased awareness of spirituality in occupational therapy practice and delineates how it can be understood and incorporated into treatment.

Key words: occupational therapy, spirituality, spiritual, meaning and purpose

Table of Contents

List of Figures....................viii

Spirituality in Occupational Therapy Practice....................1

Statement of the Problem....................3

Literature Review....................4

Types of Spiritual Engagement....................5

Barriers to Understanding Spirituality....................7

Barriers to Addressing Spirituality....................9

Spirituality as a Healing Tool....................10

Formal and Informal Methods of Addressing Spirituality in Practice....................13

Statement of Purpose....................17

Hypothesis and Research Questions....................18

Theoretical Framework....................18

Methodology....................20

Design....................20

Participants and Recruitment....................21

Methods and Procedures....................22

Data Collection....................22

Data Analysis....................23

Limitations....................23

Ethical and Legal Considerations....................24

Results....................25

The Understanding of Spirituality in Practice....................27

How Spirituality is Embedded in Occupational Therapy Practice................................29

The Frequency and Reason for Addressing Spirituality...30

Views on the Evolution of Spirituality in Practice...32

Discussion...34

Implications...38

Conclusion...38

References...41

Appendix A: IRB Approval...51

Appendix B: Consent/Bill of Rights..52

Appendix C: Survey...54

List of Figures

Figure 1: Canadian Model of Occupational Performance and Engagement (CMOP-E)...20

Figure 2: Participants' Years of Practice..26

Figure 3: Participants' Understanding of Spirituality in Practice....................................28

Figure 4: Frequency Participants Address Clients' Spiritual Needs...........................31

Spirituality in Occupational Therapy Practice

Eleanor Clarke Slagle, often referred to as the “mother of occupational therapy,” asserted that an occupational therapist must consider the spiritual nature of a client for therapy to be successful (Smith, 2008). Occupational therapy (OT) is the therapeutic use of everyday life activities and occupations for the purpose of increasing overall quality of life (AOTA, 2014).While the field has continuously supported Slagle’s assertion, over time spirituality has taken on several different dimensions, making it difficult to concretely define. Spirituality is most often defined according to the Occupational Therapy Practice and Framework (OTPF), an official document used to guide OT practice. The following definition of spirituality from the OTPF will be used throughout this study. The OTPF states, "Spirituality is 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). In 2008, the American Occupational Therapy Association (AOTA) included spirituality as a client factor in the OTPF. Since OT practitioners utilize the relationship between client factors, occupational engagement, and performance skills to promote health and wellness, spirituality is clearly within the scope of practice (AOTA, 2014). Additionally, spirituality can allow individuals to engage in their personal activities, and thus bring more meaning and fulfillment to their lives. Despite its justified use in OT, how to use spirituality in practice is challenging to determine, which may affect how often it is used in practice.

Occupational therapy began to draw away from addressing spirituality due to the widespread change toward the biomedical model during the 1950s and 1960s

(Christiansen & Haertle, 2019; Smith, 2008). This period was characterized by the post-World War II mechanistic paradigm which emphasized a biomechanical approach to medical rehabilitation. Furthermore, the deinstitutionalization movement that began in the 1960s resulted in the closure of state institutions for the mentally ill, which contributed to the drastic reduction of occupational therapists (OTs) working in mental health (Christiansen & Haertle, 2019). This is significant because the use of spirituality in OT practice is likely to be more prevalent in mental health settings where psychiatric clients often report their religion or spirituality to be both a help and a hindrance (Mohr et al., 2010). Today, less than three percent of OTs work in mental health settings (AOTA, 2015, p. 16). Despite the inclusion of spirituality in the OTPF as a client factor, the use of spirituality in practice appears to be very dependent on practice settings, particularly as the recent push towards evidence-based practice prompts OTs to use a more biomechanical approach in treatment (AOTA, 2008).

Nonetheless, spirituality remains a significant component of the OT profession. For instance, in 1997 the Canadian Association of Occupational Therapists (CAOT) developed the Canadian Model of Occupational Performance (CMOP) to help guide professional reasoning (Canadian Occupational Therapy Association, 1997). This model was designed to facilitate treatment with the client’s spirituality at the core, which resides within the individual and provides value and meaning to one’s occupations (Canadian Occupational Therapy Association, 1997). In 2007, the CMOP increased its client-centeredness by incorporating an additional element of engagement to the model, which is now known as the Canadian Model of Occupational Performance and Engagement (CMOP-E). Additionally, in 2008 spirituality was promoted to a more significant position

under client factors within the Occupational Therapy Practice Framework: Domain and Process, 2nd edition (OTPF-II; AOTA, 2008). Client factors refers to a section within the OTPF, which lists various factors that are said to reside within the client and have the potential to affect occupational performance. Therefore, any distress present within the spiritual nature of a client may also negatively impact the client's occupational performance and quality of life (Kelso-Wright, 2012).

Statement of the Problem

Although spirituality has been widely recognized to influence people's overall health and rehabilitation in many clinical fields (Koenig, 2012) it may be an underutilized tool in OT interventions. Some potential reasons expressed in past research include the lack of training for both clinicians and students, or the belief that some health care providers do not view it within the scope of practice (Johnston & Mayers, 2005). Some providers may not see the relevance of spirituality to their practice (Bergin & Jensen, 1990), or may have differing perspectives of its relevance to interventions (Egan & Swedersky, 2003). Moreover, research within the United States regarding how spirituality is addressed within OT may be lacking, especially in comparison to other countries (Dallal, 2005). It has also been said that spirituality has largely been ignored in the American literature, treatment models, and discussions among practitioners (Christiansen, 1997). However, its current inclusion in the OTPF, along with evolving meanings of this concept, may have influenced how it is currently addressed. If spirituality is indeed underutilized, there may be missed opportunities to influence a client's motivation to engage in occupations and give their life meaning, which is a main goal of OT (Moyers & Dale, 2007). The purpose of this research was to gain an

understanding of how OT practitioners currently understand and address spirituality in practice, and to explore how the understanding of spirituality has evolved over time. We also hoped to add to the body of research surrounding the use of spirituality in OT practice. Our target population for research was licensed American OTs, since their specific opinions and experiences were the subject of this study.

As our research explored how spirituality is addressed in different practice settings and how its nature varies between individuals, our study relates to the Stanbridge Master of Science in Occupational Therapy curriculum thread of diversity, as well as psychosocial aspects of care and psychological support (Stanbridge University, 2020). In addition, this research also aligns with the AOTA 2025 vision pillars of effective, collaborative and accessible care, as well as equity, inclusion, and diversity. This is due to the fact that it focuses on the client-centered, culturally responsive, and diverse aspects of spirituality, and how it can produce effective outcomes in our clients (AOTA, 2017).

Literature Review

We conducted the literature review using different search engines, research resources and databases such as Google Scholar, PubMed, EBSCO, and ProQuest Nursing and Allied Health Database. We searched for articles that mentioned “spirituality” and “role of spirituality in health care.” Articles that included the key terms “spirituality” and “occupational therapy” were prioritized, along with any relevant articles published within the past ten years. Overall, all articles included in the literature review were published between 1990-2019. After the literature review and discussion with our thesis advisor, the following four themes were extracted: types of spiritual engagement, the value of including spirituality in practice, barriers to understanding and

addressing spirituality, and formal and informal methods of addressing spirituality in practice.

Types of Spiritual Engagement

Some of the most prominent observations recognized throughout the literature review process were the vastly different types of activities that individuals considered to be spiritual engagement. In the past, spirituality was generally approached within the context of religion. However, entering into the early 2000`s, and as more research was conducted, the idea emerged that occupations, or meaningful activities, could be a type of spiritual engagement, along with the previously held beliefs about spirituality as part of religious practices (Puchalski, 2001). Then, spirituality was named as a client factor in the year 2008, and a new and dynamic understanding of spirituality took hold within the field of OT, one that persists to this day.

Research articles have investigated meaningful activities as having a spiritual connection to some clients, which is exemplified in more than one study. For example, when looking at adults who have experienced a change in their daily occupations, research shows that even the most mundane tasks can have layers of spiritual significance (Reed, Hocking, & Smythe, 2010). While spirituality is not overtly mentioned in this article, the ideas about occupations having a deeper meaning are important to understand and connect with, particularly as an occupational therapist. This idea is further proved through a study about gardening, in which clients were said to feel heartfelt connections in the simple task (Unruh, 2011). In addition to these, Billock (2019) has noted, "Although spirituality can be experienced outside of occupation, participating in occupation is the most common and effective mechanism for making spirituality a real,

tangible reality in daily life" (p. 312). The idea that spirituality can take on different meanings through the form of occupation is in fact shared amongst other researchers. One study in particular made connections to these spiritual aspects of occupations, and asserted that, "the meaning of occupation lies in the complex interconnectedness between the person, the world, and others in the world" (Reed, et al., 2010, p. 144). This again relates to the definition of spirituality as referenced in the OTPF, because this concept is explicitly defined as how individuals seek connectedness among themselves and their relationship to the world around them.

Not only do daily occupations have spiritual meaning for clients, but they can also allow clients to connect to spirituality within the context of religion. In fact, some articles solely discuss spirituality in a religious lens. One example of this restriction is portrayed in a recent study as it examines the religious journeys of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals through their transitions of accepting their sexual orientation. The study shows that most of these individuals changed their religion in some way. While some abandoned their religion entirely, some expressed their inability to leave their faith as their religious beliefs were a part of their identity (Beagan & Hattie, 2015). This concept of spirituality being bound to religion is particularly important to note as OTs, as we interact with individuals that have many different types of spiritual beliefs. Within the LGBTQ population, there is a lot of support for alternative methods of spiritual practice, because many of them fail to be accepted in the eyes of religious institutions (Beagan & Hattie, 2015). Overall, the research exemplifies that an individual can experience a strong personal tie to spirituality, whether it be through religion or meaningful occupations.

Barriers to Understanding Spirituality

Many OT practitioners struggle to understand the concept of spirituality. When researching the current literature regarding OT and spirituality, it became apparent that there are too many definitions of spirituality. The elusive, subjective nature of spirituality differs between each practitioner and client, which results in confusion about its meaning and thus how it should be addressed (Schulz, 2005; Morris et al., 2012).

The definition of spirituality proves difficult for OTs to articulate and measure, even with the use of formal assessments. Many spiritual assessments in OT use definitions that are too narrow, or only include Christianity without other religions (Hemphill, 2015). Also, clients define spirituality in different ways, adding to the confusion and resulting in a lack of confidence in providing spiritual care (Bursell & Mayers, 2010). Thus, practitioners are not able to adequately recognize their patients' spiritual needs. When trying to explain spirituality, OTs use similar terminology, but struggle to define the words they used associated with spirituality (Bursell & Mayers, 2010). OTs must more fully understand spirituality as a whole and their role in addressing it in practice, since it affects their clients' occupational performance. If OTs continue to be unclear about their understanding of spirituality, they will not adequately address their patients' spiritual needs. Thus, their patients will not benefit because they are not receiving this important aspect of holistic care (Bursell & Mayers, 2010; Morris et al., 2012). It is therefore crucial for OTs to be in consensus by having a good understanding of what the OTPF definition of spirituality is, while also being aware of what spirituality means to them personally. Having both personal and OT-based

knowledge of spirituality will better enable practitioners to address it effectively with their clients.

The most identified barrier to understanding and incorporating spirituality into OT practice is the lack of education on spirituality and spiritual issues (Johnston & Mayers, 2005). Morris et al. (2012) found that spirituality is not extensively or adequately covered in the OT academic curriculum, causing practitioners to not feel confident in addressing each client's spiritual needs. Furthermore, the lack of formal education on spirituality causes OTs to impose their own spiritual beliefs on their clients, without regard for the preferences of their clients (Egan & Swedersky, 2003). Mthembu, Wegner, and Roman (2018) found that explicit guidelines for integrating spirituality, teaching strategies, and students' assessment tasks for spirituality are necessary in OT education. Therefore, practitioners will be aware of their own spiritual tendencies, as well as the different spiritual beliefs of their clients. This will then assist new therapists with knowing how to integrate spiritual wellness practices in therapy. Spirituality cannot be addressed if there is not a clear definition of the concept, and if the practitioners do not receive proper training on what it is or how to evaluate and address it.

Ultimately, there appears to be a gap in how OTs are understanding spirituality. Maley, Pagana, Velenger, and Humbert (2016) states, "What appears to be missing from the current professional definition and description of *spirituality* and the occupational therapy literature is how people actually deal with suffering, fear, and guilt; how these feelings influence self-identity; and how occupations may be used to cope" (p. 4). It is not uncommon for people to turn towards spirituality as a coping mechanism, and in turn, towards occupation as well. One of the biggest gaps in understanding is failing to

acknowledge that individuals are most vulnerable and unsure of themselves when they are in times of distress. This also happens to be the time in which OT can assist in one's spiritual journey.

Barriers to Addressing Spirituality

Even if OTs understand the concept of spirituality, the current literature suggests that there are barriers that exist in their ability to address it in their practice. Some of these barriers include the practitioner's lacking time, feeling uncomfortable with discussing the subject with their clients, worrying about imposing their own spiritual beliefs on their clients, and lacking interest or awareness on the subject (Koenig, 2004). In addition, Farrar (2001) found that OTs did not address spirituality in practice because it was not relevant to their practice setting, they were not trained to address religious or spiritual needs, their clients were not capable of addressing these issues due to their diagnosis or age, or they felt they had no right to ask. OTs face challenges in establishing and maintaining boundaries regarding spirituality with their clients. They must discover how to disclose personal beliefs, judge the appropriate time to discuss spiritual concerns, and determine if their clients are prepared or even wish to explore their spirituality (Suto & Smith, 2014).

One of the most prevalent issues found in the literature is that OTs are ethically concerned with how to address their clients' spirituality, without imposing their own belief systems, particularly if a client is experiencing a spiritual crisis (Farrar, 2001; Hemphill, 2015). Some practitioners in the mental health setting recognize the importance of incorporating spirituality into therapy, however, they are worried that if their spiritual beliefs differ from those of their vulnerable patients, they could possibly

cause psychological harm to them (Suto & Smith, 2014). Also, OTs are concerned with being judged by patients or fellow practitioners, or with being reprimanded if they attempt to incorporate their understanding of spirituality into practice (Bray, Egan, & Beagan, 2012). OTs must be careful to assess their own spirituality, while also assessing how their clients' values and beliefs influence their own lives.

Another predominant concern that surfaced when researching the current literature is the ambiguous role of OTs in addressing spirituality in practice. OTs assert that spirituality should be included in practice, but they are unsure about the scope and precise nature of their role (Morris et al., 2012). This lack of clarity significantly increases their perceived difficulty of incorporating their clients' spiritual needs into therapy (Belcham, 2004). Currently, there are no specific guidelines for integrating spirituality into OT practice (Mthembu et al., 2018). The development of explicit guidelines is necessary since most practitioners do not utilize spiritual assessments to evaluate their client's spiritual needs, and many do not even know that such assessments exist (Morris et al., 2012).

Spirituality as a Healing Tool

As previously discussed, spirituality is understood, addressed, and applied differently for each client and clinician. It is connected to a sense of meaning, purpose, and above all, a will to live life in a healthy manner (Taylor, Mitchell, Kenan, & Tacker, 1999). Since OT practitioners aim to develop, rehabilitate, restore, and encourage mental and physical wellness through active participation in meaningful occupations, it is important to examine the connection between spirituality and improved health outcomes. Their interrelatedness will demonstrate the value of including spirituality in practice.

Research has continued to demonstrate a link between spirituality and motivation, which is necessary for OT interventions. Meaningful activities or concepts can often motivate clients to engage in their recovery and rehabilitation. This engagement can promote successful interventions that can be empowering and sustainable for clients' overall health (Koenig, 2012). Motivation drives people to pursue what they find meaningful, but that same meaningful activity or object can also drive motivation. For example, if one finds meaning in life through nature, they may be motivated to hike in their natural surroundings. If that same person were to contract an illness that precluded them from hiking, their desire to be out in nature may motivate them to take measures to improve their health.

Further, a correlation between spirituality and increased health and well-being exists. Morris et al. (2012) found that patients who are more religious and spiritual have better mental health and adapt more quickly to health problems compared with those who are less religious and spiritual. Health deficits can also trigger spiritual distress in patients and family members. It may be challenging to accept and adjust to health-related changes when they conflict with one's spiritual ideals. This distress can have a detrimental effect on overall health (Hemphill, 2015).

Spiritual practices have long been associated with improved outcomes for those with mental and physical illnesses. Nursing studies have suggested that there is a spiritual dimension in humans that is linked to meaning, purpose, hope, the will to live, and an ability to improve one's health (Clark, Cross, Deane, & Lowry, 1991; Goddard, 1995; Ross, 1995). As mentioned previously, spirituality can be considered religious or non-religious. One study examining the relationship between religiousness and mental health

found that 80% of clients with a mental illness who relied on religious coping strategies experienced a reduction in symptoms (Tepper, Rogers, Coleman, & Maloney, 2001, p. 662). Another study also found that fewer suicide attempts were made by those who had more religious attendance (Rasic et al., 2009). Although religion was a motivating personal and spiritual factor that led to positive health outcomes in these studies, we have outlined that the application of spirituality has expanded beyond the religious realm over time. Further research by Chida, Steptoe, and Powell (2009) discovered that involvement in spiritual practices correlates with decreased mortality, even when behavioral factors such as smoking, drinking, and exercise are taken into consideration. Another article focused distinctly on how spirituality was crucial to acknowledge in the treatment of military personnel (Koenig et al., 2019). Addressing this aspect of care was found to be incredibly healing for this population, and helped them to re-establish their relationships, not only with themselves and others, but with their beliefs as well (Koenig et al., 2019). This article showed that spirituality is best utilized in situations in which a person’s values are called into question.

Addressing spirituality through various methods, including those mentioned previously such as religion, nature, mindfulness, gardening, or any occupation deemed meaningful or purposeful to the client contributes to better health outcomes. Spirituality is effective in reducing stress and negative emotions, increasing social support, and positively affecting health behaviors. These behaviors have resulted in improved mental and physical outcomes for many physical diseases like coronary heart disease, hypertension, and depression (Koenig, 2012).

In addition to the aforementioned conditions, research has shown that spirituality-based interventions are an effective component of the plan of care for conditions like anxiety, concussions, incontinence, and countless other health issues (Koenig, 2012). Spirituality is a valuable factor that facilitates better mental health, increased physical wellness, and overall healing. Studies have demonstrated increased immune function, improved endocrine function, and longevity among those clients who incorporate some form of spirituality in life and recovery (Koenig, 2012). Thus, the current body of research advocates for the integration of spirituality in OT practice.

Spirituality has been a proven, valuable avenue to healing, as it can facilitate motivation, connect meaning and purpose, and potentially manifest in improved quality of life and well-being for each client. Addressing these integral factors to provide client-centered, holistic care is within the scope of OT practitioners.

Formal and Informal Methods of Addressing Spirituality in Practice

Previous research indicates that the explicit place of spirituality within the profession of OT is still unclear (Egan & Delaat, 1997; Beagan & Kumas-Tan, 2005). Engquist, Short-DeGraff, Gliner, and Oltjenbruns (1997) found that a majority of OTs in their study were either undecided or disagreed with the statement that spirituality is within the scope of OT practice (Knox, 1992). Several studies since then seem to suggest that OTs' opinions have steadily been changing to view the role of spirituality within practice more positively (Rose, 1999; Taylor et al., 2000; Collins, Paul, & West-Fraiser, 2002; Beagan & Kumas-Tan, 2005; Morris, 2013). In fact, much more recently, Morris (2013) established that nearly 80% of his participants who were OTs, did not agree that to address spirituality in practice was a form of proselytizing (p. 72). He also found that

when it comes to spiritual care in practice respondents had significantly more positive attitudes than those in previous studies (Morris, 2013). What seems abundantly clear throughout the literature is that the majority of OTs tend to agree that spirituality is important to health and rehabilitation, that a client's spirituality has an influence on their response to therapy, and that activities that allow clients to express their spirituality should be incorporated into therapy. Yet the majority of respondents in these studies report that addressing spirituality is not appropriate in their opinion, or they do not consistently address spirituality in practice (Johnston & Mayers, 2005; Engquist et al., 1997 ; Rose, 1999; Collins et al., 2002).

While this discrepancy between what OTs have reported they believe and what they actually do has been observed, there is existing evidence that spirituality may be implicitly addressed or informally incorporated into OT practice. Jones (2016) asserts that spirituality is embedded within OT practice because of the client centered approach and holistic philosophy that is fundamental to professional practice (Jones, 2016). The founders of OT valued the ideal of holism and acknowledged that engagement of the body, mind, and spirit through participation in occupation supports one's health and brings meaning to one's life (Billock, 2019). Howard and Howard (1997) asserted that, "if occupation is the basis for ultimate meaning and religion is functionally defined as the filter through which we assign that meaning, then spirituality permeates all areas of occupation making a direct link between occupational therapy and spirituality" (p. 182).

Spirituality is said to be incorporated throughout the practice of OT and largely addressed in subtle, informal ways (Jones, 2016; Egan & Delaat, 1997). For instance, it is

the role of the occupational therapist to help the client identify meaningful occupations and it has been established that nearly all occupations have the potential to satisfy the spiritual needs of clients, provided that it has been identified by the client as meaningful or purposeful (Urbanowski & Vargo, 1994; McColl, 2000; Hammell, 2001). Some studies found that OTs identified several ways that they feel they may be implicitly meeting the spiritual needs of their dementia patients (Bursell & Mayers, 2010; Bell & Troxel, 2001; Higgins, 2005). Occupations mentioned were going outside for walks, including the experience of sunshine on the face, smelling flowers, as well as simply providing quiet time/space, or being available to listen to and facilitate the patient's wishes. Implicitly addressing a client's spiritual needs can even include listening to music, or watching wildlife in a garden, as enhancing the environment allows for opportunity to take in and appreciate simple aspects of daily life, especially for patients with dementia. For many, these activities can be thought of as general patient care. However, it is important to note that many OTs, including those in Bursell & Mayers' (2010) study, feel that utilizing general care activities may unintentionally meet a client's spiritual needs.

Moreover, the current literature reveals the need for operationalizing spirituality in practice, either within a framework of compassionate care, or through serving a client's understated spiritual needs (Jones, 2016). For example, several studies identified the spiritual needs of nearly all human beings, such as the need for respect, for hope, purpose or meaning in one's life, as well as, the need "to know that someone is available and willing to listen, the need for personal beliefs to be acknowledged, the right to

dignity and choice, the need for sensitivity of staff to culture and lifestyle, and the need for space" (Udell & Chandler, 2000, p. 492; Beagan & Kumas-Tan; 2005; Howard & Howard, 1997). Hope is another seemingly universal human need that is widely recognized in the literature as having a spiritual connection (Spencer, Davidson, & White, 1997; Bassett, Lloyd, & Tse, 2008). Hope refers to the ability to transcend troubling situations by seeking meaning and purpose in life, which in turn encourages recovery (Bassett, Lloyd & Tse, 2008; Spencer et al., 1997). Spencer, Davidson and White (1997) identified clinical approaches for helping clients develop hope. These include "imagining possibilities and evaluating choices for the future, dealing with both positive and negative emotions associated with major life changes, and identifying and confirming a meaningful and purposeful future" (Spencer et al., 1997, p. 193). OTs are capable of implicitly addressing many, if not all, of these universal spiritual needs (Jones, 2016). For example, through the therapeutic use of self, an occupational therapist develops a therapeutic relationship with a client where their beliefs, values, and meaningful experiences are reacted to with sensitivity and a non-judgmental approach (Jones, 2016).

Some of the formal methods available for use by OTs to address spirituality include spiritual history or meaningful activity assessments, which generally take the form of interviews, inventories, and questionnaires. Some of these assessments explicitly address the client component of spirituality, such as the OT-Quest (Schulz, 2008), the Faith, Importance/Influence, Community, and Action/Address in Care Spiritual History Tool (FICA), and the Hope, Organized religion, Personal Spirituality and Practices, and

Effects on Medical Care assessments. The FICA (1996) assessment involves a series of questions about clients' overall faith and beliefs, the importance they place on their beliefs, whether or not they belong to a spiritual community, and if there may be any spiritual practices the client wishes to develop (Greer, 2016). When searching the literature, other assessment tools were discovered that formally but implicitly address spirituality. These were identified by Greer (2016), and include the Meaningful Activity Participation Assessment (Eakman, Carlson, & Clark, 2010), the Client Centered Evaluation (Eschenfelder, 2005), and the Occupational Wellness Assessment (White & Reed, 2008). These assessments refer to the aspect of spirituality's definition that indicates that any occupation that adds meaning and value to one's life can be a spiritual occupation. Thus, these assessments implicitly address spirituality by identifying and assessing meaningful occupations and values, including whether one is living in alignment with those values.

Statement of Purpose

Although many health care practitioners acknowledge spirituality can be important for health and wellness, OT practitioners often avoid addressing spiritual needs (Johnston & Mayers, 2005; Engquist et al., 1997; Rose, 1999; Collins, Paul, & West-Fraiser, 2002). It is possible that the perceptions and practice of spirituality have changed since its inclusion in the OTPF in 2008. To expand on the existing research in the field, the purpose of our study is to gain an understanding of how OT practitioners currently understand and address spirituality in practice, and to explore how the understanding of spirituality has evolved over time. By doing so, we hope to add to the body of research

that demonstrates how a clinician's perception and utilization of spirituality intersects with client interventions and outcomes.

Hypothesis and Research Questions

We predicted that survey responses would reflect varying ways that OTs understand spirituality, and that the rate of addressing spirituality is influenced by practice setting. We also predicted that there has likely been an increase in awareness and inclusion of spirituality based on current trends involving meditation and mindfulness practices, particularly in comparison prior to its initial inclusion in the OTPF in 2008. Therefore, we developed the research question as follows: How do OTs understand and address spirituality in achieving meaningful outcomes with their clients when delivering OT services in different settings?

We also developed the sub-questions of: How is spirituality embedded in OT practice? How do practitioners use spirituality differently in their practice settings? How has the use of spirituality in OT evolved over a period of time?

Theoretical Framework

There are two models that best fit and support the purpose of our research: The CMOP and the CMOP-E. The CMOP model was one of the first additions to OT literature that features client-centeredness, and it was based on the humanistic principles of Rogers and Maslow (Cole & Tufano, 2008). The CMOP places spirituality and meaning at the core of the client, where meaningful activities can also be a spiritual experience. Treating clients with the CMOP as a framework means to consider spirituality as central to the client, which makes it the best lens to view both future and current research about spirituality in the field of OT. The original CMOP, developed in

1997, has more recently evolved to include an additional construct known as engagement around all of the original components, otherwise known as the CMOP-E, in 2007. By including the added concept of engagement, the model addresses not only one's performance of occupations, but also a person's ability to choose and participate in occupations that are meaningful to them (Polatajko, Townsend, & Craik, 2007). Including engagement in the updated version of the model also reflects a broader scope of client-centered OT practice. It also demonstrates the importance of one's participation in chosen occupations on health outcomes by relating their personal satisfaction of such occupations to improved overall well-being.

According to Cole and Tufano (2008), the CMOP-E delineates how occupational performance results from the interactions between the person, the environment, and the occupation itself. Its most important feature is that it highlights the necessity of treatment that is personalized to the client's individual needs, which highlights the person being at the core of the model, as seen in Figure 1. The CMOP-E also views the person as physical, cognitive, and affective components that are bound together by a central core of being—their spirituality (Cole & Tufano, 2008).

The CMOP-E uniquely defines one's spirituality as foundational to self-identity, self-direction, and occupational choice. It gives several definitions for spirituality, including that it is "a pervasive life force, manifestation of a higher self, source of will and self-determination, purpose, and connectedness that people experience in the context of their environment" (CAOT, 1997, p. 182). This definition not only includes religion, but also meaning in everyday activities, such as the culturally symbolic significance of occupations. Please see the CMOP-E figure below.

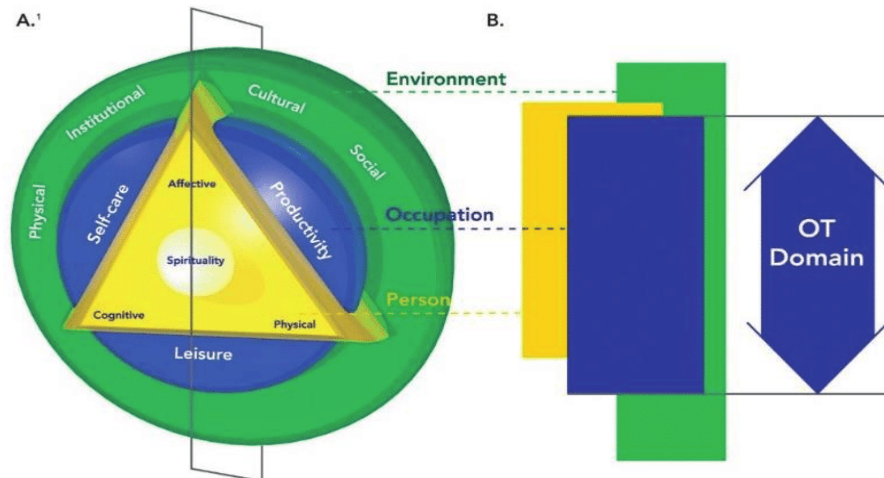

Figure 1. Canadian Model of Occupational Performance and Engagement. Adapted from *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-Being, & Justice through Occupation* by H. Polatajko, et al., 2007. Copyright 2007 by CAOT Publications ACE.

The CMOP-E characterizes the environment as a physical, social, cultural, and institutional component of the individual, while it defines occupation as activities of self-care, productivity, and leisure (Cole & Tufano, 2008). Finally, in this model, occupational performance is perceived by the client's satisfaction with their own experiences, rather than the therapist's observations. The OT must communicate and collaborate with their client to form a therapeutic relationship, determining which goals are priorities for the clients, and which activities and interventions provide meaning for the client (Cole & Tufano, 2008).

Methodology

Design

A descriptive survey design was implemented to facilitate a deeper understanding of the research topic. Our approach allowed the targeted group of respondents to describe

specific concepts in their own words, which provided a depth of understanding that may not have otherwise been achieved. The descriptive survey facilitated individualized responses to open-ended questions, including: "How do you understand spirituality in practice?" and "Please list why you do, or do not include spirituality in practice" allowed respondents to express their viewpoints freely. Rigorous data analysis of each participant's exact words in their responses enabled us to extract more precise viewpoints that answers to our research questions. Since the aim of this study was to specifically explore the perspectives of OTs regarding spirituality, a qualitative survey was the appropriate tool.

Participants and Recruitment

Our inclusion criteria were OTs who are currently practicing within the United States. All participants were required to be licensed OTs that are members of the Occupational Therapy Association of California (OTAC) and/or AOTA, as our survey was sent out to members of these organizations via electronic forum. We decided to exclude both OT students and occupational therapy assistants (OTAs). Instead, we focused on the perspectives of practicing OTs as they have overall responsibility for the development and implementation of intervention plans.

As mentioned above, participants from AOTA and OTAC had the opportunity to complete an anonymous online survey through SurveyMonkey. The survey was accessible through an online forum on the AOTA and OTAC websites. OTs who are members of either organization were allowed to participate. In order to promote survey completion and increase sample size, the forum post included an invitation to complete

the online survey and advertised a chance to win a $10 Amazon gift card for five random participants. Winners were chosen randomly to eliminate potential for bias.

Methods and Procedures

We developed the survey questionnaire used in this study based on what we found in our literature review and discussions by the authors. Survey questions covered relevant research topics such as the perceptions of spirituality to OTs and how it is utilized in practice. The chosen questions and responses reflected a wide range of viewpoints. Demographic questions were inclusive. Also, comment boxes and open-ended questions allowed each recipient to answer in their own words (see Appendix C). After the entire survey process was completed, we worked collaboratively to find common themes based on the similarities and differences of participants' responses to the open-ended questions of the survey. Data was individually reviewed and analyzed, and themes were compared and analyzed within the group. We analyzed demographic data of participants, such as their practice settings, duration of practice, and gender. After descriptive analysis of this demographic data was performed, bar graphs and pie charts were created to demonstrate the relationship between found variables.

Data Collection

Participant data was collected via the AOTA and OTAC survey communication forums and was stored for analysis in the encrypted SurveyMonkey software. In total, 65 participants were included in the study. The 10 question survey included a variety of demographic questions regarding gender, years practiced, and the setting of the participant's practice. Additionally, some questions were open-ended in nature, and asked

participants to explain their reasoning behind various topics. These questions were targeted for gauging the understanding of spirituality in OT practice. Most closed-ended questions were also attached to a comment box so participants could explain their answers if they wished to. Overall, the theme of the questions was to examine how practitioners understand and address spirituality in their own practice.

Data Analysis

All data from the surveys was transferred to a spreadsheet whereby each of us used a qualitative coding method for data analysis. All data was coded and analyzed at least once by all members of the research team. Then, we were assigned survey responses in which to evaluate the codes for themes. We each copied our respective survey responses into a separate Excel worksheet to further analyze each question. Each researcher generated themes for questions 4 through 8 on the survey, as they were qualitative in nature. Then, we came together to determine the common themes. A quantitative approach that consisted of tallying the frequency in appearance of various coding sets was used to finish developing the themes that we uncovered during our analysis. This quantitative approach also enabled us to visually represent the data via inputting the rate of occurrence of various responses.

Limitations

Since the survey was only sent to AOTA and OTAC members, the responses are limited to licensed OTs in the United States. Therefore, the data obtained may not be generalized to the global population. Moreover, our survey excluded OTAs, who may also have a valuable perspective on how spirituality is addressed in practice. Another

potential limitation is that our participants had to be members of OTAC or AOTA as these are the only organizations who received access to the survey. Therefore, we were largely limited to the perspectives of those members, as well as limited to mostly female perspectives because the majority of our respondents were female.

Ethical and Legal Considerations

In accordance with the AOTA Code of Ethics (2015), we took steps to encourage autonomy, protect confidentiality, minimize bias, reduce potential risk to participants, and uphold the security of the data obtained through the entire research process. The proposed project was submitted to the Stanbridge University Institutional Review Board (IRB), an administrative body whose purpose is to protect the welfare of human research subjects recruited to participate in research studies (Food and Drug Administration, 2018). After receiving the approval numbered MSOT009-004 from the Stanbridge University IRB (see Appendix A), we moved forward with our study design. We chose to design the survey through SurveyMonkey. Permission to access the site was not necessary, although an account was created to design and implement the survey. Once the survey was created, permission was granted from AOTA and OTAC to share a link to the consent form and survey with their members. The forum post included a link to the survey and was available to association members. The post indicated that our target population was licensed OTs who are currently practicing. As mentioned in the previous methodology, the link to the survey was posted from a secure email that was password protected. Prior to participating in the survey, participants had to sign a consent form (see Appendix B). The consent form shared the nature and purpose of the survey, disclosed potential risk to participants, and offered a point of contact for additional assistance.

After full disclosure on the consent form, recipients independently decided whether to continue with the survey. Further, it was clearly stated that the participant could withdraw from the survey at any time. These steps allowed for informed consent. Furthermore, those who took the survey were not required to share any identifying information, for example, names, places of employment, or email addresses. Keeping the responses anonymous helped to protect participants' confidentiality. In order to minimize bias, we were careful to omit personal viewpoints from the survey design. Lastly, all confidential and anonymous data obtained from the survey will remain in a secured, electronic file for one year, and then will promptly be deleted.

Results

Results from the survey were compiled in ascending order. The first few questions asked about participants' gender, practice setting, and the number of years in practice as an occupational therapist. Exactly 92% of our survey participants were female. In regard to practice setting, 19% of respondents currently practice in outpatient care, 14% are in a hospital setting, 11% practice in mental health, and 9% work in skilled nursing facilities. 48% of participants assigned themselves to the "other" category and identified the following settings, listed here in order of most common to least: academia, school setting, home health, and pediatrics, as demonstrated in Table 1. 45% of participants have been practicing OT for over 20 years, while 26% have been practicing for four years and under. 12% of participants have been licensed for 16 to 20 years, 11% for 5 to 10 years, and 6% for 11 to 15 years, as demonstrated in Figure 2. See Appendix C for a list of exact questions and answer choices included in the survey.

Table 1

Participants' Practice Settings

Practice Setting	Quantity of Respondents	Percentage of Respondents
Mental Health	8	11%
Hospital	10	14%
Skilled Nursing Facility	6	9%
Outpatient/Clinic	12	19%
School	6	9%
Academia/Education	6	9%
Community-based	4	6%
Home Health	6	9%
Pediatrics	4	6%
Other	3	5%
Total respondents	65	100%

Note. This table demonstrates the different practice settings the survey participants stated that they work in.

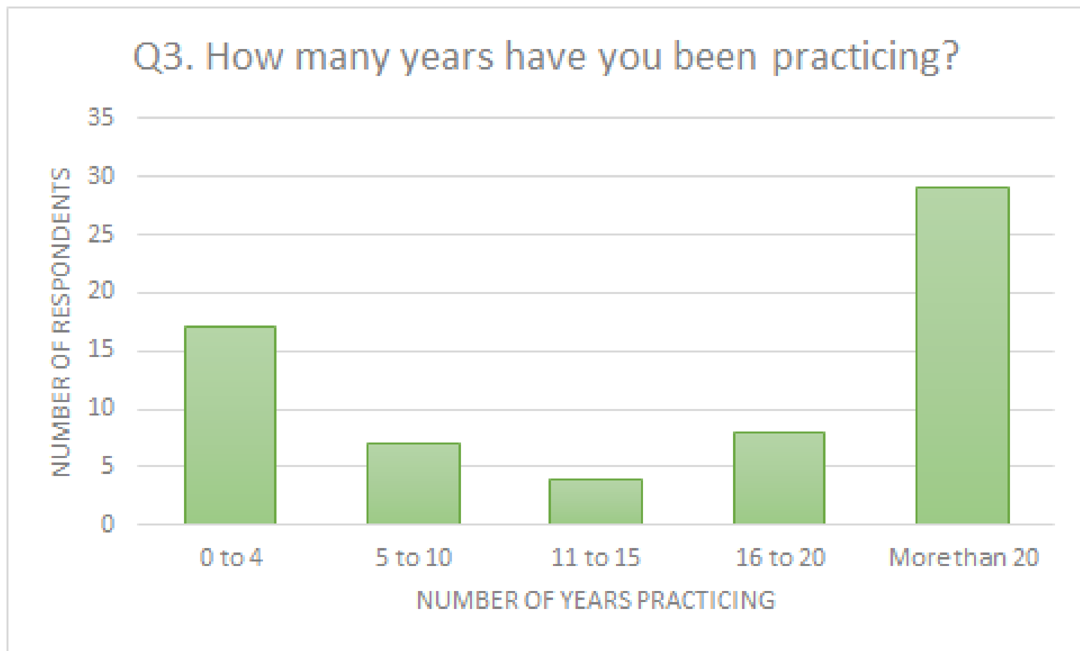

Figure 2. Participants' years of practice. This figure demonstrates the number of years that the participants have been practicing occupational therapy.

Comprehensive data analysis enabled us to derive relevant information about how spirituality is understood and addressed. After analyzing data from the survey, four distinct themes were extracted: The understanding of spirituality in practice, how spirituality appears to be embedded in OT, the frequency of and reasons for addressing spirituality in practice, and views about how spirituality has evolved over time. Each theme was developed based on the coded data that appeared most frequently in questions 4-8. These four themes comprehensively answer our research question, which sought to understand how OTs understand and address spirituality in practice.

The Understanding of Spirituality in Practice

Question four was an open-ended question that asked respondents to define spirituality in their own terms, or list examples of spirituality in practice. After analysis of 65 responses, we found that the most common theme that emerged was that spirituality is part of an individual relationship that guides personal actions. Interestingly, 32% of respondents described it as part of a personal framework or approach towards life which is unique to each person.

Religious experiences were also commonly connected to spirituality, with 29% of all respondents including secular customs, rituals, and practices as part of their understanding of what spirituality refers to. Belief in God or another “higher power” was mentioned in 19% of responses. Others mentioned “connection with the intangible” as part of spirituality, and 8% of respondents said that spirituality consists of ideas and beliefs that help one cope with life. Analysis of data revealed that the understanding of spirituality in the context of OT profession is highly individualized, perhaps reflecting the

"client-centered" approach of the profession. A visual representation of responses is shown in Figure 3.

Figure 3. Participants' understanding of spirituality in practice. This figure demonstrates the participants' understanding of spirituality in occupational therapy practice.

Notably, 42% of respondents related spirituality to OT practice, in terms of client factors or the OTPF. For example, one respondent used the definition provided in the OTPF, as a "specific intervention designed to enhance, promote or restore participation in meaningful occupations to engage in spiritual/religious activities." Another respondent expressed an understanding that is unique to individuals, stating:

> It is 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. Additionally, I talk about it with my patients as any meaningful activity that supports the individual in feeling connected to something larger than self.

The concepts of meaning and purpose are consistent with the aforementioned definition stated in the OTPF. The respondent uses the client's unique factors to guide "meaningful activities." Another example demonstrates that clinicians interpret spirituality specifically in terms of what is meaningful to the client:

> Spirituality is specific to each person's perception, but could be globally described as a relationship with a higher being/deity that guides one's beliefs about the world and their place in the world, their view of others and their relationship with others, and their actions (i.e., these beliefs are the basis of how they relate to and treat others. This extends to how they treat the physical world as well.

The reference to "each person's perception" followed by diverse ideas of spirituality was a sentiment shared by several respondents, demonstrating a uniqueness is how it is expressed. For example, "Spirituality is a broad spectrum that can include any/all religions, belief in a higher power, connection to the earth/universe, and connection/journey to understanding an individual's inner self or greater purpose in this world." These examples reflect the diverse personal and professional understandings of spirituality found across OT practitioners.

How Spirituality is Embedded in Occupational Therapy Practice

Question five on the survey asked respondents to identify any treatment methods that they have used to address the spiritual needs of clients. A list of treatment methods was provided with the option to select one or more answers, or the option to specify another method. The treatment methods listed were assembled based on findings from the literature review and our knowledge of holistic OT practice. From the presented list, 64

out of 65 respondents acknowledged that they “offered compassionate listening,” 63 identified that they “communicated respect for clients,” 62 disclosed that they “communicated respect for client’s culture/lifestyle,” 60 revealed that they have “acknowledged clients personal beliefs,” 47 admitted to having “helped a client identify purpose/meaning in life,” and 56 have identified that they have “acknowledged the client’s right to dignity/choice” during intervention to address the spiritual needs of clients. Only three respondents used the other box to comment that they use these methods with different intentions. This write-in option also collected many other treatment methods that respondents identified as methods used during intervention to address the spiritual care of clients, such as referrals to spiritual services, use of standardized assessments, reflection, and opening up about their own beliefs. Throughout the survey, the concept of “meaningful occupations” was conveyed 27 times in relation to spirituality in OT practice, while “holistic car” was mentioned 25 times. Moreover, the OTPF was mentioned 9 times in participant responses. Overall, 98% of respondents marked the treatment methods listed, or wrote specific examples of how they address spirituality in practice. This evidence suggests that spirituality certainly falls within the domain of practice for OT and is even considered by many practitioners to be embedded in the values of the field.

The Frequency of and Reason for Addressing Spirituality

Questions six and seven discussed the frequency of spirituality addressed in practice, and the reasons for addressing or not addressing spirituality, respectively. When asked how often practitioners address spiritual needs of their clients, the results were very polarizing in nature, as demonstrated in Figure 4. The most common response, with 26

participants (40%), was "frequently." The next most common response was "only when the client mentions it" which was answered by 24 total respondents (37%). Something to note about this question is the fact that not a single practitioner answered that they never address spirituality in practice. Some outliers for this question were the therapists that always address spirituality (9 respondents, 13%), and the therapists that rarely address spirituality (6 respondents, 9%).

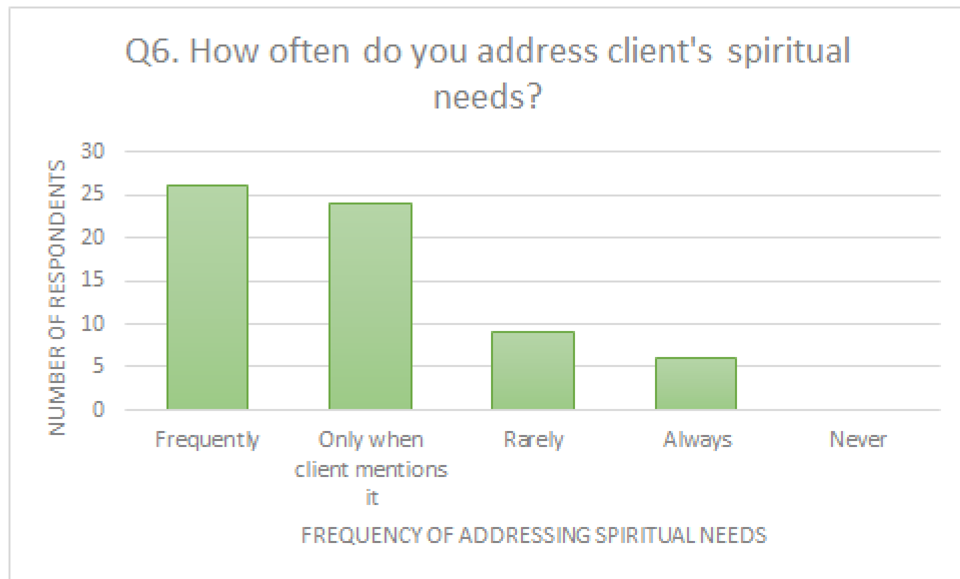

Figure 4. Frequency participants address clients' spiritual needs. This figure demonstrates how often participants address their clients' spiritual needs.

Question seven in this survey asked practitioners to expand upon their previous answer and explain why or why not they addressed spirituality in practice. The most coded answer, with 28 participants, centered around the desire to fulfill a client-centered approach to treatment. For example, one participant explained why she addresses spirituality only when the client brings it up, "I address it if the individual brings it up and it appears to be an important part of their life." Additionally, 16 practitioners mentioned that they will address spirituality if it is a clear part of a person's identity or worldview.

Another well documented reason participants gave for addressing spirituality was the potential to guide treatment interventions and therefore improve treatment outcomes. For example, as one participant explained, “Addressing spirituality often allows for a deeper therapist-client rapport/relationship which can lead to improved outcomes.” Lastly, approximately 4 practitioners explained that they do not address spirituality in practice. Reasons for not addressing spirituality were scattered amongst the client not having a desire to talk about spirituality, or experiencing restrictions based on setting. For example, a common answer from school-based OTs was that they avoid discussing spirituality out of respect for all religions and cultures.

Views on the Evolution of Spirituality in Practice

Question 8 sought to determine if practitioners had seen spirituality evolve in OT since they began practicing. The results of this question varied greatly, with 35% of respondents stating that spirituality in practice has evolved over time, while 22% of respondents disagreed and felt that it had not changed. The remaining participants discussed that spirituality in practice had evolved somewhat (17%) or they felt unsure of its change in practice (11%).

This question also delineated how OTs have seen spirituality evolve in practice. 11 of the respondents that noticed a change since they started practicing mentioned that spirituality has been discussed, researched, and practiced more than it had been in the past. For example, one respondent stated, “I have seen more articles in OT practice, more discussions at conferences, and more discussions in my office on the topic.” Another wrote that, “the OTPF has increased awareness and emphasis on spirituality,” since it was added to the framework in 2008, a development which may reflect the majority of this

survey's participants noting its evolution in practice. Standardized questionnaires regarding spirituality have also been developed to utilize with patients in recent years, making spirituality's inclusion and evaluation in practice more explicit. Participants who have seen a change also frequently mentioned that spirituality has become less "taboo" and a wide variety of spiritual practices, not just ones connected to religion, are now accepted. One respondent stated, "36 years ago when I began as a therapist, we were told not to ask questions about a person's spirituality and to never talk about our own spirituality. I have seen a huge increase in the acceptance of complementary medicine." Several participants discussed that spirituality has been addressed in practice more frequently as the popularity of practices such as mindfulness and yoga have increased as well.

Some of the 14 participants who have not seen spirituality evolve in OT practice discussed that it has stayed relatively the same since they started their careers. Others noted that its presence has not changed because they have always included it in their practice. The respondents who gave neutral answers and noted a slight change provided the reasoning that spirituality is highly individualized and specific to each practitioner and their practice settings. Therefore, its inclusion depends on current events. Also, a majority of participants that gave "unsure" or unclear answers mentioned that they could not say whether spirituality has evolved in practice, due to the fact that as new practitioners they have not been practicing long enough to form an opinion on the matter. Finally, several respondents noted a personal, rather than global, change in spirituality. One participant stated, "Through my own life journey and maturation, I've developed a

practice that is truly holistic to the individual." Similarly, another participant wrote, "I find it an easier subject to broach with patients as I become a more competent OT."

Discussion

Firstly, our results demonstrate that the meanings of spirituality are varied and subjective. We were able to find several responses that acknowledge the range of meanings that span client populations. Several examples listed spirituality in terms of meaningful occupations, such as meditation, mindfulness practices, communicating with nature, volunteering/helping others, and appreciation of the natural world. Many responses conveyed the idea that spirituality is an umbrella term that includes religious practices and other beliefs, while some participants explicitly stated that spirituality does not include religion. These findings seem to be consistent with previous research that indicates that practitioners understand spirituality in different ways (Taylor et al., 1999; Egan & Swedersky, 2003; Johnston & Mayers, 2005).

However, the diverse meanings of spirituality seem to be increasingly reflected in practice. As previously demonstrated, many respondents described it in the context of the clients' perspective or within the scope of the OTPF. Furthermore, the majority of respondents either selected or described treatment methods that reflect spirituality's use in practice. Compared to previous studies, we found both a wider scope of understanding and an increased use of spirituality in OT to improve client outcomes. The expanded definitions of spirituality, which include mindfulness, nature, and other subjective identifiers, are likely shaped by a variety of individual and sociocultural factors. These also affect how practitioners understand spirituality, along with its description in the OTPF.

The results to question 5 indicate that most OTs incorporate many therapeutic strategies into clients' treatment sessions. They are each used with the intention of providing spiritual care. All participants but one acknowledged that they have utilized compassionate listening as a treatment method. An explanation can be found in the literature, specifically through Bursell and Mayers' (2010) study whereby OTs identified that the ability to listen to patients was one way in which they felt they were meeting implicit spiritual needs. Treatment method choices involving respect and acknowledgement of dignity or choice may not have been selected by the majority of respondents because these concepts are included in the ethics of health professionals. Therefore, this may be more of an ethical approach rather than a strategy used to address the spiritual aspects of an individual. However, these listed treatment method options such as, "communicated respect for clients," "communicated respect for [the] client's culture/lifestyle," and "acknowledged the client's right to dignity/choice," were selected by 97%, 95%, and 86% of participants, respectively. This suggests that while the concepts of respect and acknowledgement of dignity or choice may theoretically be considered as part of the standard of ethical behavior in healthcare, it may also be used to connect with a client on a spiritual level, or to convey the idea that the individual has value, ultimately a sign of respect (Beach, Duggan, Cassel, & Geller, 2007).

Another unexpected finding was that "helped a client identify meaning/purpose in life" would be the least chosen option by participants, with only 73%. This is because specific examples of spirituality as a client factor in the OTPF include the "daily search for purpose and meaning in one's life" (AOTA, 2008, p. 22). Seeing as how a client's beliefs are upheld as an important client factor within the OTPF, essentially due to the

profession's holistic approach, it was generally unsurprising that 92% of participants affirmed that they have acknowledged a client's personal beliefs. It is also noteworthy that because of the specific wording of the question, it can be inferred that this group of respondents, 92%, felt that through acknowledging a client's personal beliefs they were also meeting a spiritual need.

Interpreting questions six and seven is relatively straightforward in comparison to the other questions from the survey. Question six asked practitioners to answer how frequently they addressed spirituality in practice. As exemplified in Figure 5, the most popular answers were, “frequently” or “only when the client mentions it.” These responses are similar in nature, and one could say that practitioners address spirituality frequently because it is something that is important to the client and has therefore been brought up by the client in some way. The response, “only when the client mentions it” indicates that therapists tend to believe in a client-centered practice, and therefore allow their clients to take the lead when discussing potentially sensitive topics like spirituality. Question seven asked respondents to explain why they do or do not utilize spirituality in their practice. The most frequent responses included answers that centered around the desire to respect the client's spiritual wishes or mentioned taking an occupation-centered approach. It can be inferred that this is the most influential factor regarding whether therapists address spirituality in practice. The way question six is asked, the answer, “only when the client mentions it” took on a negative connotation for us as researchers, but the respondents interpreted this answer within the mindset of providing a holistic practice. Another frequent response to question seven included practitioners' beliefs that addressing spirituality has a positive impact on treatment outcomes. As previously

explored in the literature review, it is common for practitioners in many disciplines to address a spiritual component of life, as it has been proven to be beneficial.

The following question asks participants to describe if they have seen spirituality evolve in OT practice. It pointed out that depending on the practitioner, they may or may not have seen a change occur. It can be concluded from the subjective and contrasting responses that OT practitioners' views on spirituality's evolution differ vastly based on several factors, such as their personal attitudes toward the subject, their practice setting, and their years of practice. Participants who have always regarded this inclusion as necessary to overall treatment and their clients' well-being did not notice a change, because to them it has always been an essential facet of practice. Additionally, other practitioners have increased their inclusion and awareness of spirituality in themselves, rather than noticing an overall change in the profession. OTs in settings like schools have not noticed a change since they have not had many opportunities to encounter or address spirituality with their particular clients, or in their place of work. Whereas OTs working in end-of-life care or working with elderly patients have seen a change because it has become less of a controversial topic to discuss in treatment. Many new therapists mentioned that they have not seen a change in spirituality in the field of OT, while the more seasoned practitioners noted that they have seen a significant change since it has become increasingly accepted to address in practice and the methods of addressing it have also become much more diverse. Ultimately, these answers indicate that spirituality has evolved in OT practice in different ways, allowing for patients to receive more holistic and impactful care.

Implications

This study highlights the need for increased awareness of spirituality in OT practice, and specifically how it can be understood and incorporated into treatment. The survey results specify the various treatment methods and strategies that OTs have commonly used to address spiritual needs of clients implicitly or explicitly. This serves as examples for those who are interested in providing more spiritually relevant care. Additionally, this study brings light to the fact that spirituality remains a rather intangible and individualized topic in the field of OT, even though it is clearly defined in the OTPF.

This study is generalizable to OTs nationwide and can easily be replicated as the way in which it was distributed, including the survey questions used, have been included (see Appendix C). We are confident that this study can be taken further by replicating it and broadening the respondents. This could be done by specifying the demographic inclusion criteria, such as invoking responses from other countries, searching for more male participants, or by asking for more information about practice settings. We also believe that it would be interesting to ask more demographic data about the respondents' personal spiritual preferences, or to draw conclusions about how one's personal spiritual understanding affects their intervention approach. We hope to disseminate this study by presenting at professional conferences such as for OTAC or even through the AOTA. We also hope to be considered for publishing in an academic journal.

Conclusion

Throughout this project, we have been searching for an answer to the question, "How is spirituality understood and addressed in OT practice?" Through the literature review, it was established that spirituality is a complex and multifaceted concept for OT

practitioners to both articulate and practice. Our intention for conducting this study was twofold. Our primary intention was to add to the current literature topic of spirituality in OT, and second, to discover how spirituality is addressed and embedded in OT practice. We were also interested to learn the nature of respondents' variability in their understanding of spirituality in practice, including how this understanding, or use of spirituality, may have evolved over time.

Prior to distributing the survey, we predicted that OTs' understanding of spirituality would vary widely, and that the rate of addressing spirituality would depend largely on practice setting. Our research confirmed that the understanding of spirituality in OT practice is diverse. A variety of personal, social, and professional factors shape how it is understood by therapists. Since spirituality is considered a client factor in the OTPF, the approach to utilizing it in a professional context is strongly influenced by the work setting and the clients' belief system. Additionally, we concluded that most OTs that responded to our survey have incorporated many therapeutic strategies into clients' treatment sessions, many with the intention of providing spiritual care. We also came to understand that when therapists address spirituality in practice, they frequently do so with a client-centered focus. This allows the practitioner to respect the client's beliefs about spirituality, rather than impose their own views. Finally, we interpreted that although participants' views on the evolution of spirituality in OT practice differed, the majority indicated that they have seen a change occur due to the fact that it has become a less controversial subject as spiritual practices have become more varied than in the past.

In conclusion, we were able to support our hypothesis that the understanding of spirituality in OT varied widely, and both the rate and way spirituality is addressed

differs primarily based on practice setting and client preferences. This study showed that spirituality certainly has a place in OT because of its frequent use in practice, as well as clients' desires to include it as a self-identifying trait. Overall, spirituality is embedded in our practice, and as future therapists ourselves, we welcome the connection as part of the holistic approach to care we will consistently strive for in the future.

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Appendix A

IRB Approval

IRB Application Number	MSOT009-004
Date	03/25/2020
Level of Review	EXEMPT Category 2
Conditional Approval	
List Modifications	
Approval	Yes [Please see comment]
Signature of IRB Chair	

Appendix B

Consent/Bill of Rights

Welcome to our survey!
Thank you for participating in our survey! We are so appreciative of you and your willingness to aid future research! Before continuing on to the survey, please read this page to understand the purpose of this study, the potential risks associated with participation, and the ethical considerations of all participants.

The purpose of our study is to offer a current view of how occupational therapists understand and address spirituality in practice, and to identify changes in perceptions and practices that have occurred over time.

The potential risks for participants include the possible prompting of negative emotions associated with spirituality. Additionally, strict measures for maintaining confidentiality will be upheld.

If you have been harmed in any way by this research, please contact the research team at spirituality@my.stanbridge.edu.

You can also contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The IRB coordinator for Stanbridge University may be reached at: irb@stanbridge.edu.

By clicking next, you as a participant understand that your completion of the study is entirely voluntary, and there is no penalty for withdrawing from the study.

In submitting the survey, participants consent for their anonymous responses to be used for data collection and analysis following the submission of the survey. Participants understand that in order to be entered to win an Amazon Gift Card, participants must use a valid email address so that the researchers may contact them with their winnings. Unless otherwise specified, emails will only be used to contact participants drawn as winners.

Participants will understand that all data will be kept securely through Stanbridge University, all responses will be kept anonymous, and any emails provided for the raffle will be destroyed one year following the completion of the study. Furthermore, the results from these surveys may be disseminated at future OT conferences keeping all the ethical considerations for the purpose of benefiting the occupational therapy profession.

Additionally, a copy of the California Experimental Research Subject's Bill of Rights is available at https://oag.ca.gov/sites/all/files/agweb/pdfs/research/bill_of_rights.pdf.

The survey will take approximately 5-10 minutes to complete. If participants agree to the conditions above, they may click NEXT to be redirected to the survey. Thank you for your time!

Appendix C

Survey

1. What is your gender?
    a. Male
    b. Female
    c. Prefer not to answer
2. What is your practice setting?
    a. Mental health
    b. Hospital
    c. Skilled nursing facility
    d. Outpatient/clinic
    e. Other (please specify) (comment box)
3. How many years have you been practicing?
    a. 0-4
    b. 5-10
    c. 11-15
    d. 16-20
    e. More than 20
4. What is your understanding of spirituality in practice? Please share how you define spirituality, or list examples of what you think it includes. For example, religious experiences, meaningful occupations, etc. (comment box)
5. What treatment methods have you used in practice to address the spiritual needs of a client? Check all that apply. (Note: This list does not include all treatment methods used to address spirituality.)
    a. Offered compassionate listening
    b. Communicated respect for client
    c. Communicated sensitivity to client's culture/lifestyle
    d. Acknowledged client's personal beliefs
    e. Helped client to identify purpose/meaning in their life

   f. Acknowledged the client's right to dignity/choice
   g. None
   h. Other (please specify) (comment box)

6. How often do you address clients' spiritual needs?
   a. Never
   b. Rarely
   c. Only when the client mentions it
   d. Frequently
   e. Always
   f. Other (please specify) (comment box)
7. Please list why you do, or do not address spirituality in practice. (comment box)
8. How have you seen spirituality in occupational therapy evolve over the period of time since you started practicing? (comment box)
9. Any other questions/comments/concerns/etc.? (comment box)
10. Please list your email if you would like to participate in an online raffle to win a $10 Amazon e-gift card. (comment box)