
EXPLORING THE WAYS SPIRITUALITY IS INCORPORATED IN OCCUPATIONAL THERAPY PRACTICE: A SCOPING REVIEW

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DEFINITION OF TERMS

Occupational therapy: Occupational therapy can be defined as “the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life” (Townsend & Polatajko, 2013, p. 380).

Religion: an institution or an organization with doctrinal or denominational orientation toward spirituality (Lin, 2000).

Spirituality: This is defined as the non-physical essence of human existence experienced as one connects with the world, others and a supreme being – giving meaning and purpose to life and motivation for human activity (Collins, Paul & West-Fraiser, 2002; Kielhofner & Forsyth, 2002)

Service User: This is used to describe patients/clients or anyone who uses occupational therapy services.

Spiritual needs: This is defined as the religious and non-religious needs and expectations which humans have to find meaning and value in their life (Murray et al., 2004).

ABSTRACT

Background: Occupational therapy acknowledges spirituality as a vital element in healthcare and rehabilitation. The profession is, however, struggling to appropriately and adequately incorporate spirituality into practice. This scoping review aimed to synthesize and summarise the existing literature on how spirituality has been incorporated into occupational therapy practice in the last 14 years (2007-2022). The review further set out to identify and describe the barriers and facilitators to incorporating spirituality into occupational therapy practice.

Methods: The methodological framework proposed by Arksey and O'Malley, the updated version of this framework by Peters and colleagues and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) were used to guide the conduct and reporting of this scoping review. A search strategy was developed iteratively with a subject librarian to identify literature published from 2007-2022 in the following electronic databases: Web of Science, PubMed, Scopus, EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, Psych Info). The search results were independently screened by two individuals using the Rayyan web App. Data were extracted using a modified JBI data-charting tool, QDA Miner Lite and a quantitative data capture form created by the researcher. The extracted data were reported descriptively in tables and a summarised narrative account.

Results: Of the 378 studies identified in the searches, eight studies met the eligibility criteria and were included in the final review. Three subthemes emerged for the ways spirituality is incorporated into occupational therapy - i.e., assessment; interventions: spirituality as a means; and interventions: spirituality as an end goal. For factors acting as barriers and facilitators, the subthemes that emerged were educational factors, service user and therapist factors and organizational or practice domain factors.

Conclusion: The incorporation of spirituality into occupational therapy in the last 14 years is centred around spiritual/religious practices. These practices are operationalised either as a means or as an end in therapy.

Keywords: Religion, Occupational Therapy, Spirituality

INTRODUCTION

Occupational therapy from its earliest days until now acknowledge spirituality as an integral and inseparable component of the human system (Howard & Howard, 1997; Mthembu et al., 2017). One of occupational therapy's core beliefs is that engagement in meaningful and purposeful occupation enhances health and wellbeing (Wilcock, 2006). Spirituality is seen in occupational therapy as a vital component in the experience of meaning and purpose in everyday life (Egan & Delaat, 1997), thus It has been incorporated into various occupational therapy practices.

Defining Spirituality

There is no single accepted definition of spirituality (Hume, 1999). Spirituality in the broader sense can be defined as one's connection to self, others, the environment, and the transcendental (Fisher, Francis & Johnson, 2000). It encompasses philosophical, secular, religious and cultural beliefs, and practices (Puchalski et al., 2014). Definitions of spirituality in occupational therapy vary. For instance, the Canadian Association of Occupational Therapy (2002) explains spirituality as an all-encompassing energy that emanates from one's higher self, providing the strength to make decisions and shape one's will, while also giving meaning, direction, and a sense of connectedness to individuals within their surroundings. Similarly, Johnston and Mayer (2005) explain spirituality as the driving force that motivates individuals to engage in occupations that are meaningful to them. These definitions are a fraction of the numerous definitions of spirituality in occupational therapy literature that have no elements of a higher/supreme being thus omitting the mysterious, sacred and supernatural aspect of spirituality (Howard & Howard, 1997). Some scholars have argued against these definitions and have offered definitions that encompass the sacred and supernatural. For example, Collins, Paul and West-Fraiser (2002) define spirituality as "the essence that permeates human existence by giving meaning to life, providing motivation for human activity, fostering mind and body connection, allowing a relationship with a higher being, creating a relationship with other people and with the world, and providing intrinsic worth to each person" (p.74). Other definitions suggest that spirituality is the experience of meaning within, implying that any activity that an individual draws meaning from can be an expression of spirituality (Collins, 1998; Unruh, 1997; Hemphill, 2019). Though it is acknowledged that spirituality is different from religiosity, which is an affiliation to an institution or an organized systems of beliefs and

practices with a denominational orientation toward spirituality (Lin, 2000; Schwalm et al., 2022), this study considered spirituality both inside and outside the context of religion to avoid the inevitable separation between the two (Howard & Howard 1997).

For this study, spirituality is conceptualised as the non-physical essence of human existence experienced as one connects with the world, others and a supreme being giving meaning and purpose to life and motivation for human activity (Collins, Paul & West-Fraiser, 2002; Kielhofner & Forsyth, 2002). This definition is adopted to highlight occupational engagement (human activity) as being given meaning and driven by one's spirituality. It also brings to bear the connection of the spiritual (the non-physical dimension) to the physical dimensions of occupational engagement – a connection asserted in occupational therapy literature (Egan & Delaat, 1997; Mthembu, 2017; Wilcock, 1993). While the physical dimension of occupational engagement is explained as the completion of a physical activity, the spiritual dimension is explained as the non-physical and non-material aspects of existence, which contribute insight into the nature and meaning of a person's life (American Occupational Therapy Association [AOTA], 1995; Kielhofner & Forsyth, 2002).

Occupational engagement, spirituality and health and wellbeing

According to the Ottawa Charter by the World Health Organisation (1986) “health is created and lived by people in the setting of their daily life, where they learn, work, play and love. Health is created by caring for oneself and others by being able to take decisions and have control over one's life circumstances and by ensuring that the society that one lives in creates conditions that allow the attainment of health by all” (p.4).

This conceptualization of health captures the essence of occupational engagement and spirituality in attaining health. The premise, ‘health is created and lived by people in the setting of everyday life where they learn, work, play and live’ connotes that health is created as people engage in their daily occupations. Furthermore, the premise, ‘health is created by caring for oneself and others’ lies in the domains of spirituality as defined in this study. Wellbeing is often seen as a subjective notion of how one feels about oneself. Wellbeing is defined as “a state of harmony in all aspects of one's life. It is a state characterized by experiences of content, pleasure, spiritual experiences and sense of happiness” (Law,

Steinwender & Leclair 1998, p.83). These perspectives highlight the role spiritual experiences play in attaining health and wellbeing through engagement in occupation.

The AOTA (2014) explains occupational engagement as the multidimensional interaction among the body, mind and spirit. Occupational engagement can also be defined as the “full participation in occupations for purposes of doing what one needs and wants to do, being, becoming who one desires to be, and belonging through shared occupations in communities” (Christiansen & Townsend, 2010, p.420). These definitions emphasize the spirit, ‘being’, sense of belongingness and ‘becoming’ which are fundamental elements of spirituality (McColl, 2000; Unruh, Versnel & Kerr, 2002). Engagement in occupation is seen as a means and a measure of health and wellbeing (Wilcock, 2006; Hammell, 2014). Limited participation in activities is associated with worse health (Law et al, 1998) and in turn, health has been reported to influence engagement in daily activities (Chugg & Craik, 2002). Myriad studies have explored the impact of occupation on health and wellbeing. For instance, Passmore (2003), showed that participation in leisure activities influenced mental health positively and Reynolds (2003) indicated that engagement in creative occupations re-affirmed pre-illness identity.

Engaging in occupations does not only promote health and wellbeing but fosters sense of belongingness and connection with others. For instance, in a study by Duncan (2004), participants indicated that doing occupations with others promotes a sense of belonging, purpose and meaning. Sense of purpose and belonging are a requirement for health and wellbeing (Ryff & Singer, 1998). Thus, health and wellbeing are not achieved by mere engagement in occupations. The meaning, sense of purpose and belongingness that comes with the engagement also contribute to fostering health and wellbeing. For some people sense of belonging may be connectedness to ancestors, nature and other people dear to them which can be a great motivation for their engagement in daily occupations connecting and contributing to each other (Iwama, 2006; Hammell, 2014; Hammell, 2017). The spiritual dimension is central to health and wellbeing and for most people spirituality embraces the essence of being human with a purpose and meaning in life (Fisher, 2011).

Spirituality in occupational therapy practice

Occupational therapy is “the art and science of enabling engagement in everyday living, through occupation; of enabling people to perform the occupations that foster health and well-being; and of enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life” (Townsend & Polatajko, 2013, p. 380). Occupational therapy alludes to holism (i.e., the idea that humans are inseparable whole rather than a sum of parts) and therefore acknowledges spirituality as a vital element in health and wellbeing (Egan & Swedersky, 2003). The holistic nature of the profession highlights the need for therapists to incorporate spirituality into practice. As such there are some frameworks and models which have spirituality as a component or embedded within their components to assist occupational therapists to incorporate spirituality into practice. Examples of these models and frameworks include the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2007), The Person-Environment-Occupational-Performance (PEOP) Model (Baum, Christiansen & Bass, 2015), the Occupational Therapy Practice Framework (OTPF) (AOTA, 2014), and the Spirituality Framework (Smith, 2008).

Studies have explored how occupational therapists perceive and incorporate spirituality into practice. For example, Farrar (2001) reported that most occupational therapists address spirituality by discussing hope and purpose in life in relation to goal setting. In their study, Egan and Swedersky (2003) reported that occupational therapists acknowledged the essence of spirituality in practice and provided spiritual care by dealing with religious concerns, addressing suffering, and encouraging self-motivation for engagement in occupation. Likewise, some factors have been identified in the literature to affect the incorporation of spirituality into practice. For instance, Belcham (2004) identified that occupational therapists’ awareness and understanding of spirituality in practice models and frameworks facilitate the incorporation of spirituality into practice. However, the fear of imposing occupational therapists’ spiritual beliefs on clients discourages the incorporation of spirituality into practice (Farrar, 2001). In addition, the lack of knowledge and training to address the spiritual needs of service users has been identified as a reason that discourages therapists from incorporating spirituality into practice (Morris, 2013).

For this study, incorporating spirituality into practice connotes the use of the occupational therapy process in addressing spiritual needs toward facilitating occupational engagement, health and wellbeing. There has been a growing interest in exploring spirituality in occupational therapy research but there has not been much research that specifically look at the incorporation of spirituality into practice via the occupational therapy process. This study captured the incorporation of spirituality through the occupational therapy process because of its distinctive perspective known to only occupational therapists when engaging in professional reasoning, analysing occupation and collaborating with service users (AOTA, 2020). The AOTA concept of the occupational therapy process was adopted for this study. They define the process as one that facilitates interactions between a service user and a therapist allowing them to successfully collaborate during therapy to assist the service user to participate in daily life and attain health and well-being through engagement in occupation (AOTA, 2014). Though there are several models of the occupational therapy process, the AOTA model was chosen to explore the scoping review question because of its broader scope. In Addition, the Occupational Therapy Practice Framework (OTPF) in which it is conceptualised factors spirituality as an element of occupational engagement, health and wellbeing and these are the theoretical basis for this review.

The occupational therapy process involves evaluation, intervention and targeting of outcomes (AOTA, 2014). The evaluation process includes screening, development of service user's occupational profile, analysis of occupational form and occupational performance; the intervention process includes intervention planning, goal setting and implementation of interventions; and the targeting of outcomes process involves selecting outcome measures or approaches to ascertain the impact of an intervention (AOTA, 2014). This study conceptualised the incorporation of spirituality into the evaluation process as the assessment of spiritual needs; the incorporation of spirituality into the intervention process as therapeutic modalities involved in addressing spiritual needs; and incorporating spirituality into the targeting outcomes' component as the measurement of the outcomes of interventions geared towards addressing spiritual needs. This review summarized, synthesized and discussed the available evidence on the ways spirituality has been incorporated into occupational therapy practice via the occupational therapy process. The

objectives, inclusion criteria and methods for this scoping review were specified in advance and documented in a protocol ([see appendix I](#)).

The Researcher's positionality and assumptions

The researcher is a black African male from Ghana where about 96% of the population has a religious affiliation (Ghana Statistical service, 2013). To the indigenous Ghanaian, spirituality refers to things happening in the spiritual realms, divine life, supernatural powers, attachments to religious values, the relationship between man and religious objects, values, and the sacred (Opoku, Manu & Antwi, 2018).

The researcher's sense of spirituality is rooted in the Christian religion. Living in a highly religious country, and through his volunteering work experience with persons living with disability, he observed that persons with disabilities expressed their religious faith but are not able to participate in their religious activities. This was attributed to the inaccessible nature of their places of worship. In his quest to understand this phenomenon, he explored the inclusion of persons with disability in religious communities in Ghana for his undergraduate degree thesis. This exposed him to the literature on spirituality or religiosity and health and rehabilitation (and subsequently spirituality in occupational therapy).

The researcher, wanting to further understand spirituality in relation to occupational engagement, wrote a full proposal to conduct a study on the influence of spirituality on occupational engagement among persons living with disabilities in Ghana for his master's dissertation. The COVID 19 pandemic affected the conduct of this study and therefore he opted to conduct a scoping review instead. The proposal writing process gave him more exposure to the literature on spirituality and occupational therapy's struggle to incorporate it into practice. This elicited his interest to explore, summarize and synthesize the literature on the ways spirituality has been incorporated into occupational therapy practice for the minor dissertation component of his master's degree.

The researcher has the assumption that a summary and synthesis of the evidence on how spirituality has been incorporated into practice may be useful to future practice and education in Ghana because the synthesis may unpack several ways spirituality is being incorporated into practice in different contexts. He believed that exploring the literature may reveal factors owing to the struggle of incorporating spirituality into practice which can be

further explored in future research. He also believes that findings from this study may provide insight and inform the incorporation of spirituality as understood in the Ghanaian context in research, education and practice in Ghana.

Rationale

Studies conducted from the mid-nineties until recent years indicate that most occupational therapists acknowledge the essence of spirituality in health and rehabilitation but rarely incorporate spirituality into practice (Engquist et al., 1997; Howe, 1996; Morris, 2013). Spirituality is somehow being incorporated into occupational therapy practice, but the profession is still struggling to appropriately and adequately incorporate spirituality into practice (Rose 1999; Farrar, 2001; Egan & Swedersky, 2003, Morris, 2013) despite the existing models and frameworks available to assist therapists to incorporate spirituality into practice.

Furthermore, there is no current existing source that summarises published literature in this area which would be helpful to guide practice. A synthesis and summary of the literature on how spirituality has been incorporated into practice would inform occupational therapists on what has worked and how it has worked; and to know what made it work or not work. A scoping review was thus conducted to explore what is known in the literature on ways spirituality has been incorporated into occupational therapy practice over the last 14 years (2007-2022). The review further identified and described factors that served as barriers and facilitators to incorporating spirituality into occupational therapy practice.

Significance of the study

Summarizing, synthesizing, and disseminating the extent, and type of research on the ways spirituality has been incorporated into occupational therapy practice may be used to inform occupational therapy educational curricula to better prepare graduates on ways of incorporating spirituality into practice. In addition, this study might be relevant in informing occupational therapy practitioners on the barriers and facilitators likely to be encountered when incorporating spirituality into practice and may also identify research gaps to inform further research in this area.

Aim

To explore what is known in the literature on ways spirituality has been incorporated into occupational therapy practice over the last 14 years (2007-2022).

Objectives

1. To establish how spirituality has been incorporated into the different stages of the occupational therapy process.
2. To identify factors that facilitate or act as barriers to incorporating spirituality into occupational therapy practice.
3. To identify any gaps in research within this subject area.

METHODS

This section describes the study design, eligibility criteria and procedures through which data were obtained, extracted and synthesized.

Protocol and registration

A protocol was developed for this scoping review ([see appendix I](#)). It was not, however, registered or published due to time constraints resulting from the COVID-19 pandemic. The restrictions brought about by the pandemic hampered the researcher's progress towards meeting the timelines required by the university and the funders to complete the master's degree.

Study design

A scoping review methodology allows the researcher to explore the length and breadth of the literature on the topic of interest by summarising and synthesizing the available evidence (Peters et al., 2020; Arksey & O'Malley, 2005). This methodology was thus best suited to identify, summarise and disseminate the findings of existing studies to answer the research question (Levac, Colquhoun & O'Brien, 2010) and meet the research objectives. Scoping reviews are also capable of identifying gaps in research and providing valuable knowledge for health professionals (McKinstry et al., 2014).

Review framework and reporting guidelines

The methodological framework proposed by Arksey and O'Malley (2005) and the update by Peters et al. (2020) guided the development of the protocol and the conduct of this scoping review. The framework and its updated version outlined similar stages for conducting a scoping review. The stages are outlined in [figure 1](#) below and are further discussed in subsequent sections in this dissertation. The PRISMA-ScR checklist (Tricco et al., 2018) was used as a guide for reporting the review ([see appendix II](#)).

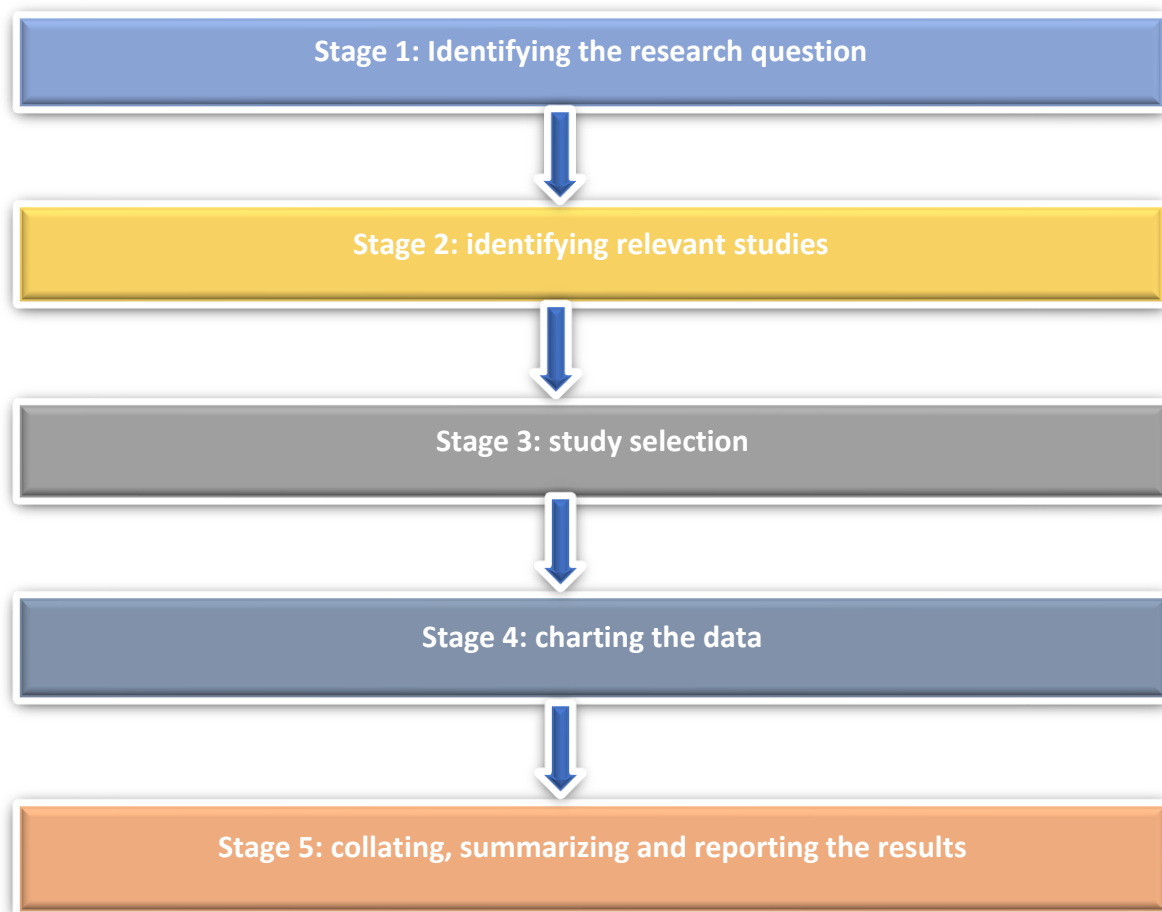


Figure 1: Methodological framework (Arksey & O'Malley, 2005)

The scoping review question

The research question was framed with the help of the PCC mnemonic (Peters et al., 2020) ([see Table 1](#)). The PCC (Participant, Concept, Context) mnemonic allowed the researcher to clearly identify the research question and drew the inclusion and exclusion criteria by considering the target population, the concept to which the study is framed and the context to which the concept is operationalised (Peters et al., 2020). The research question for this review was framed as:

What research evidence is available globally on the ways occupational therapists incorporate spirituality into occupational therapy practice?

Table 1: PCC Mnemonic

PCC Mnemonic	
P - Population	Occupational Therapists
C - Concept	Spirituality
C - Context	Occupational therapy Practice Globally

Population

The population considered in this review are occupational therapists. Occupational therapists are healthcare professionals that value meaningful occupations in the promotion of health and well-being. They do this by assessing the impact of health issues on participation in activities and devise intervention plan to facilitate occupational engagement (Royal College of Occupational Therapists Ltd, 2015a).

Concept

The study is focused on spirituality as conceptualized within occupational therapy or science and therefore included only studies that reported on spirituality as operationalized within the occupational therapy process and with occupational therapy or science perspectives.

Context

The scoping review focused on ways spirituality is incorporated into occupational therapy practice. Therefore, studies that report only on ways occupational therapists from any country incorporate spirituality in their practice were included.

Eligibility criteria

The search was restricted to studies published from the year 2007 to 2022. This range was chosen based on the assumption that, as the first model for occupational therapy practice, that explicitly included spirituality as one of its components (the CMOP-E (Townsend & Polatajko, 2007) was published in the year 2007, it is likely that research on the incorporation of spirituality into occupational therapy practice would only have been published since that

time. Another criterion was inclusion of literature sources published in English only due to a lack of funding for translation – the researcher is proficient in English and was able to read and understand published English literature. Additionally, unpublished or grey literature was not included because this review was focused on summarising and synthesizing published peer-reviewed primary studies which may serve as a practice reasoning guide for incorporating spirituality into occupational therapy practice. Studies were selected for this review based on the inclusion and exclusion criteria summarised in [Table 2](#) below.

Table 2: Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion criteria
Published Peer reviewed primary studies	Any form of literature review, opinion pieces, books, and book chapters Unpublished or grey literature
Studies published in English	
Studies published from the year 2007 to 2022	
Studies that address any way in which spirituality is incorporated into occupational therapy practice	Studies that speak exclusively on the incorporation of spirituality in occupational therapy research and education, and do not include practice.
Studies that mention or discuss the barriers and facilitators to incorporating spirituality into occupational therapy practice.	
Studies whose full text document was accessible.	

Types of study Sources

Only published peer-reviewed primary studies using any type of study design were included. Reference lists of the included studies and secondary studies including all forms of systematic and scoping reviews were hand-searched to help locate relevant primary studies that did not appear in the electronic database search, but this did not yield any results.

Search strategy

A search strategy was developed in collaboration with an experienced Librarian to identify literature from the appropriate electronic databases. A preliminary search strategy was developed to identify what literature was available and to determine whether previous scoping reviews had been conducted on this topic. The following databases were searched: Web of Science, PubMed, Scopus, EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, Psych Info), and The Cochrane Library.

Through an iterative process, a general search strategy and search terms, including MeSH terms ([see Table 3](#)), were developed in collaboration with the occupational therapy subject Librarian at the University of Cape Town Bongani Mayosi Health Sciences library.

Table 3: General Search Strategy

Search terms/Strategy	
Topic	Spiritual*OR spirituality [MeSH] OR religion [MeSH] OR 'religious beliefs'
AND Topic	'Occupational therapy' [MeSH] OR occupational therap*

The search strategy was adapted for each of the following databases accordingly using the Boolean operators and the title and abstract categories – Web of Science, PubMed, Scopus, EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, Psych Info) in July 2022 ([see appendix III](#)). The search terms were adapted to suit the different databases because search fields, Boolean and proximity operators, and pre-set limiters or filters varied across the databases. The two supervisors were invited to run the search using the search strategies for the databases to confirm its reproducibility.

Search results were saved as Research Information Systems (RIS) files and exported into the Rayyan web App (<https://www.rayyan.ai/>) which is a free web and mobile App that speeds up the title and abstract screening process using a semi-automation technique (Ouzzani et al., 2016). The web App was chosen for this review because it allows for simple sharing and comparing of include-exclude decisions. It provides a space for online collaborative screening process and saves time (Ouzzani et al., 2016). The search results were collated in the Rayyan web app and duplicates were removed using the 'duplicate removal' feature of the app.

Selection of sources of evidence

The identified articles were first screened by two independent reviewers (the researcher and a colleague, hereafter referred to as the research assistant) by title and abstract. The 'include' and 'exclude' features within the Rayyan app were used in this process to screen articles against the inclusion and exclusion criteria. The web App flagged studies that were included by one reviewer and excluded by the other as conflicts and collated them under the conflict section within the App. All conflicts were resolved by the two reviewers by reaching a consensus via a Zoom meeting.

One of the supervisors was invited as a reviewer on the Rayyan web App to verify that the selected studies had been screened correctly according to the inclusion and exclusion criteria at the abstract and title screening phase. The researcher and research assistant then screened the remaining articles by full text against the inclusion and exclusion criteria using the Rayyan App and the same procedures used in the title and abstract review phase were employed. The full texts for the studies for inclusion in the review were downloaded from their respective journals and kept in a folder on the researcher's personal computer.

Data extraction process

Data were extracted using the JBI data charting tool, the QDA Miner Lite and a quantitative data capture form created by the researcher ([see appendix IV](#)). The data extraction process was first piloted on three of the included studies to ascertain whether the data extraction process and the tools adopted for this review could work successfully. The data extraction tools and the manner that they were used is described in more detail below.

Capturing data using the JBI data charting tool

Study characteristics were extracted using a modified JBI data-charting tool (Peters et al., 2017) which took the form of a Microsoft Word table ([see appendix IV](#)). The table had six columns labelled as follows: author and year of publication, study aims/objectives, study design, study population, practice setting and country of origin. This tool was adopted for this review because it was capable of extracting data related to the characteristics of the included studies relevant to the review.

Capturing data using the QDA Miner Lite

The QDA Miner Lite is a free computer-assisted qualitative analysis software package used for coding and analysing textual data (Adu, 2019). This software is capable of coding and retrieving textual data (Adu, 2019), and specific themes and subthemes can be added to identify passages in the text that aligns with the themes and subthemes. It also has a feature that can be used to categorize and retrieve the identified text under the appropriate theme and subtheme. The retrieved data can then be exported to either a Microsoft Word document or a Microsoft Excel spreadsheet. Qualitative data related to objectives 1 and 2 were extracted using this tool because it provided an efficient and time saving approach to coding and retrieving data based on the themes and subthemes relevant to the study objectives.

The qualitative data extraction was undertaken independently by the researcher and was guided by objectives 1 and 2 which were categorised into three major themes ([see appendix I](#)):

- How spirituality is being incorporated into the different stages of the occupational therapy process
- Factors that facilitate the incorporation of spirituality into occupational therapy practice.
- Factors that act as barriers to incorporating spirituality into occupational therapy practice.

Data extraction was further organised by creating subthemes under each of the three themes. The study objectives as well as the researcher's prior exposure to the literature on

occupational therapy and spirituality guided the creation of the subthemes. The themes with their respective subthemes ([see table 4](#)) were added onto the QDA Miner Lite.

The full texts of the included studies were imported into the QDA Miner Lite, and the researcher read through each full-text during which data related to the themes and subthemes were extracted. With the help of the QDA Miner Lite, all the data were categorized and retrieved under the themes and subthemes per each study and then exported into Microsoft Excel.

Capturing data using the quantitative data capture form

For quantitative data gathered through questionnaires in the mixed method studies included in the review, a form ([see appendix IV](#)) was created to capture the data in line with the major themes and subthemes. The data was then ‘qualitized’ by converting them into textual descriptions (Lizarondo et al., 2020) and reported. One of the supervisors manually scanned through the included study findings to make sure no relevant data was left out. All extracted data were captured on Microsoft excel sheet and word. The data were then sent to the supervisors for review and feedback.

Table 4: Themes and subthemes for extracting data

Themes	Subthemes
How spirituality is being incorporated into the different stages of the occupational therapy process	<ul style="list-style-type: none"> • Assessment or evaluation¹ • Intervention • Outcome
Factors that facilitate the incorporation of spirituality into occupational therapy practice	<ul style="list-style-type: none"> • Educational factors • Practice domain factors • service user or therapist factors • Organisational factors
Factors that act as barriers to incorporating spirituality in occupational therapy practice	<ul style="list-style-type: none"> • Educational factors • Practice domain factors

- service user or therapist factors
- Organisational factors

Assessment/evaluation: this subtheme was used to capture data concerning assessment and evaluation of spirituality in occupational therapy practice.

Intervention: This subtheme was used to identify data that speaks to interventions used by occupational therapists to cater to the spiritual needs of their service users.

Outcome: This subtheme was meant to capture data that speaks to how occupational therapists measure outcomes of spiritual needs

Educational factors: This subtheme was used to identify data that speaks to therapists' perception of their educational training's ability to prepare them for incorporating spirituality into occupational therapy practice.

Practice domain factors: This subtheme was used to identify data that speaks to how a practice domain (for example mental health practice may facilitate or hinder the incorporation of spirituality into occupational therapy practice.

Service user or therapist factors: This subtheme was used to identify factors inherent to the therapist or service user that may hinder or facilitate the incorporation of spirituality into practice.

Organisational factors: this subtheme was used to identify data that speaks to structures, code of conduct and culture of organizations that occupational therapist work with or are part of and how that may hinder or facilitate the incorporation of spirituality into practice.

Synthesis of results

The extracted data were detailed in three tables [Study characteristics ([Table 5](#)), Ways spirituality is incorporated in practice ([Table 6](#)) and barriers and facilitators to incorporating spirituality into practice ([Table 7](#))], and as a narrative to describe and summarised the findings. Two of the subthemes (practice domain and organizational factors) under the theme barriers and facilitators to incorporating spirituality into practice were merged as the data that emerged were similar.

RESULTS

Results are presented firstly for the search and screening process and secondly for the study characteristics and findings related to the scoping review objectives.

Selection of sources of evidence

A total of 378 studies were identified in the database search. After removing duplicates, 169 studies remained and were screened by title and abstract. One hundred and thirty studies were excluded during the title and abstract screening process leaving 39 studies for full-text screening. Of these, eight studies met the inclusion criteria, and 31 studies were excluded. The reasons for exclusion are summarised in the PRISMA flow diagram below ([see Figure 2](#)).

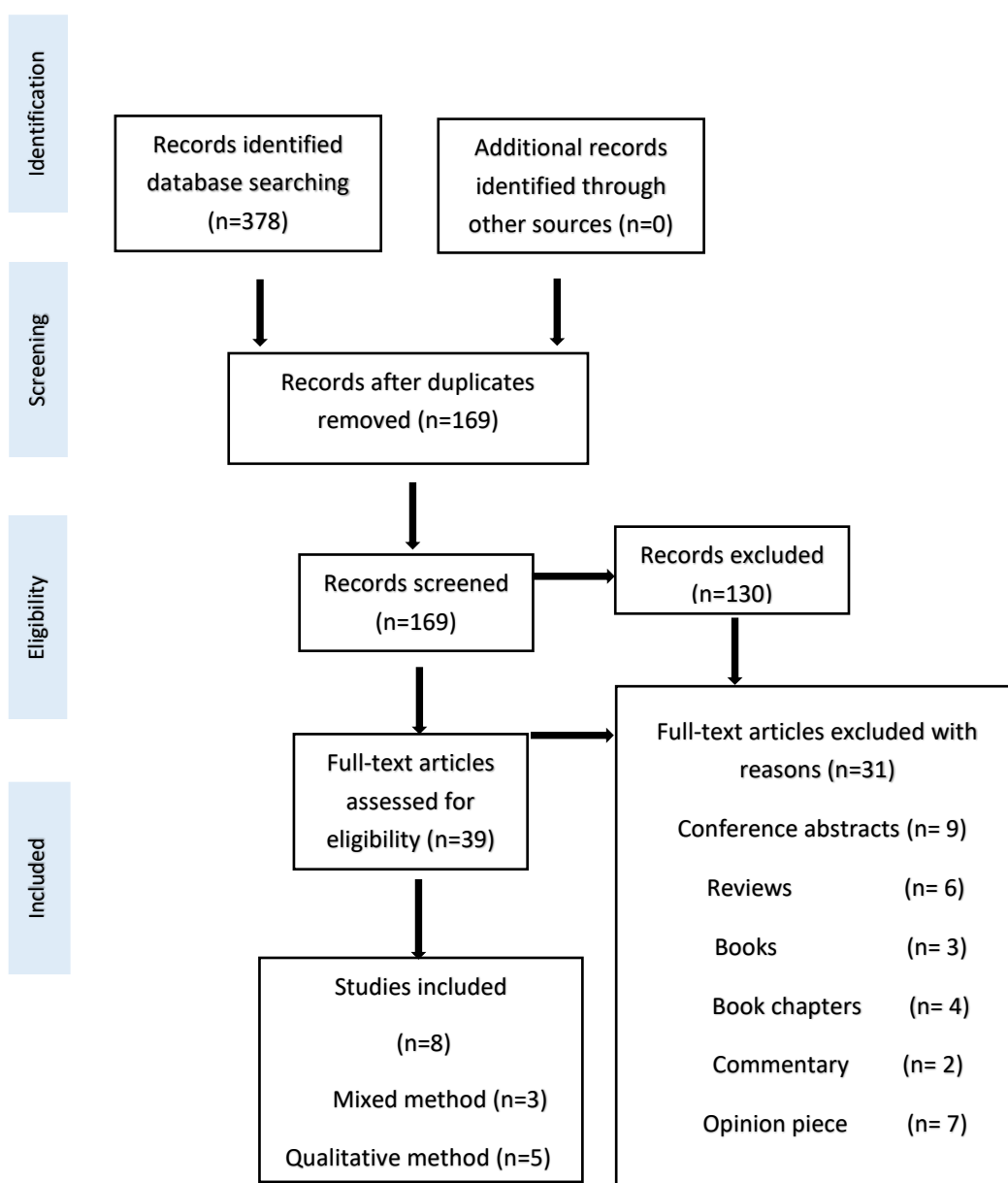


Figure 2: PRISMA flow diagram

Study Characteristics

The characteristics of the included studies are summarized in [Table 5](#) below. Of the eight studies included in the review all were primary studies. Five studies used qualitative designs (Bray et al., 2012; Pooremamali et al., 2012; Pham et al., 2022; Vajaratkar & Dwivedi, 2020; Heard et al., 2022) and three were mixed methods (Morris et al., 2014; Thompson et al., 2018; Babaei et al., 2022). In six studies, the populations were occupational therapists (Pham et al., 2022; Babaei et al., 2022; Bray et al., 2012; Morris et al., 2014; Vajaratkar & Dwivedi, 2020; Thompson et al., 2018) and in two, they were occupational therapy service users (Heard et al., 2022; Pooremamali et al., 2012). Two studies were situated within a mental health practice domain (Pooremamali et al., 2012; Heard et al., 2022), one was situated in a school and community practice domain, and five did not indicate the practice domain in which studies were conducted (Pham et al., 2022; Babaei et al., 2022; Thompson et al., 2018; Morris et al., 2014; Vajaratkar & Dwivedi, 2020). Five studies were conducted in North America (USA and Canada) (Pham et al., 2022; Bray et al., 2012; Morris et al., 2014; Heard et al., 2022; Thompson et al., 2018) and one each in the Middle East (Iran), Europe (Sweden) and South Asia (India) (Babaei et al., 2022; Pooremamali et al., 2012; Vajaratkar & Dwivedi, 2020).

Table 5: Characteristics of included articles (n=8)

Author (Year)	Study aims/objectives	Study design	Population	Practice setting	Country of origin
Babaei et al. (2022)	To investigate the current status of incorporation of spirituality among Iranian occupational therapists	Mixed method: Cross-sectional and exploratory descriptive	Occupational therapists educated and working in Iran (n=125)	Not specified	Iran
Heard et al. (2022)	Explored the outcomes of a community based eco-spirituality group for individuals affiliated with a Forensic Mental Health system	Qualitative: interpretative phenomenology	Individuals residing in a large mental health forensic facility (n=9)	Forensic mental health setting	Canada
Pham et al. (2022)	To gain deeper and more updated insight into how spirituality has been experienced in occupational therapy practice	Qualitative: phenomenology	Occupational therapists with at least one year of experience (n=15)	Not specified	USA

Characteristics of included articles (n=8) continued

Author (Year)	Study aims/objectives	Study design	Population	Practice setting	Country of origin
Vajaratkar & Dwivedi (2020)	To explore and understand spirituality and its use as a domain of practice among Indian Occupational therapists.	Qualitative narrative	Senior occupational therapists with a minimum of 10 years of experience (n=15)	Not specified	India
Thompson et al. (2018)	To gain insight into the current view on the use of religious observance in occupational therapy practice	Mixed method: Descriptive survey study	Occupational therapists (n=181)	Not specified	USA
Morris et al. (2014)	To identify occupational therapists' self-reported perceptions regarding spirituality in the scope of practice.	Mixed method survey	Occupational therapists (n=97)	Not specified	USA

Characteristics of included articles (n=8) continued

Author (Year)	Study aims/objectives	Study design	Population	Practice setting	Country of origin
Bray et al. (2012)	To examine the practice experience of evangelical Christian occupational therapists in the context of professional emphasis on spirituality.	Qualitative interpretivist	Evangelical Christian occupational therapists (n=7)	In-patient facilities, Schools and Community	Canada
Pooremamali et al. (2012)	To explore the elements that shape the experiences and perceptions of occupational therapy in the mental health of clients of middle eastern and Muslim origin	Qualitative Grounded theory	Muslim clients with a middle East background living in Sweden (n=11)	Mental Health setting	Sweden

Incorporating spirituality into the occupational therapy process

The included studies reported various ways in which spirituality has been incorporated into different stages of the occupational therapy process. These were categorized into assessment, 'intervention: spirituality as a means' and 'intervention: spirituality as an end goal'. None of the studies reported on how therapists target outcomes ([see table 6 for details](#)). Assessment outlines the data on how spiritual needs was assessed in occupational therapy practice. 'Interventions; spirituality as a means' outlines interventions that used spiritual or religious practices as a way of remediating impairment or facilitating health and wellbeing. Intervention: spirituality as an end goal describes the interventions whose end goal was facilitating participation in spiritual or religious practices.

Assessment

Three studies indicated that assessment of spirituality commenced when service users initiated a discussion about it (Vajaratkar & Dwivedi, 2020; Bray et al., 2012; Thompson et al., 2018). Two studies reported both standardized and non-standardized approaches to assessment (Vajaratkar & Dwivedi, 2020; Thompson et al., 2018). Standardized assessments included Quality of Life (QoL) assessment tools (no specific tools were mentioned) and the Canadian Occupational performance measure (COPM). Non-standardized approaches involved mainly observational approaches such as asking service users to describe and demonstrate tasks within their spiritual practices (Vajaratkar & Dwivedi, 2020; Thompson et al., 2018). Open-ended questionnaires were used by therapists in one study to assess the spirituality of their service users (Bray et al., 2012).

Interventions; spirituality as a means

Half the included studies reported a variety of spiritual and religious practices as therapeutic modalities. These included prayer (praying internally for or praying with service users), meditation, yoga, and mindfulness (Pham et al., 2022; Bray et al., 2012; Vajaratkar & Dwivedi, 2020). Therapeutic use of self through sharing personal stories of trauma and suffering, compassion, respect and recitation of internal prayers were used to enhance health and wellbeing (Pham et al., 2022; Vajaratkar & Dwivedi, 2020; Bray et al., 2012). Two studies reported counselling, playfulness, relaxation techniques, reflective practice and nature-immersing experiences as therapeutic modalities in practice (Heard et al., 2022; Vajaratkar & Dwivedi, 2020). Tasks such as kneeling within prayer were incorporated as a therapeutic

modality to enhance proprioception, and prayer recitation was used as a treatment modality to improve cognitive function (Pham et al., 2022).

Interventions; spirituality as an end goal

Studies that reported spirituality as an end goal in therapy were geared towards addressing body impairment, performance skills and adaptation of the environment to enhance participation in spiritual and religious activities or practices. Two studies reported that therapists addressed biomechanical elements such as working on range of motion, balance, strength, endurance and gait to enable service users to participate in spiritual and religious activities (Pham et al., 2022; Thompson et al., 2018). Furthermore, it was reported that therapists addressed performance skills and adapted religious environments towards re-integrating service users into religious observance (Thompson et al., 2018).

Barriers and facilitators to incorporating spirituality into practice

In this study, barriers and facilitators were defined as the factors or reasons that discourage/prevent or encourage/enable the incorporation of spirituality into occupational therapy practice. Barriers and facilitators to incorporating spirituality into practice are summarised as a narrative below and detailed in [table 7](#).

Educational factors as barriers

Educational factors describe barriers related to the lack of, or limited exposure to knowledge of spirituality during occupational therapy educational training. For instance, Babaei et al. (2022) reported that therapists had inadequate knowledge on how to operationalise spirituality in the occupational therapy process. Similarly, Thompson et al. (2018) reported that a small percentage of the participants in their study (n= 9.8%) indicated they had no education on how to incorporate spirituality into practice and hence did not address spirituality in practice. Vajaratkar and Dwivedi (2020) reported that therapist had limited understanding of the concept of spirituality with the little understanding lacking clarity. This was linked to a lack of exposure to knowledge of spirituality during therapists' training (Vajaratkar & Dwivedi, 2020).

Service user and therapist factors that act as barriers and facilitators

Service user and therapist factors are inherent factors of therapists or service users that facilitated or hindered the incorporation of spirituality into occupational therapy practice. Therapist factors identified as barriers to incorporating spirituality into practice are

therapists' feelings of discomfort when discussing spirituality and their uncertainty about service users' reactions to discussing spirituality (Pham et al., 2022; Morris et al., 2014; Bray et al., 2012; Thompson et al., 2018). Two of the studies reported that therapists' view of spirituality as a sensitive topic and hence inappropriate in therapy discouraged them from incorporating it into practice (Vajaratkar & Dwivedi, 2020; Thompson et al., 2018). Additionally, the fear of being judged, or called a racist or a fundamentalist discouraged the incorporation of spirituality into practice (Bray et al., 2012).

There were a couple of service user factors identified as barriers to incorporating spirituality into practice. These include service users' lack of awareness of the benefits of spirituality in therapy (Babaei et al., 2022). Additionally, service users' feelings of discomfort and insecurity when their cultural background is incongruent with that of the therapist discourage them from discussing spirituality in therapy (Pooremamali et al., 2012).

In terms of facilitators, therapists' mode of interaction and the quality of the therapeutic relationship facilitated the incorporation of spirituality into practice (Vajaratkar & Dwivedi, 2020; Pooremamali et al., 2012). Service users initiating discussions about spirituality and identifying its expression as a meaningful occupation was identified as service user factor that facilitated the incorporation of spirituality into practice (Thompson et al., 2018). Additionally, interventions that included service users' cultural preferences and values were identified as facilitators to incorporating spirituality into practice (Pooremamali et al., 2012; Vajaratkar & Dwivedi, 2020).

Organizational or practice domain factors that act as barriers and facilitators

Organizational or practice domain factors describes factors related to occupational therapy settings and regulatory bodies that either facilitate or hinder the incorporation of spirituality into practice. Some of the organizational factors that acted as barriers to incorporating spirituality into practice included the secularisation of health systems, restrictions on the explicit use of spirituality by professional bodies and lack of assessment tools (Morris et al., 2014; Babaei et al., 2022; Bray et al., 2012; Pham et al., 2022). Organizational structures that do not embrace the provision of spiritual care and support was also identified as a barrier (Thompson et al., 2018). In addition, the fear of breaching professional code of conduct, limited time for therapy sessions that do not include matters of spirituality were all reported as barriers. Spiritual care or support if not included as a billed service discouraged therapists

from addressing spiritual needs in practice (Babaei et al., 2022; Pham et al., 2022; Bray et al., 2012; Thompson et al., 2018).

For facilitatory factors, organizations, or practice settings whose culture aligns with the provision of spiritual care acted as a facilitator to incorporating spirituality into practice. For instance, organizations that provided support such as providing assessment tools and recognizing spirituality as part of the healing process was reported as a facilitator to incorporating spirituality into practice (Thompson et al., 2018).

Table 6: How spirituality is being incorporated into the different stages of the occupational therapy process

Author (year)	Assessment	Interventions; spirituality as a means	Interventions; spirituality as an end goal
Babaei et al. (2022)	Spiritual assessment used to evaluate their service user's spiritual needs (12% of therapists)		
Heard et al. (2022)		Service users were exposed to green and nature spaces to experience nature	
Pham et al. (2022)		Internal prayer was recited for service users that was not expressed outwardly	Therapists worked on improving service users' gait to be able to walk themselves to church.
		Therapists used their own spirituality by telling their own stories of trauma to encourage service users.	Therapists worked on improving service users' trunk control to be able to sit longer in a wheelchair to attend church.
		kneeling as a task in prayer was used as an activity to enhance proprioception.	
		Prayer recitation was used by therapists to help enhance cognitive deficits.	

Vajaratkar & Dwivedi (2020)	<p>Quality of life assessment tools were used more to assess spirituality.</p> <p>The Canadian Occupational Therapy Performance Measure (COPM) was used as a standardised tool to assess spirituality.</p>	<p>Practices such as playfulness, mindfulness, therapeutic use of self and reflective practice were used as a medium of intervention.</p> <p>Talking to service users through counselling to address spiritual needs.</p> <p>The use of meditation, yoga and relaxation techniques to help patients with mental health conditions.</p>	
Thompson et al. (2018)	<p>Therapists indicated that the assessment involves identifying barriers that hinder service users' participation in religious activities</p> <p>Service users were asked to describe and demonstrate the religious rituals that held meaning for them</p> <p>Therapists indicated they ask service users directly about the task required to participate in their religious activities.</p>	<p>Therapists (51.9%) discussed how religion and the religious community can support current life.</p> <p>Therapists (37.7%) discussed the benefits of religious observance to health and well-being with service users.</p> <p>Therapists (24%) prayed with service users</p>	<p>Assisting service user in practicing the actions required to participate in daily mass (religious activities)</p> <p>Therapists worked on service users' strength and endurance to be able to attend religious observance</p> <p>Attending church services with the service users and families to assist the family to adapt the church environment to the service user.</p>

	<p>Therapists (19%) stimulated religious practices or practice their components with service users in a treatment session.</p> <p>Therapists (14.3%) visited the hospital chapel with the service user.</p> <p>Therapists (8.3%) sang religious songs with service users.</p> <p>Helping service users to contact a religious leader</p>	<p>Therapists addressed the necessary performance skills and tasks required to participate in religious activities.</p> <p>Identifying resources necessary to assist the service user to attend religious observance.</p> <p>Addressing physical dysfunction towards participation in religious observance.</p>
Morris et al. (2014)	Therapists (3.1%) used spiritual assessment to evaluate service user's spiritual needs.	
Bray et al. (2012)	<p>Spirituality was assessed when the service users seemed to show interest in spiritual matters. Therapists used questions such as 'Do you go to church?' or 'Do you believe in God?' as assessment questions to probe further.</p>	<p>Prayer and Christian values such as compassion and respect were used to support treatment.</p> <p>Therapists engaged service users in prayers when they were in spiritual distress.</p>

Table 7: Factors that act as barriers and facilitators to incorporating spirituality into practice

Author (year)	Factors identified as barriers to incorporating spirituality into occupational therapy practice			Factors identified as facilitators to incorporating spirituality into occupational therapy practice.	
	Educational factors	Therapist and service user factors	Organizational/practice domain factors	Therapist and service user factors	Organizational/practice domain factors
Babaei et al. (2022)	Therapists limited education about the effect of spirituality on the occupational therapy process.	<p>Service users' lack of awareness of the benefits of spirituality in their treatment plan.</p> <p>Differences in culture and beliefs of therapists and service users.</p> <p>Therapists assumed inability to bill spiritual care.</p>	Limited time for therapeutic sessions made it difficult to address spiritual issues.	Therapists (72%) indicated confidence in addressing spiritual needs when their beliefs were similar to service users	
Pham et al. (2022)		Therapists assumed inability to bill for spiritual care services.	Time constraints, productivity expectations, professional code of		

			conduct and workplace culture.	
Vajaratkar & Dwivedi (2020)	<p>Inadequate knowledge about other faiths or beliefs to feel comfortable addressing spirituality due to inadequate training</p> <p>Limited understanding of the concept of spirituality with the little understanding lacking clarity due to inadequate training on spirituality</p>	<p>Therapists felt that:</p> <ul style="list-style-type: none"> • spirituality is too personal to discuss • the therapeutic relationship is too short to build trust for discussing spirituality with service users • It was difficult to differentiate spirituality from religion. • They lack a broader language to express spirituality 	<p>Therapists believe that the practice setting is not appropriate to discuss spirituality</p>	<p>Incorporating service users' value systems into practice.</p> <p>When therapists directly or indirectly permit the service users to raise their spiritual issues.</p> <p>creating environments that make service users comfortable to discuss spiritual issues</p>

		other than religious language and therefore did not feel comfortable addressing it			
Thompson et al. (2018)	9.8% of participants indicated they haven't been educated about religious observance.	When client does not identify it as a treatment priority Participants (79.5%) indicated when service user does not identify addressing religious observance as a priority. 10.6% of the participant indicated addressing religious observance as a non-reimbursable intervention.	15% of the participants indicated that standardized evaluation/treatment protocol does not include religious observance When addressing religious observance is not in alignment with organizational context	When service users initiate discussions about it When service user identified spirituality as a meaningful occupation or an end to therapy.	Work contexts that provide more support for addressing religious observance by providing evaluation processes and recognizing it as part of the healing process.

	<p>Therapists fear of the potential socio-political issues that may arise when religious issues are discussed in therapy.</p> <p>Therapists fear of broaching the topic of religious observance as they deem it a sensitive topic.</p>		
Morris et al. (2014)	<p>Therapists find it difficult to differentiate between spirituality and religion and therefore neglect discussing it because they feel uncomfortable.</p>	<p>Lack of assessment tools to assess the spiritual needs of service users</p>	<p>63.9% of the therapists indicated that they are confident addressing spiritual needs when their beliefs are similar to that of the service user</p>
Bray et al. (2012)	<p>The fear of being called racist, judgemental, and fundamentalist when incorporating</p>	<p>The largely secular healthcare system held tensions for therapists when incorporating spirituality into their practice</p>	

	<p>spirituality into practice.</p> <p>The therapists assumed tendency of being accused of professional misconduct.</p> <p>Therapists disconnect between what they feel is the service users' spiritual needs and what could be address without risking rebuke.</p> <p>Malalignment of therapists and service users' faith or beliefs.</p>	<p>Professional regulating bodies' restrictions on the explicit use of spirituality in practice.</p>	
<p>Pooremamali et al. (2012)</p>	<p>Confusion between therapists and service users over service users' spiritual needs</p> <p>When service user feels uncomfortable</p>		<p>The service users indicated that the way therapists interact with them (i.e., through compassion, respect and</p>

	<p>and insecure when their cultural background is incongruent with that of the therapist.</p> <p>When service users feel therapists are forcing their worldviews on them.</p> <p>Service users believe that therapists can only address their illnesses and not their inner sufferings.</p>	<p>authenticity) was important for them to tolerate discussions of spirituality.</p>
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DISCUSSION

This scoping review identified studies reporting on the ways in which spirituality has been incorporated into occupational therapy practice with the intention of informing practice, education and further research. Barriers and facilitators to incorporating spirituality into practice were also identified. Based on the title and abstract screening process, it was evident that scholarly works in spirituality in occupational therapy are skewed toward books and opinion pieces. Most of the identified sources were centred around the importance of spirituality and how it can be incorporated into occupational therapy practice. Studies focused on ways that spirituality has been incorporated into practice within the last 14 years are scant. This is evident in how only eight of the 378 studies identified in the electronic database search met the inclusion criteria.

None of the studies included in the final review were conducted in Africa which is disappointing considering that the study hoped to inform the incorporation of spirituality in practice within an African context. The few studies conducted in Africa were geared toward education rather than practice and therefore they were excluded. Though research on spirituality in occupational therapy education is essential, exploring the incorporation of spirituality in practice may help inform context-specific training approaches for equipping therapists with knowledge and competencies for addressing spiritual needs. Thus, the need to research on ways spirituality is being incorporated in practice in an African context. The ways in which spirituality has been incorporated into occupational therapy practice will be discussed through the lens of the occupational therapy process (i.e., assessment, intervention, and targeting of outcomes) together with the barriers and facilitators in the sections below.

Assessment of spiritual needs

Although formal and informal assessments were used to assess spirituality, the only occupational therapy specific formal tool that was named was the Canadian Occupational Performance Model (COPM). Quality Of Life (QOL) assessments tools were also used but specific assessments tools were not mentioned (Vajaratkar & Dwivedi, 2020). Additionally, most of the assessment approaches identified in this review are informal assessment approaches (Thompson et al., 2018; Bray et al., 2012). This finding corroborates a review conducted by Johnston and Mayer (2005) which found that there were no occupational

therapy-specific assessment tools designed to assess spirituality. The authors further reported that therapists preferred informal assessment approaches over formal assessment approaches. The reliance on informal assessment of spirituality may be attributed to the complexity and ambiguous nature of spirituality (Hume, 1999; Christiansen, 1997). The ambiguity of spirituality as a concept might make it difficult for it to be conceptualized objectively within formalized assessment tools such that it could be used to assess the spiritual needs of different service users. The tools used in the formal assessment approaches may not resonate with the spiritual needs of their service users and hence therapists may prefer to be informal and pragmatic when assessing spiritual needs. The phenomenon of preferring informal assessment approaches to formal assessment approaches when assessing spiritual needs must be adequately studied. This may provide an opportunity for identifying appropriate assessment approaches for assessing spirituality in occupational therapy practice. Furthermore, therapists may have chosen informal assessment approaches due to lack of formal occupational therapy-specific assessment tools for assessing spiritual needs (Rose 1999; Farrar, 2001).

Spiritual practices as a means and an end goal in therapy

This review found that the incorporation of spirituality into occupational therapy practice revolved around spiritual and religious practices which were either used as a means to recovery or the end goal of therapy. The use of prayer to remediate cognitive impairment and the use of meditation, yoga and playfulness to enhance health and wellbeing (Pham et al., 2022; Bray et al., 2012; Vajaratkar & Dwivedi, 2020) are examples of spiritual practices used as a means in therapy. Likewise spiritual practices were operationalised as an end goal in therapy. Range of motion and gait were enhanced, and context adapted to facilitate participation in spiritual and religious practices (Pham et al., 2022; Thompson et al., 2018). Thus, spiritual needs were addressed based on religious and spiritual practices. This may have occurred because therapists viewed service users' expression of spirituality as meaningful occupations and therefore operationalized this as a means or end goal of therapy.

Johnston and Mayer (2005) identified a similar pattern in their scoping review which adds support for occupation being used in relation to spiritual needs to enhance health and well-being. The patterns between the current scoping review and that of Johnston and Meyer (2005) may be attributed to occupational therapy's core belief in the value of occupation as

an agent of health and well-being and as a means and an end goal in therapy (Gray, 1998; Wilcock, 2006) which may have influenced therapists to address spiritual needs in that manner. This opens the need for occupational therapy to critically explore spirituality in relation to occupations within practice context. As the core foundation of occupational therapy is occupation (Gray, 1998), exploring or addressing spiritual needs in relation to occupation may contribute to the essence and legitimacy of spirituality in occupational therapy practice. Thus, the need for research that explores spirituality in relation to occupation rather than research that explore spirituality only in philosophical discourses.

Barriers and facilitators to addressing spiritual needs

Most of the factors identified as barriers to incorporating spirituality into practice fell under ‘therapist and service user factors’ ([see table 7](#)) which encompassed factors mostly related to therapists and service users that discouraged the incorporation of spirituality into practice. It is apparent that the most reported factor surrounding the incorporation of spirituality into occupational therapy practice even prior to this review – therapists’ inadequate knowledge of spirituality still exists (Vajaratkar & Dwivedi, 2020; Thompson et al., 2018; Babaei et al., 2022). This long-standing factor has been reported by early scholars who have written on spirituality in occupational therapy (Engquist et al., 1997; Howe, 1996; Johnston & Meyer 2005; Rose, 1999). Therapists’ inadequate knowledge of spirituality has been attributed to the lack of incorporating spirituality into occupational therapy education and training (Mthembu et al., 2017).

The enormity of the struggle to incorporate spirituality into practice is much more than inadequate knowledge. It is in its broader sense lack of competence in addressing spiritual needs. This was evident in most of the therapist factors identified as barriers in this review. For instance, therapists’ inability to address spiritual needs due to the differences in their culture, beliefs and worldviews to that of the service user (Babaei et al., 2022; Bray et al., 2012) is a clear case of incompetence. Additionally, therapists’ discomfort in discussing spirituality in practice and their confusion about service users’ spiritual needs (Bray et al., 2012; Pooremamali et al., 2012; Thompson et al., 2018; Vajaratkar & Dwivedi, 2020) can also be attributed to lack of the right competence to discuss and address spiritual needs. Competence in its literal sense means the ability to put knowledge into action. Competence affects work performance by showing how individuals either enact their duties or are

supposed to behave in a specific situation (Shahrbabaki et al., 2020). The World Federation of Occupational Therapists' (WFOT) minimum standards for occupational therapy education states that competent practice requires substantial knowledge, skills and attitude within therapeutic relationships, professional reasoning and behaviour to be able to address a particular health need (WFOT, 2016). Therefore, there must be a shift from looking at only knowledge but also skills and the right attitude to addressing spiritual needs when incorporating spirituality into occupational therapy education. I suggest that the ideal competence needed to address spirituality in practice should be vested in the creative-interpretive model of professional work conceptualized by Lester (1995). This model allows practitioners to analyse knowledge and synthesize it using situational and ethical understandings to interpret meanings of situations from varying perspectives (Lester, 1995). I believe that this model should embody the competencies required to incorporate spirituality into occupational therapy practice given the complex and ambiguous nature of spirituality.

A further barrier identified through this review was the lack of appropriate assessment tools which contributed to therapists' inability to incorporate spirituality into practice (Vajaratkar & Dwivedi, 2020; Morris et al., 2014). Previous studies confirm this gap in tools to assess spirituality (Rose 1999; Farrar, 2001). The findings from the current scoping review show that little progress has been made in this area and that the issue persists. The lack of formal assessment tools for assessing spirituality in occupational therapy may suggest a dire need for developing formal assessment tools. However, I believe that creating an assessment tool for an ambiguous concept such as spirituality may prove futile because the meaning of spirituality may be vested in the language in which it is expressed and used (King & Koenig, 2009). A formal assessment tool may thus not encompass the linguistic diversity within populations in the same geographical area. This can limit what can and should be assessed when addressing spiritual needs in practice because what people do to enact spirituality varies so greatly that it might be difficult to name what constitutes spiritual needs. Therefore, occupational therapy can adopt a more pragmatic approach to assessing spirituality rather than focusing on developing formal assessment tools for assessing spiritual needs.

A further interesting finding is the inability of therapists to tangibly make sense of spirituality outside the bounds of religious language (Vajaratkar & Dwivedi, 2020). This issue of making sense of spirituality only in religious language is not recent as Egan and Swedersky

(2003) reported a similar finding in their study on spirituality in occupational therapy practice. In these contemporary times, a spirituality revolution is ongoing where people no longer seek spirituality only from religious confines (Tacey, 2012). Therefore, a deeper understanding of the broader sense of spirituality in the current time and its relatedness to occupational therapy may go a long way to addressing the dominant use of religious language in making sense of spirituality.

It is worth noting that this review also identified barriers that fall outside the confines of therapists' knowledge or competency. Inadequate knowledge of spirituality as a hindrance to incorporating spirituality into practice has been skewed toward the therapists' knowledge, but this review has shown that service users' lack of knowledge also plays a role. Service users' lack of knowledge of the benefit of spirituality in their healthcare was reported to hinder the incorporation of spirituality into practice (Babaei et al., 2022). Additionally, service users have the notion that therapists are only capable of addressing their illness and not their inner suffering (Pooremamali et al., 2012). Hence, they feel uncomfortable and insecure to discuss their spiritual needs with therapists (Pooremamali et al., 2012). The established relationship between health and spirituality or religiosity (Koenig, 2015) necessitates collaboration between therapists and religious/spiritual leaders when addressing spiritual needs. Further research is needed in specific contexts to understand how this collaboration can be done appropriately and efficiently in occupational therapy practice.

Apart from the therapist and service user factors discussed above, there are other barriers worth noting within organizations or practice domain. For example, limited time for therapeutic sessions discouraged therapists from incorporating spirituality into practice (Pham et al., 2022). Additionally, therapists reported that healthcare systems are secularised and therefore restricts the explicit use of spirituality in practice (Bray et al., 2012). The divide between the body and the mind in westernized medicine has rendered the use of spirituality in healthcare inappropriate thereby discouraging the need to address spiritual needs in healthcare (Collins et al., 2002). On the other hand, the comprehensive and holistic nature of contemporary healthcare warrants the need to consider spiritual needs in healthcare provision (Saad & de Medeiros, 2021). As such occupational therapy must strive towards creating the right conditions and space for therapists to comfortably and confidently incorporate spirituality into their practice.

For facilitatory factors, therapists' mode of interaction during the therapeutic process as well as the quality of the therapeutic relationship facilitated the incorporation of spirituality into practice. Interventions that considered the cultural preferences and values of service users provided the right medium to discuss and address spiritual needs (Thompson et al., 2018; Pooremamali et al., 2012). The therapeutic relationship between the therapist and the service user provides a medium through which the therapeutic process thrives (Weinstein, 2013). This relationship is heavily influenced by the therapist's knowledge and expertise (Maitra & Erway, 2006). Cultural sensitivity and responsiveness and communication proficiency such as intentional and active listening, are key competencies that enhance the quality of the therapeutic relationship (Hubert et al., 2018; King et al., 2015), thus therapists' ability to exhibit these competencies facilitated the incorporation of spirituality into practice. Additionally, cultural values are key elements of spirituality (Platovnjak, 2017); hence considering service users' cultural preferences and values in interventions encouraged discussions on spiritual needs and subsequently addressing it in practice. Though all these factors contribute immensely to facilitating the incorporation of spirituality into practice, work context that provides the right space, resources and approaches to evaluating and addressing spiritual needs encouraged therapists to incorporate spirituality into their practice (Thompson et al., 2018). This highlights the need to incorporate appropriate communication, cultural and other relevant competencies into occupational therapy educational curricula or professional development workshops geared towards addressing spiritual needs. In addition to this, occupational therapy settings must strive to provide a conducive environment and resources to assist therapists to incorporate spirituality into practice.

In conclusion, spirituality has been incorporated into occupational therapy practice by addressing service users religious and spiritual needs. However, therapists have expressed their struggle to addressing spiritual needs. Numerous factors were identified to affect the incorporation spirituality into practice with therapists' incompetence in addressing spiritual needs being more evident. On the other hand, cultural competency and quality therapeutic relationships facilitated the incorporation of spirituality into occupational therapy practice.

Study strengths and Limitations

The study drew from two similar scoping review methodological approaches coupled with two highly efficient computer software packages which provided a rigorous strategy for selecting, extracting and collating evidence for this review. Three reviewers were involved in the study selection process and two were involved in the data extraction process ensuring that relevant data were not missed.

Findings from this scoping review may be limited by the inclusion and exclusion criteria. The inclusion of only published peer-reviewed primary and English language literature may have led to the exclusion of non-English and unpublished studies that may have been relevant to this study. As such, this review may not represent all the research evidence available on the ways spirituality has been incorporated into occupational therapy practice, and the barriers and facilitators to incorporating spirituality into practice.

This thesis is a minor dissertation and needed to be completed within a specific time limit. Therefore, none of the authors of the included studies were contacted to confirm the extracted data due to time constraints. A further limitation was that occupational therapists were not consulted for additional information to supplement the data extracted for this review. This could have given more insight to the data extracted and synthesized.

CONCLUSION

Globally, research concerning the incorporation of spirituality into occupational therapy practice are inadequate with Africa lacking research in this area. Only eight studies were identified for this review. The review identified some key elements that are worth noting when incorporating spirituality into occupational therapy practice. The first is addressing of spiritual needs in relation to occupation. That is embracing the expression of spirituality as a meaningful occupation.

The review found that therapists viewed spiritual and religious practices as meaningful occupations and therefore operationalised them as a means or an end goal in therapy. Furthermore, therapists' competence, service users' personal factors and organizational or practice domain factors were identified to affect the incorporation of spirituality into practice. These factors may either act as barriers or facilitators to addressing spiritual needs in practice.

Recommendations

Findings from this study can be used to inform the incorporation of spirituality in occupational therapy practice and education. Occupational therapists should embrace the expression of spirituality as a meaningful occupation and operationalise or use context-specific and lived spiritual and religious practices in therapy to promote health and wellbeing. The development of a spirituality curriculum for occupational therapy education and continuing professional development workshops related to spirituality should be geared toward practice competence (encompassing knowledge, skills and attitudes) rather than focusing merely on the impartation of knowledge of spirituality.

Though findings from this review may be useful to occupational therapy practice and education in an African context, future research exploring the incorporation of spirituality into practice in an African context may be more relevant. Future further research should specifically explore the barriers and facilitators to incorporating spirituality into practice to give more insight into this phenomenon. Additionally, future research should explore the expression of spirituality as a meaningful occupation. Exploring the expression of spirituality as a meaningful occupation may open opportunities for understanding spirituality in varying contexts as it is perceived, practiced, and lived. This may be the starting point for decolonizing spirituality as conceptualized in occupational therapy/science literature. Lastly, the studies included in the review were not explicit on the ways spirituality has been incorporated into practice therefore future research must report in depth the ways spirituality is incorporated in occupational therapy practice.

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APPENDICES

Appendix I: Scoping review protocol

EXPLORING THE WAYS SPIRITUALITY IS INCORPORATED IN OCCUPATIONAL THERAPY PRACTICE: A SCOPING REVIEW PROTOCOL

INTRODUCTION

Background

The proven significance of spirituality to health and wellbeing has rendered it an important component of healthcare and rehabilitation. Thus, spirituality has been incorporated into various aspects of healthcare and rehabilitation (Hoosen, Roman & Mthembu, 2021; Levin, 1994). Spirituality can be defined as a non-physical essence of human existence experienced as one connects with the world, others and a supreme being – giving meaning and purpose to life and motivation for human activity (Collins, Paul & West-Fraiser, 2002). It may encompass philosophical, secular, religious and cultural beliefs and practices (Puchalski, Blatt & Kogan et al., 2014). Though it is acknowledged that spirituality is not the same as religiosity which is an institution or an organization with doctrinal or denominational orientation (Lin, 2000) toward spirituality, this study will consider spirituality in the context of religion to avoid the inevitable separation between the two (Howard & Howard 1997).

The occupational therapy profession alludes to Holism (i.e., the idea that humans are inseparable whole rather than a sum of parts) and therefore acknowledges spirituality as a vital element in healthcare and rehabilitation (Egan & Swedersky, 2003). Occupational therapy is a rehabilitation profession that works with people of all ages, groups, and communities to enable their full participation in everyday life and full inclusion in society (WFOT, 2019). One of occupational therapy's core beliefs is that engagement in meaningful and purposeful occupation enhances health and wellbeing (Wilcock, 2006). Spirituality is seen in occupational therapy as an important component in the experience of meaning and purpose in everyday life (Egan & Delaat, 1997). Thus, from the earliest days of the profession until now, spirituality is noted as an integrated and inseparable component of the human

system (Howard & Howard, 1997; Mthembu, 2017). For instance, the Canadian Occupational Therapy Association (1991) asserts that "the essence of a healthy, functioning person is the balanced integration of four performance components: spiritual, physical, mental and socio-cultural" (p.17). The spiritual component can be explained as the non-physical and non-material aspects of existence, which contribute insight into the nature and meaning of a person's life (American Occupational Therapy Association (AOTA), 1995; Kielhofner & Forsyth, 2002).

The holistic nature of the profession highlights the need for therapists to incorporate spirituality in practice. As such there are some frameworks and models which have spirituality as a component or embedded within their components to assist occupational therapists to incorporate spirituality into practice. For this study, incorporating spirituality into practice may mean acknowledging spirituality as a component of the human entity and including it in the occupational therapy process. The occupational therapy process refers to the process that facilitates interactions between a client and a therapist allowing them to successfully collaborate during therapy to assist the client to participate in daily life and attain health and wellbeing through engagement in occupation (American Occupational Therapy Association (AOTA), 2014). This process involves evaluation, intervention and targeting of outcomes (AOTA, 2014). The evaluation process includes screening, development of client's occupational profile, analysis of occupational form and occupational performance; the intervention process includes intervention planning, goal setting and implementation of interventions; and the targeting of outcomes process involves selecting outcome measures or approaches to ascertain the impact of an intervention (AOTA, 2014). Models and frameworks that explicitly or implicitly indicate spirituality as its component seek to assist the occupational therapist to assess and include the spiritual needs of their clients in the occupational therapy process. Examples of these models and frameworks include the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2007), The Person-Environment-Occupational-Performance (PEOP) Model (Baum, Christiansen & Bass, 2015), Occupational Therapy Practice Framework (OTPF) (AOTA, 2014), Spirituality Framework (Smith, 2008).

Several studies have explored how occupational therapists perceive and incorporate spirituality into practice. For example, Farar (2001) in her study reported that most

occupational therapists address spirituality by discussing hope and purpose in life in relation to goal setting. Egan and Swedersky (2003) in their study indicated that the occupational therapists acknowledged the essence of spirituality in practice and provided spiritual care by dealing with religious concerns, addressing suffering and encouraging the self. Furthermore, some factors have been identified in the literature to affect the incorporation of spirituality into practice. For instance, Belcham (2004) identified that occupational therapists' awareness and understanding of spirituality in practice models and frameworks facilitate the incorporation of spirituality into practice. But the fear of imposing the occupational therapists' spiritual beliefs on clients discourages the incorporation of spirituality into practice (Farar, 2001). Surveys conducted in the mid-nineties and recent years indicate that most occupational therapists acknowledge the essence of spirituality in health and rehabilitation but rarely incorporate spirituality into practice due to a lack of adequate knowledge and training to address the spiritual needs of their clients (Engquist et al., 1997; Howe, 1996; Rose 1999; Morris et al, 2014). In a study conducted by Rose (1999), most occupational therapists considered their education and training inadequate to handle the spiritual needs of their clients and appeared to require further training. Similarly, a recent study by Morris, et al (2014) identified inadequate knowledge and training on handling spiritual needs as an issue in incorporating spirituality into occupational therapy practice.

It appears that until now, the incorporation of spirituality into occupational therapy practice is still problematic despite the existing models and frameworks available to assist therapists to incorporate spirituality into practice. Therefore, it is necessary to understand the ways spirituality has been incorporated into occupational therapy practice and the factors that support or prevent this. As such this study aims at identifying research evidence available on ways occupational therapists have incorporated spirituality in practice . Summarizing, synthesizing and disseminating the extent and type of the research evidence available in this area may inform occupational therapy educational curricula to better prepare graduates on ways to incorporate spirituality into practice. This study might be relevant to informing occupational therapy practitioners on the barriers and facilitators likely to be encountered when incorporating spirituality into practice. It may identify research gaps in this area and inform further research in the future.

Research question

What research evidence is available globally on the ways in which spirituality is incorporated into occupational therapy practice?

Aim

To explore what is known in the literature on ways spirituality has been incorporated into occupational therapy practice in the last 14 years (2007-2022).

Specific objectives:

- To establish how spirituality has been incorporated into the different stages of the occupational therapy process.
- To identify factors that facilitate or act as barriers to incorporating spirituality into occupational therapy practice.
- To identify the gaps in research within this subject area.

METHODOLOGY AND ANALYSIS

Study design

A scoping review will be used to answer the research question. A scoping review will allow the researcher to explore the length and breadth of the literature on the topic of interest by summarising and synthesizing the available evidence (Peters et al, 2020; Arksey & O'Malley, 2005). The methodological framework proposed by Arksey and O'Malley (2005) will be used to conduct this scoping review. Arksey and O'Malley's framework consists of five stages. The stages consist of: (1) identifying the research question (2) identifying relevant studies (3) study selection (4) charting the data (5) collating, summarizing and reporting the results. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (the PRISMA-ScR) (Tricco et al, 2018) will also be used to guide this study.

Identifying the research question.

This study is focused on identifying what evidence is available concerning the ways spirituality has been incorporated into occupational therapy practice. To be able to cover this scope, and with the help of the PCC mnemonic (Peters et al, 2020), the research question that proved most suitable is what research evidence is available globally on the ways spirituality is incorporated into occupational therapy practice?

PCC Mnemonic

P - Population	Occupational Therapist/Therapy
C - Concept	Spirituality incorporated into practice
C - Context	Globally

Identifying relevant studies

A preliminary search strategy has been developed in collaboration with an experienced Librarian to identify literature from electronic databases (see Table 1). The strategy was used to do a preliminary search of the literature in Web of Science, PubMed, Scopus, EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, Psych Info) to identify what is available and to determine whether previous scoping reviews have been conducted on this topic.

The above-mentioned electronic databases will be searched to identify relevant literature to conduct this study. The search strategy will be developed iteratively. The reference list of included studies will be hand-searched to identify relevant literature that was not retrieved from the electronic databases.

Table 1: Search strings including MeSH terms

TOPIC	Spiritual*OR spirituality[MeSH] OR religion[MeSH] OR 'religious beliefs'
AND TOPIC	'Occupational therapy' [MeSH] OR occupational therap*

Study selection

The selection of studies to be included in the scoping review will be done in two phases. The first phase will involve the screening of articles by titles and abstracts. The second phase will involve full-text screening. Studies published from the year 2007 to 2022 will be included in this study. This range is chosen based on the assumption that as the first model for occupational therapy practice, the CMOP-E (Townsend & Polatajko, 2007) that explicitly included spirituality as one of its components was published in the year 2007, it is likely that research on the incorporation of spirituality into occupational therapy practice would have been published since that time. Only literature Sources published in English will be included due to the lack of funding for translation. Published and peer reviewed primary studies using any type of study design and secondary studies including all forms of literature reviews will be included. The following inclusion and exclusion criteria will guide the search strategy and the screening process to help select the relevant studies for the scoping review.

Inclusion criteria

Population

This review is focused on ways spirituality is incorporated in occupational therapy practice. Therefore, studies that report only on ways occupational therapists incorporate spirituality in their practice will be included.

Concept

This study is focused on spirituality as conceptualised within occupational therapy/science and therefore will include only studies that report on spirituality as utilised within the occupational therapy process and with occupational therapy/science perspectives.

Context

Evidence from any country, continent or practice setting.

Exclusion criteria

- Unpublished or grey literature will not be included in this study because this review is focused on summarising and synthesising published and peer reviewed literature which may serve as clinical reasoning guide for incorporating spirituality into occupational therapy practice.

Screening

The results of the search from the electronic databases will be exported onto the Rayyan web app which is a free web and mobile app that speed up the title and abstract screening process using a semi-automation technique (Ouzzani et al, 2016). The search results will be collated in the Rayyan web app and duplicates will be removed. The Abstracts and titles will be screened by two independent reviewers (the researcher and a colleague occupational therapist) against the inclusion and exclusion criteria. The process will be piloted on 10 articles first – this will apply to title / abstract and full text. Conflicts will be resolved, and the inclusion and exclusion criteria will be adjusted if necessary. The remaining abstracts and titles will then be screened independently, and conflicts will be resolved via a discussion where there is doubt. In a case where the reviewers could not resolve the conflicts, one of the supervisors will be invited to assist in resolving it.

The researcher and one of the supervisors will independently screen the full text of the studies selected from the abstracts and titles screening. The inclusion criteria will be used to select studies relevant to conducting this study. Conflicts will be resolved by the two reviewers via a discussion. The other supervisor will be invited to assist in resolving the conflicts if the two reviewers could not reach a consensus. Description of the processes used for selecting the relevant studies and reasons for excluding studies will be documented. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) flow chart diagram (Appendix III) will be used to outline the number of studies identified and included at each stage of the review process (Tricco et al, 2018).

Charting the data

Charting the data which is also referred to as data extraction can be explained as a technique for sifting, sorting and synthesizing data according to set themes and key issues (Arksey &

O'Malley, 2005). A data charting tool provided by the JBI guidance for scoping reviews (Peters, Godfrey & McInerney et al, 2020) will be used to guide the charting of the data. An initial pilot extraction of the data will be done by the two reviewers to minimise errors and bias.

The reviewers will chart the data independently by using the modified JBI data-charting tool. Data will be extracted based on study design, authorship, year of publication, country of origin, the population for the study, practice setting, study design and study aims / objectives. Data will be extracted based on the PCC criteria, i.e., how spirituality is incorporated into occupational therapy practice, barriers and facilitators to incorporating spirituality into occupational therapy practice and other key elements that may emerge during the process. The two reviewers will resolve any conflicts that might ensue via a consensus.

Data will be extracted and categorized using the QDA Miner Lite a free computer assisted qualitative analysis software used for coding and analysing textual data (Adu, 2019). Themes will be extracted from the following areas:

- How spirituality is being incorporated into the different stages of the occupational therapy process
- Factors that facilitate the incorporation of spirituality into occupational therapy practice.
- Factors that act as barriers to incorporating spirituality in occupational therapy practice.

Collating, summarizing and reporting the results.

The extracted data will be reported as a summary in three tables. Table 1 (Appendix II) will describe study characteristics as follows: Authors and the publication year, study Aim/objectives, study population, study design/type, country of origin and practice setting; Table 2 (Appendix II) will unpack how spirituality has been incorporated into practice and factors that act as facilitators or barriers to incorporating spirituality into practice. A narrative account of the findings will be outlined based on the scope of the study which is aimed at exploring the ways spirituality has been incorporated into occupational therapy practice.

Patient and public involvement

This scoping review will be conducted without any patient and public involvement. This study is focused on extracting, synthesizing and summarizing data from already published literature and hence requires no patient and public involvement.

Limitations

Findings from this scoping review may be limited by its inclusion and exclusion criteria such as the inclusion of only published and English language literature, and therefore may not be a general representation of all the research evidence available on the ways spirituality has been incorporated into occupational therapy practice.

ETHICS AND DISSEMINATION

This study will be published in a relevant peer-reviewed journal. It will be presented at conferences and seminars especially occupational therapy conferences and seminars. Also, excerpts from this review will be shared on relevant social media platforms.

The study will be conducted with secondary data extracted from published research evidence and therefore will require no formal ethical approval.

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APPENDICES

PROTOCOL: APPENDIX A

Submit proposal for departmental review	Mid-May 2022
Abstract and title, and full-text screening	June 2022
Data extraction and analysis	July 2022
Submission of the first draft of data extraction and analysis	August 2022
Expecting feedback Second Submission of draft of data extraction and analysis	September 2022
Expecting feedback Submission of the first draft of the full thesis	October 2022
Expecting feedback Second Submission of draft of the full thesis	November 2022

Submission of thesis for Examination	December 2022
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PROTOCOL: APPENDIX B

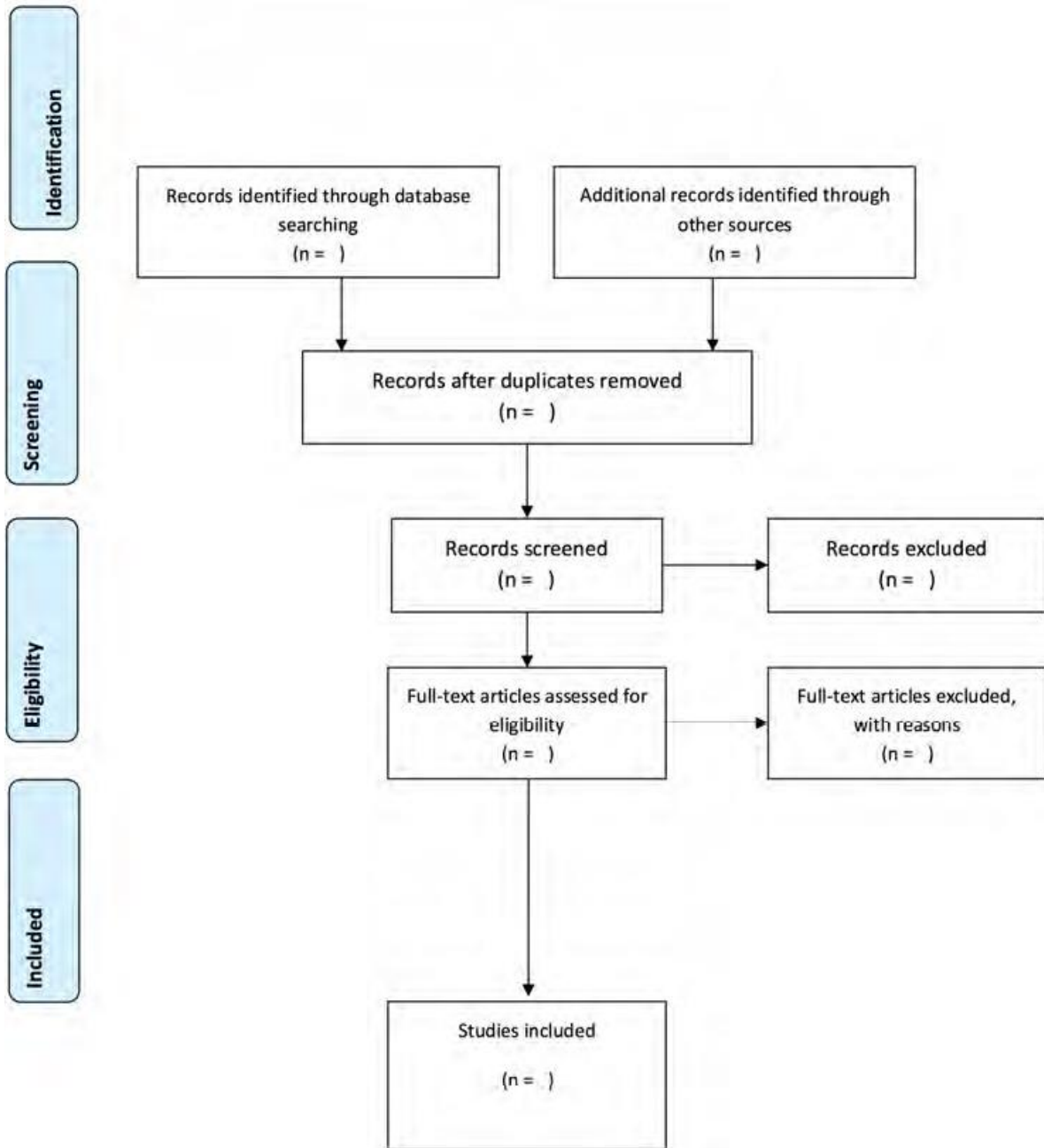
Table 1: STUDY CHARACTERISTICS

AUTHOR (YEAR) OF PUBLICATION	STUDY AIMS/OBJECTIVES	STUDY DESIGN	POPULATION	COUNTRY OF ORIGIN	PRACTICE SETTING

TABLE 2: EXTRACTED STUDY FINDINGS

AUTHOR (YEAR)	WAYS SPIRITUALITY IS INCORPORATED IN THE OCCUPATIONAL THERAPY PROCESS	FACILITORS TO INCORPORATING SPIRITUALITY INTO PRACTICE	BARRIERS TO INCORPORATING SPIRITUALITY INTO PRACTICE

PRISMA FLOW CHART DIAGRAM



Appendix II: PRISMA-SCR Checklist

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	✓
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	✓
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	✓
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	✓
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	✓
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	✓
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	✓
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	✓
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	✓
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	✓



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	✓
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	✓
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	✓
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	✓
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	✓
Limitations	20	Discuss the limitations of the scoping review process.	✓
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	✓
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467-473. doi:10.7326/M18-0850



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Appendix III: Search strategies

Database	Search string	Limiters applied	No. of entries	Action
PubMed	((("Spirituality"[Mesh]) OR ("Religion"[Mesh])) AND ("Occupational Therapy"[Mesh]))	Yr: 2007-2022 All sources Lang: English	50	
Web of Science	((((TI=(religion)) OR AB=(religion)) OR ((TI=(Spirituality)) OR AB=(Spirituality))) AND ((TI=(Occupational therap*)) OR AB=(occupational therap*)))	Yr: 2007-2022 All sources Lang: English	59	
EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, Psych Info)	((TI spirituality OR TI religion OR TI "religious beliefs") OR (AB spirituality OR AB religion OR AB "religious beliefs")) AND (TI "occupational therapy" OR AB "occupational therapy")	Yr: 2007-2022 All sources Lang: English	207	
Scopus	(TITLE(Spirituality OR religion OR "religious beliefs") AND	Yr: 2007-2022 All sources Lang: English	62	

	TITLE("occupational therapy")) OR (ABS (spirituality OR religion OR "religious beliefs") AND ABS ("occupational therapy"))			
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Appendix IV: Modified JBI Charting tool

AUTHOR (YEAR) OF PUBLICATION	STUDY AIMS/OBJECTIVES	STUDY DESIGN	POPULATION	COUNTRY OF ORIGIN	PRACTICE SETTING

Link for the QDA Miner Lite Software

<https://provalisresearch.com/products/qualitative-data-analysis-software/freeware/>

Quantitative data extraction form

Authors	How spirituality is being incorporated into the different stages of the occupational therapy process	Factors that act as barriers and facilitators to incorporating spirituality into practice
Thompson et al., 2018 Questionnaire Items	Does this item relate to the theme above? Indicate Yes or No	Does this item relate to the theme above? Indicate yes or No
Religious observance and spirituality are concepts that can be used interchangeably.	No	No
It is important to address a client's ability to participate in religious observance in occupational therapy practice.	No	No
It is important to address a client's spirituality in occupational therapy practice.	No	No
Occupational therapy practitioners are qualified to address a client's ability to participate in religious observance.	No	No
Occupational therapy practitioners are qualified to address a client's spirituality.	No	No
<p>If you do address a client's ability to participate in RELIGIOUS OBSERVANCE, why? Check all that apply. (If you responded Never to Question #2a, please skip to Question #5.)</p> <p>It is an important component of health and well-being.</p> <p>It is an included occupation in the AOTA Occupational Therapy Practice Framework document.</p> <p>It was emphasized in my occupational therapy education/training.</p> <p>My personal religious beliefs/values have led me to think this is an important aspect of knowing a client.</p>	NO	Yes

<p>My clients have identified it as a meaningful occupation and treatment priority. Other: (please specify)</p>		
<p>How do you address a client's ability to participate in RELIGIOUS OBSERVANCE in your therapy sessions? (Check all that apply.)</p> <p>Indirectly, by discussing the benefits of religious observance toward health and well-being.</p> <p>Indirectly, by discussing the supportive role religion and the religious community can play in the client's life.</p> <p>Directly, by helping the client contact a religious leader.</p> <p>Directly, by simulating religious rituals or practicing components of such in therapeutic sessions.</p> <p>Directly, by visiting the hospital chapel with the client.</p> <p>Directly, by singing religious songs with the client.</p> <p>Directly, by praying with the client. Other: (please specify)</p>	<p>Yes</p>	<p>No</p>
<p>If you do not address a client's ability to participate in RELIGIOUS OBSERVANCE in your therapy practice, why not? Check all that apply.</p> <p>Clients have not identified it as a priority.</p> <p>It does not align with the organizational culture of my setting.</p>	<p>No</p>	<p>Yes</p>

<p>It is a topic that I find uncomfortable broaching with clients.</p> <p>Clients are uncomfortable discussing this topic. I haven't been educated in that area.</p> <p>It is not a reimbursable intervention.</p> <p>We use a standardized evaluation and treatment protocols that do not include religious observance.</p>		
<p>If you address a client's SPIRITUALITY, why? Check all that apply. (If you selected the Never option for Question #2d, skip this question.)</p> <p>It is an important component of health and well-being.</p> <p>It is an included occupation in the AOTA Occupational Therapy Practice Framework document.</p> <p>It was emphasized in my occupational therapy education/training.</p> <p>My personal religious beliefs/values have led me to think this is an important aspect of knowing a client.</p> <p>My clients have identified it as a meaningful occupation and treatment priority.</p> <p>Other: (please specify)</p>	No	Yes
<p>If you do not address a client's SPIRITUALITY in your therapy practice, which option best describes the reason you do not address it: Check all that apply.</p>	No	Yes

<p>Clients have not identified it as a treatment priority. It does not align with the organizational culture in my setting.</p> <p>It is a topic that I find uncomfortable broaching with clients.</p> <p>Clients are uncomfortable discussing this topic. I haven't been educated in this area.</p> <p>It is not a reimbursable intervention.</p> <p>We use standardized evaluation and treatment protocols that do not include spirituality.</p>		
<p>Do you assess a client's ability to participate in religious observance and their spirituality separately?</p> <p>Yes No</p>	No	No
<p>Do you use the AOTA's Occupational Therapy Practice Framework: Domain and Process document as a guide for assessment?</p> <p>Yes No</p>	Yes	No
Morris et al 2014 & Babei 2022		
<p>My formal education has adequately prepared me to address my clients' spiritual needs.</p>	No	No
<p>Q5. My treatment sessions would be enhanced if I had more education about how to address my clients' spiritual needs.</p>	No	No
<p>I would like to pursue further education about how to address my clients' spiritual</p>	No	No

needs.		
I would like to pursue further education about how to address my clients' spiritual needs.	No	No
I make an effort to find more information on spirituality as it relates to OT practice.	No	No
Q8. I would benefit from attending an educational workshop about addressing and evaluating the spiritual needs of my clients	No	No
Q9. Spirituality should be addressed by occupational therapists.	No	No
Q10. It is the client's responsibility to inform the occupational therapist of their spiritual needs	No	No
Q11. My experience as an OT practitioner has prepared me to adequately address my client's spiritual needs.	No	No
Q12. I feel comfortable addressing spirituality with my clients.	No	No
Q13. It is my responsibility to address my client's spiritual needs.	No	No
Q14. I use spiritual assessments to evaluate my client's spiritual needs	yes	No
Q15. I am aware of various assessments that address spiritual needs of my clients.	No	No
Q16. I am confident addressing the spiritual needs of my clients when their beliefs are similar to my own.	No	Yes
Q17. I am confident addressing the spiritual needs of my clients when their beliefs are different from my own.	No	No
Q18. I believe that treating my client's spiritual need has a	No	No

direct affect on my client's quality of life.		
Q19. I treat my client's spiritual needs.	No	No
Q20. Spirituality helps clients define their therapeutic goals.	No	No
Q21. Spirituality helps clients define who they are.	No	No
Q22. Spirituality is an integral part of the human experience	No	No
Q23. I am familiar with the Occupational Therapy Practice Framework 2nd Ed.	No	No
Q24. It is appropriate to include spirituality as a client factor in the Occupational Therapy Practice Framework 2nd Ed.	No	No

Appendix V: Ethics Approval



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room 45, E-52 Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 406 6492

Email: hrec-enquiries@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

30 June 2022

HREC/REF 374/2022

A/Prof H Buchanan

Health & Rehab Sciences

F-45 OMB

Email: Helen.buchanan@uct.ac.za

Email: Amnisa002@myuct.ac.za

Dear A/Prof Buchanan

PROJECT TITLE: EXPLORING THE WAYS SPIRITUALITY IS INCORPORATED IN OCCUPATIONAL THERAPY PRACTICE: A SCOPING REVIEW-

Thank you for submitting your request to the Faculty of Health Sciences Human Research Ethics Committee.

The HREC note that the proposed study is a scoping review.

As the scoping review involves published literature available through publicly accessible electronic databases, research ethics review and approval is not required.

This is in accordance with Section 1.1.8 of the Department of Health's Ethics in Health Research: Principles, Processes and Structures (South African Department of Health, 2015), which states: *"Research that relies exclusively on publicly available information or accessible through legislation or regulation usually need not undergo formal ethics review. This does not mean that ethical considerations are irrelevant to the research."*

The HREC acknowledges that MASTERS' candidate- Mr Isaac Amanquarnor, is also involved in this project.

Yours sincerely

PROFESSOR MARC BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE

HREC.REF 374.2022