

A Qualitative Study of Occupational Therapists' Understanding of Spirituality in South Africa

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Abstract

Occupational therapy is a holistic profession that assists clients to restore meaning to their lives—a vital spiritual task. Spirituality is a multifaceted and multidimensional construct that occupational therapists need to integrate into everyday practice. In this study, Occupational Therapy educators' and clinicians' understanding of spirituality in their practice was qualitatively explored by purposively selecting 24 participants who attended a workshop based on an appreciative approach, in Gauteng, South Africa. Data were collected through self-report interview schedules and focus group inquiries and were analysed using the creative hermeneutic method. Participants expressed spirituality in occupational therapy as connectedness, meaning of life and client-centred practice.

Keywords: Occupational therapy, Spirituality, Appreciative approach, South Africa

Introduction

As a profession rooted in holism, humanism and client-centred practice, occupational therapy helps clients to restore meaning to their lives—an essentially spiritual task (Billock, 2009, 2014). In occupational therapy, occupation is defined as 'everyday activities that people do as individuals, in families, and with communities to occupy time, and bring meaning and purpose to life. Occupations comprise what people need to, want to, and are expected to do' (American Occupational Therapy Association (AOTA), 2020, p. 7). Occupations can be categorised as activities of daily living (ADL), such as self-care; instrumental activities of daily living (IADL), such as community mobility; rest and sleep; education; work (or income-generation); play and leisure; health management; and social participation (AOTA, 2020). Engaging in meaningful occupations is a tangible mechanism to express spirituality (Billock, 2014).

The Occupational Therapy Practice Framework (OTPF) highlights that engaging in occupation requires that all appropriate client factors should be engaged (AOTA, 2020). These client factors include (1) values, beliefs, and spirituality, (2) body functions and (3) body structures. Occupational therapy focusses on restoring these client factors, which can be damaged by disability, illness or any other distressing life experience. The OTPF classifies spiritual and

religious expressions and activities as IADL occupations, because spirituality is a vital part of a client's everyday life and can influence a client's occupational performance (AOTA, 2020) and so spirituality may be a golden thread that links all occupational therapy interventions.

The term spirituality is derived from the Latin word *spiritus*, meaning 'breath' or 'life', and is synonymous with the 'living soul'. Spirituality also embraces qualities such as courage, determination, and energy (Hemphill, 2015). Historically, spirituality was reflected as a phenomenon or concept that developed within a religious context but has recently developed into a distinct construct. Definitions of spirituality have evolved from language that solely referred to a higher power, to language incorporating the search for the 'significant', 'sacred', or that which holds ultimate meaning or purpose (Steinhauser et al., 2017). Spirituality is a broad all-encompassing concept with no universal definition.

Generally, we understand spirituality to be a continuous journey made by people to discern and understand their own essential selves and higher-order aspirations (Brémault-Phillips, 2018). Viewed broadly, spirituality is that which gives meaning and purpose to one's life and connects us to the significant or sacred (Brémault-Phillips et al., 2015; Smith & Suto, 2012). Puchalski et al., (2014, p. 643) further define spirituality as 'a dynamic and intrinsic aspect of humanity through which people seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred'.

The Occupational Therapy Association of South Africa (OTASA) also refers to the above mentioned definition of spirituality in their position statement (Mthembu et al., 2016; Puchalski et al., 2014; Soomar et al., 2018). When framing spirituality from an occupational therapy perspective, it is evident that spirituality can be described subjectively, resulting in various meanings, including religious and secular definitions.

For the purposes of research and the need to demarcate spirituality and religion—concepts that are often used interchangeably (Smith & Suto, 2012)—literature cites a three-part definition along a continuum (Mathisen et al., 2015). 'Firstly, there are those individuals who are religious and spiritual (religious/spiritual). Secondly, there are those who are not religious, but for whom religion may be part of their lives (religious, but not spiritual) and, thirdly, there are those who are not religious or spiritual, but humanistic or secular' (Mathisen et al., 2015, p. 2309). Individual therapists often adopt their own definition of spirituality to conform to their understanding, personal culture and traditions (Misiorek & Janus, 2019; Mthembu et al., 2015).

Spirituality is a multifaceted and multidimensional construct, which occupational therapists may struggle to integrate into everyday practice (Morris et al., 2014). Smith and Suto (2012) confirm that incorporating spirituality into practice challenges occupational therapists' personal understanding of spirituality and the language they use to discuss spirituality with their clients. Similarly, Mthembu et al. (2016) argue that the lack of a universally accepted definition of spirituality within occupational therapy proves challenging for practicing therapists and students. Integrating spirituality into everyday practice depends on the cultural and religious landscape of communities.

South Africa, as with many cosmopolitan countries, has a rich and diverse cultural landscape, which influences how occupational therapists interact with their patients. While occupational therapists regard spirituality as an essential aspect of life (i.e. an occupation), we still do not clearly understand how they integrate spirituality into occupational therapy practice to provide holistic occupation-based and client-centred care (Morris et al., 2014; O'Toole & Ramugondo,

2018). In this study, we asked South African occupational therapists how they perceive and implement spirituality into their everyday practice.

Methodology

We used a qualitative descriptive design based on the philosophical tenets of naturalistic inquiry (Lincoln & Guba, 1985). This design described and comprehensively summarised spirituality using the participants' language (Sandelowski, 2000) and, subsequently, we explored the subjective reality from the perspective of participants (De Vos, 2011).

Context

The study took place in Gauteng, a province in South Africa. Occupational therapy educators from three universities, as well as occupational therapy clinicians from both private and public settings working in this region were invited to attend a workshop.

Sampling

We selected information-rich participants using purposive and snowball sampling. We chose participants who could inform us about the implementation of spirituality in their everyday practice—the central purpose of this study (Brink et al., 2012; Bryman, 2012; De Vos, 2011). Initially, we purposively sampled participants by sending invitations to known occupational therapy educators at universities and therapists working in the region. The sampling was then extended through snowballing to obtain a more heterogeneous sample (Brink et al., 2012; Bryman, 2012; De Vos, 2011). We included occupational therapists who were registered with the Health Professions Council of South Africa (HPCSA), practising occupational therapy educators and clinicians working in Gauteng.

Data collection and Analysis

We emailed an advertisement of the workshop 'Understanding spirituality in occupational therapy' to educators in the three tertiary institutions in the province, as well as to clinicians working in provincial public hospitals. We requested that clinicians and educators distribute the invitation to other possible participants in their networks. Once participants volunteered to participate, the first author negotiated a suitable date and time for most of the participants to attend the workshop.

Data were collected during individual and group discussions and analysed during the workshop using the creative hermeneutic method (Boomer & McCormack, 2010), which requires facilitating a shared understanding of the data. This was done by setting the scene, presenting an opening move, generating data through activities, and reaching group consensus. This process was aligned with an appreciative approach that allowed participants to 'discover' (describe spirituality), 'dream' of (aspirations of therapists regarding spirituality) and consider their 'design' and 'destiny' (how spirituality should be applied in practice). This article focuses on the 'discover' phase, which explored and described spirituality in occupational therapy practice by experiencing successes in spirituality.

To set the scene, the venue was set up before the workshop, with five tables accommodating five participants at each table, arranged to facilitate small group discussions and create a warm and welcoming setting. The first author welcomed the participants and briefly explained the

purpose, value of and process to be followed during the workshop. The fourth author facilitated the workshop and was supported by the other authors. Prior to the commencement of the workshop, the assistant facilitators were briefed on how to respond to questions as well as the details of field notes to be collected. The assistant facilitators actively recorded the discussions, observations, took field notes and supported the participants when they asked questions (De Vos, 2011).

The facilitator used an ‘opening move’ where the facilitators and participants introduced each other, using a selected picture to express what they were feeling, thus creating a warm and friendly environment that set the participants at ease (De Vos, 2011). All the participants contributed to establishing and agreed on the ground rules for the workshop, which included respect for each other, no use of cell phones, everybody’s voice counts and a safe psychological space.

To understand spirituality in occupational therapy practice, we asked participants to be seated at the tables to complete an individual activity. Participants were allocated to tables by the assistant facilitators who ensured that each table was a heterogeneous representation of the sample (e.g. ensuring that each table had an educator and clinicians practising in various fields). The activity entailed thinking about and noting ‘what spirituality in occupational therapy practice means to you’. The questions that guided this activity were as follows: 1) Share your ideas about what spirituality in occupational therapy practice is and 2) Describe how you use spirituality in your practice (think about what works well). Approximately 30 min were allocated for the individual activity.

The participants then shared their ideas in their small groups to generate a common understanding of the topic. In each group, a nominated scribe wrote down the group’s conclusions. The participants were encouraged to actively engage in conversation to share their experiences (Hammond, 1998; Trajkovski et al., 2013; van Wyk et al., 2016). Groups had approximately 20 min to discuss the topic. Feedback of the discussions to the bigger group was audio-recorded with permission from the participants.

Each small group then created a visual image, representing their consensus views of spirituality in occupational therapy, which was also presented to the whole group and audio-recorded. Participants returned to their small groups again, using the creative images as a centre piece to identify main themes and then write each theme on a loose square sticky note. All the small groups then gathered at a central point in the venue to share their themes. The sticky notes were laid out, discussed and moved around until everybody agreed on the themes and related categories that had emerged from the group work.

Trustworthiness of the Study

Trustworthiness was ensured by addressing credibility, transferability, dependability and confirmability (Brink et al., 2012). Credibility was established through method triangulation (by means of individual and group discussions), as well as member checking (Brink et al., 2012). Peer debriefing was used to enhance credibility, as the authors reflected on themes and research processes during and after the workshop (Brink et al., 2012; Bryman, 2012; Creswell, 2014; De Vos, 2011). Transferability was established by describing the data and context in detail, allowing other researchers to identify if our findings are applicable to other contexts. Transferability was enhanced by using multiple informants and using more than one data-gathering method, thus strengthening the study’s usefulness in other settings (Bryman, 2012;

De Vos, 2011). Dependability was attained by adhering to the research plan and was further enhanced by describing, in detail, the context, sampling method, characteristics of participants, data collection and data analysis (Bryman, 2012). Confirmability was addressed by peer review (via peer debriefing), as well as using an independent co-coder to analyse the data (Bryman, 2012; De Vos, 2011).

Ethical Statement

The Faculty of Health Sciences Research Ethics Committee of the University of Pretoria, South Africa, approved the study (240/2017). The participants were all informed about the purpose of the study and signed informed consent before the workshop started. Participants were given the option to withdraw at any time should they deem it necessary (Bryman, 2012; De Vos, 2011). Confidentiality was ensured by anonymising our data before analysis.

Findings

Twenty-four participants attended the workshop, of whom 21 were women who were on average 37 years old. The group was culturally and ethnically diverse and represented the study area. Most participants ($n = 19$) were employed full time, with an average of 12 years of experience and most of the participants were clinicians ($n = 16$). The clinicians and educators were from various fields of occupational therapy, namely paediatric ($n = 7$), mental health ($n = 6$), physical rehabilitation ($n = 6$), vocational rehabilitation ($n = 2$), geriatrics ($n = 1$) and community-based practice ($n = 2$). See Table 1.

Table 1. Summary of the participants' demographic information ($N = 24$)

Variable	Count (%)
<i>Gender</i>	
Female	21 (88)
Male	3 (12)
<i>Field of experience</i>	
Paediatric	7 (29)
Mental health	6 (25)
Physical rehabilitation	6 (25)
Vocational rehabilitation	2 (8)
Geriatrics	1 (4)
Community-based practice	2 (8)
<i>Mean (SD)</i>	
Age	36.5 (12.13)
Years of experience	11.29 (11.97)

During the workshop, the participants agreed on a description of spirituality that had three overarching themes, namely understanding spirituality in occupational therapy practice as (1) meaning of life and (2) connectedness, while applying spirituality in practice through (3) client-centred practice (see Fig. 1).

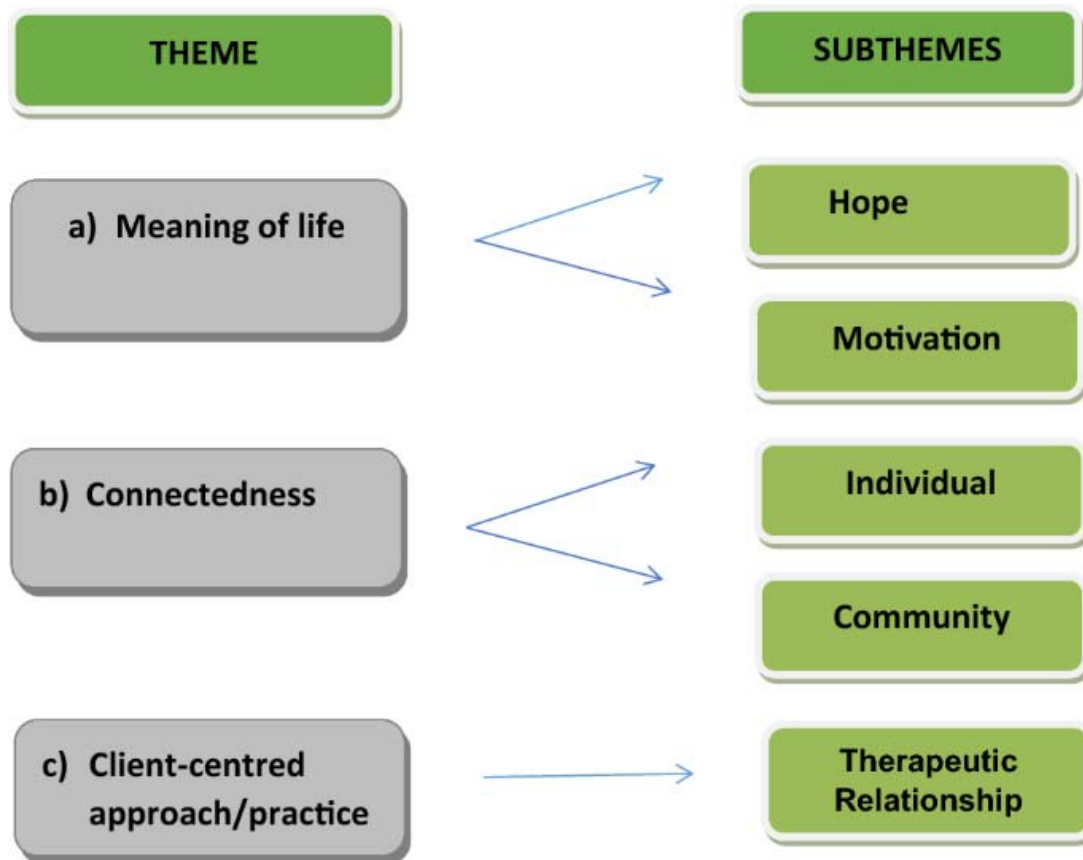


Fig. 1. An overview of themes and sub-themes

Theme 1: Meaning of life.

Participants described spirituality as that which roots one and gives a sense of meaning of life. Meaning was understood to be the purpose and understanding of life leading to the way in which one gives meaning to experiences and circumstances, in other words, and *'it is the meaning I give to myself, my world and others'*. This deeper meaning may also guide people through adversity and give one the ability to live through difficult circumstances. Additionally, participants also reflected that spirituality is expressed by engaging in meaningful occupation.

Participants conveyed that the ideas of 'hope' and 'motivation' are inherent to meaning of life, and that they use the client's spirituality to instil hope in their clients'. For participants, hope meant *'healing', 'strengthens', 'peace', 'awareness', 'in the moment', 'inner peace', 'nourishing', 'sustaining', 'enrichment' and 'freedom'*. Participants reiterated that hope gave them strength and awareness in the moment. Hope can be healing in that it gives you inner peace, harmony and facilitated freedom. This culminates in the nourishment and the sustenance and enrichment of the soul. According to participants, motivation is a driving force related to *'doing, being and becoming'*. Motivation allows for *'growth'* and can be expressed as a fluid *'journey'*.

Theme 2: Connectedness.

Connectedness was pivotal in participants' understanding of spirituality, which was seen as a basis and a way to connect with clients. Connectedness was understood by participants to be linked to individuals (the client) as well as being linked to their communities.

Participants agreed that spirituality in occupational therapy practice leads to connecting on a deeper level with clients. Participants stated that every client has their own identity and is unique. Respecting diversity and creating a judgment-free environment allowed for emotional expression. Spirituality was also expressed as an individual's beliefs, and how this influences their behaviour and life choices. It also could refer to the client's intimate relationship with their Creator.

People are connected and interlinked to their communities, thus the client's connection with their community was also deliberated on to facilitate spirituality in practice. It was agreed that within each community there are certain cultures with their specific beliefs and values. Participants suggested that this could also include beliefs around religion. The association of people within the community creates a sense of belonging and safety. Participants agreed that spirituality should be considered in relation to the client's connection with their community.

Theme 3: Client-centred practice/approach.

When describing spirituality in occupational therapy practice, participants highlighted that being client-centred was vital to their current practice. It was agreed that client-centred practice is fundamental to occupational therapy practice. Participants understood client-centred approach or practice as understanding as much about the patient's narratives, beliefs, values and what is meaningful to them, so that the therapist can 'invigorate' or 'harness' the client's spirit, which leads to better participation and engagement. These experienced successes act as a catalyst for positive change. Participants agreed that clients should have the opportunity to choose and be the main focus in therapy.

Participants expressed client-centred practice through the subtheme of spirituality as expressed through the therapeutic relationship. Participants voiced that spirituality is a common thread to build rapport as they are working towards 'inner peace' and harmony as well as building a relationship with clients. Participants felt that the principles of respecting clients' identity, beliefs and values, acknowledging their uniqueness, as well as acknowledging clients as spiritual beings, being open and non-judgmental to cultures and religion, and listening actively (to be able to establish what is said and not said) were essential in their therapeutic relationship to facilitate spirituality in their everyday practice.

Discussion

The occupational therapists in this study revealed an in-depth understanding of spirituality in everyday practice. Their views of spirituality went further than religious constructs, delving into the meaning of life and connectedness. The challenge and confusion about the meaning of spirituality reported in the literature was not evident in this study (Gall et al., 2011; Morris et al., 2014; Mthembu et al., 2017a). With that being said, the literature also reveals that participants tend to define spirituality individually and subjectively (Mthembu et al., 2017a).

Hence, spirituality remains a multidimensional and multifaceted construct (Morris et al., 2014). Barry and Gibbens (2011) attribute the ambiguous nature of spirituality to its various cultural and individually influenced meanings.

As mentioned, spirituality can be defined in a myriad of ways (Billock, 2014). In our study, participants echoed a similar but also different multi-layered definition, defining spirituality as meaning of life and connectedness through client centeredness. Inherent to meaning of life, participants expressed the aspects of motivation and hope. Motivation was expressed as a driving force, similar to previous studies (Brémault-Phillips, 2018; Misiorek & Janus, 2019). In the absence of believing in the supernatural, people tend to perceive spirituality as a motivating force, integrating mind, body and spirit (Mthembu et al., 2018). Similarly, Hess and Ramugondo (2014) and Mthembu et al. (2017b) agree that spirituality provokes and nourishes 'human volition as a basis for action' and that engaging in spiritual activities in the community are motivating and health promoting. Likewise, occupational therapy students perceived that spiritual occupations are motivating and associated with coping styles, motivation and satisfaction with life (Misiorek & Janus, 2019; Mthembu et al., 2015).

Hope, faith and coping are recurring themes when defining spirituality (Billock, 2009). In this study, the understanding of hope resonates with Cobb et al. (2012), who defines hope as a multidimensional life force for good and considered essential for well-being. Participants in our study identified spirituality as a construct expressed by engaging in meaningful occupation. Smith and Suto (2012) also frame spirituality in terms of occupation, noting that not all occupations are spiritual, but that occupations have the potential to be spiritual when imbued with meaning. Generally, occupational therapists tend to use spirituality or spiritual activities as an end goal, ensuring that the client keeps participating in spiritual occupation rather than using spiritual occupation as a means (Smith & Suto, 2012; Thompson et al., 2018).

In this study, participants conveyed spirituality in occupational therapy practice by engaging with- and being connected to clients and their communities. People are connected when they connect with their core self, others, nature, community, and the significant, sacred, or transcendent (Puchalski et al., 2014). This is particularly relevant to South Africa, which is culturally diverse and where spirituality can only be defined from the perspective of the individual and the community (Misiorek & Janus, 2019; Soomar et al., 2018). By recognising the individuality and uniqueness of clients, occupational therapists can develop client-centeredness in their everyday practice. Mthembu et al. (2017b) explored spirituality in community fieldwork practice and concluded that spirituality was a core element of communities, emphasising that occupational therapy practice should involve awareness of the spiritual needs of communities.

Participants described client-centred practice as vital to incorporating spirituality in their practice. A client-centred approach suggests embracing a philosophy for respect and partnership with people receiving services (Casteleijn & Graham, 2012). Client-centred practice is fundamental to occupational therapy and the therapeutic relationship, and clients are considered active agents throughout the occupational therapy process (Billock, 2014; Hess & Ramugondo, 2014).

Hess and Ramugondo (2014) assessed the use of spiritual occupations amongst mental health patients and concluded that occupational therapists had to evaluate the meaning-making processes for each patient, essentially adopting a client-centred approach. Brémault-Phillips et al. (2015) further postulated that spirituality facilitates a connection with patients and improves

client-centred care. Mathisen et al. (2015) supported the inclusion of spirituality when appropriate for a particular client, because it guarantees client-centred practice that is meaningful, ethical and respectful of the client's wishes.

Participants in our study felt spirituality is facilitated by maintaining the principles of client-centred therapy, namely respect, acknowledgement, being non-judgemental and active listening, elements that were also mentioned by Morris et al. (2014). All these elements also form part of the therapeutic relationship which helps to meet clients' spiritual needs (Jones et al., 2016; Misiorek & Janus, 2019). Furthermore, O'Toole and Ramugondo (2018) mentioned that a relationship that fosters equality without judgement and respect enhances spiritual care.

Study Limitations

We purposively selected occupational therapy educators and occupational therapy clinicians practicing in the Gauteng region of South Africa, and thus, our results cannot be generalised to other areas. Still, our findings are similar to other studies conducted in South Africa, as illustrated in Discussion.

Due to the data collection and analysis method relying on consensus, we could not distinguish individual answers from specific participants. Thus, it was not possible to present results according to interesting differences in culture, gender, experience and clinical or community settings of participants.

This article only discusses the discovery phase of the research, where participants described what they understand spirituality to be and how they apply it in their practice. Envisioning how spirituality can and should be used in practice and how to nurture spirituality in practice will be discussed in a follow-up article.

Conclusion

Educators and clinicians agreed that spirituality is reflected and expressed in occupational therapy through 'meaning of life', 'connectedness' and 'client-centred' practice. Meaning of life was associated with motivation and hope and connecting on a deeper level with clients as individuals and extending to their communities. Client-centred practice, where therapists respectfully focus on the needs and priorities of the client, was highlighted as a strength to addressing spirituality in occupational therapy practice.

Recommendations

This study explored the perceptions of educators and clinicians about spirituality. Data were collected and analysed during the workshop. By collaborating, educators and clinicians could share their experiences and agree on the three themes that emerged. Future studies could focus on whether the perceptions of educators differ from those of clinicians. Concepts of spirituality as distinguished by age, gender, culture, religion/beliefs, and setting of work may prove valuable and beneficial to build on the work around spirituality and occupational therapy. It is recommended that education institutions in their undergraduate occupational therapy curricula as well as in postgraduate workshops, highlight the role of the occupational therapist in spirituality and its interplay with client-centeredness. Thus, educators as well as occupational

therapy clinicians can equip themselves with the necessary tools to embrace the spiritual needs of clients.

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All authors were part of the conceptualisation of the study and contributed to the data collection and analysis thereof. Raashmi Balbadhur wrote the first draft of the article, and the other authors contributed to the subsequent drafts. All authors read and approved the final manuscript.

Ethics declarations

Conflict of interest

The authors declare that they have no conflict of interest.

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