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Abstract

Health policy and high profile investigations about poor care delivery in England emphasise the need for health professionals to ensure care is patient-centred, addressing the individuals' physical, emotional, social and spiritual needs. Central to the philosophy of occupational therapy is person-centred practice, valuing the uniqueness of the individual. Spirituality as a key dimension of person centeredness remains challenging to embed into everyday practice. This article presents an a concept analysis witch was undertaken to explore empirical referents of addressing spiritual as a means of guiding practice and the antecedents and attributes underpinning spirituality as a dimension of occupational therapy practice. A range of health-related databases were searched from 2000 -2013. Eight studies that focused on spirituality and occupational therapy practice were included in the concept analysis. Spirituality in occupational therapy practise is associated with a holistic, person-centred approach to care in order to restore a sense of wellbeing and recognise individual coping strategies. A framework for occupational therapy practice is offered to operationalise spiritual care for occupational therapists. The study concluded that occupational therapists respond to a disruption in well-being and quality of life by mobilising patients' spiritual coping strategies, to engender meaning and purpose.

Key words

Spirituality, Concept analysis, Occupational Therapy, Occupation, Person-centred, Holistic practice

Introduction

Individuals faced with ill health often search for a sense of meaning and purpose to understand or interpret their circumstances (Clarke 2013; Zastrow 2024). Cultural, religious and spiritual beliefs shape how individuals make sense of the world and can be sources of comfort, strength and support in times of emotional stress, physical illness or death. Spirituality is deeply personal and goes beyond formal notions of ritual or religious practice, and has been describe as the essences of a person, worthy of dignity and respect (McSherry and Smith 2012). Spirituality has universal applicability, albeit in different guises, because of a human need to search for meaning and purpose (Thoresen 1999). Seeking direction and connection has been described as an essential human experience (Wright 2005).

Addressing their patients' spiritual needs is challenging for all health professionals including occupational therapists (Sawatzky et al 2005). In healthcare practice, the dimensions of spirituality are broadly associated with terms such as connection, transcendence with or without a belief in God or higher being, and purpose and meaning (Clarke 2013, Reinert and Koenig 2013). Spirituality has been described as a central construct of occupational therapy practice, yet remains difficult and contentious to define (Unruh et al 2002). Spiritual care usually occurs when forming one-to one person-centred therapeutic relationship between patients and practitioners, making no assumptions about the patients' personal conviction or life orientation (National Health Service Education for Scotland 2009). As a profession, occupational therapists are committed to a person-centred approach to care that values the uniqueness of each individual. The unique core constructs of occupational therapy professional practice explicitly articulate the spiritual dimension of care, such as engaging the individual in meaningful and purposeful occupations that promote health, well-being, and enhance quality of life. (Townsend 2002).

McSherry and Jamieson (2013) have suggested that there needs to be a paradigm shift from being overly immersed in seeking conceptual clarity in relation to that of embedding spirituality into practice difficulties in embedding spirituality in occupational therapy practice can result from a lack of conceptual clarity (Belcham 2004, Jonhston and Mayers 2005). This article presents a concept analysis, which sought to identify the antecedents and attributes of spirituality as a dimension of occupational therapy practice.

Background

Historically, occupational therapy was rooted in religious movements and remains strongly associated with the spiritual dimension of care (Wilcock 2000). There has been a drift away from, and a loss of connection to, the spiritual dimension of care in favour of a reductionist model of healthcare (Wienblatt and Averech-Bar 2001). The global economic crisis is challenging many developed countries, whether privately or publically funded, to delivery healthcare efficiently while facing ever-increasing costs without impacting on the quality of patient care and the provision of personalised person-centred care. Practising in a reductionist, task-orientated, target driven environment can create tensions for health professionals, including occupational therapist, challenging their professional core philosophies, codes of practice and ethical values. Addressing a person's spirituality enables the occupational therapists' to embrace the 'whole' person and attend to their needs both physically and spiritually (Taylor et al 2000).

In order to achieve spiritual competence when delivering care requires health professionals to develop an understanding of spiritually, including their own perspectives of spirituality. Spiritual competence is needed to developing effective therapeutic relationships, being sensitivity to a person's beliefs, values and connecting experiences, facilitates interactions that recognise and address the spiritual dimensions of care (Udell and Chandler 2000). However, the necessary skills and attributed required are poorly defined and many occupational therapists are seeking guidance to help them operationalise spirituality in their daily practice (Belcham 2004). Through responding to the individual concerns of patients and practicing holistically occupational therapists can achieve a sense of personal satisfaction, embracing the core philosophies of the profession (Egan and Swedersky, 2003).

Spirituality is widely acknowledged as a key domain of occupational therapy practice and for some individuals and communities all occupations are viewed as spiritual (Kang 2003, Johnston and Mayers 2005). However, it has been suggested occupational therapists find it difficult to conceptualise spirituality both for themselves and for their patients and therefore embed spirituality in practice (Belcham 2004). Few studies have explored occupational therapists' perceptions and experiences of addressing spirituality in practice (Unruh et al 2002, Morris 2013). Difficulties operationalizing spirituality are multi-factorial

including absence of practical guidance and the nebular descriptions of spirituality hindering application to practice (Udell and Chandler 2000, Belcham 2004, Bursell and Mayers 2010). Within nursing there have been attempts to address these issues such as the Royal College of Nursing online resources, launched in 2011, aimed at supporting nursing staff to develop their knowledge and understanding of spirituality and spiritual care (http://www.rcn.org.uk/development/practice/spirituality/about_spirituality_in_nursing_care). At the time of writing, it is too early to ascertain whether nurses are using the resources and whether the resource has an impact on patient care.

There is no single or authoritative definition of spirituality (Narayanasamy 2001, Reinert and Koenig 2013) with the range and diversity of definitions reflecting different ideologies, and professional values (Unruh et al. 2002). The literature relating to spirituality and occupational therapy examines spirituality from two distinct positions: a theoretical and an idealistic stance. The theoretical stance relies on underpinning philosophical theories such as existentialism, whereas the idealistic stance seeks to define what would be ideal without references to how spirituality is embodied in practice. Both positions have been criticised for lacking real world applicability.

From a theoretical positions spirituality has been described in existential terms such a connectedness or interconnectedness with oneself, other people and the universe, often associated with a higher being or supreme power; with spirituality a universal phenomenon located within all people, often the coming into focus during times of crisis (Clarke 2013, Weathers et al 2015). In common with the broader health literature these descriptions of spirituality highlight the relationship and tensions between linking spirituality with culture and religion (Reinert and Koenig 2013, Weathers at al 2015). Some authors emphasise the close link between spirituality and religion (Koenig et al 2012, Pargament 1999), for other this link does not reflect spirituality as an all-embracing concept with unique meaning for the individual that goes beyond religious affiliation but as a way of seeking meaning and purpose, striving for answers and being in harmony with the universe (Johnston and Mayers 2005). This broader idealistic perspective of spirituality is embraced by American Association of Occupational Therapy (AOTA) that endorses spirituality as having personal meaning that should be considered when engaging a person in meaningful occupation (AOTA 2013).

Similarity, the United Kingdom, College of Occupational Therapists (COT) adopted a broad perspective of spirituality in practice by adopting Johnston and Mayers (2005) definition:

> 'Spirituality can be defined as the search for meaning and purpose in life, which may or may not relate to a belief in God or some form of higher power. For those with no conception of supernatural belief, spirituality may relate to the notion of a motivating force, which involves an integration of the dimensions of mind, body and spirit. This personal belief or faith also shapes an individual's perspective on the world and is expressed in the way that he or she lives life. Therefore spirituality is expressed though connectedness to God, a higher being; and /or by ones relationships with self, others or nature' (p 386).

This definition was developed from an in-depth review of occupational therapy literature and reflects an idealistic stance in that it is aspirational for occupational therapy practice but nor developed from practice experience's. Although the definition recognises the core attributes of spirituality, and reflects the debate about religious and non-religious spirituality, it does not articulate the relationship between spirituality and meaningful occupation in practice is.

Occupational therapists continue to report that definitions lack clarity, and without a shared understanding of spirituality then addressing the spiritual needs of patients remains elusive (Bursell and Mayers 2010). This is also reflected within the nursing, which has dominated healthcare literature about spirituality in healthcare, where a range of definitions of spirituality, and conceptual clarification, have been offered (for example Narayanasamy 1999, McSherry at al 2004, Reinert and Koenig 2013, Weathers at al 2015). Despite the wealth of nursing literature, contentions as to whether a definition of spirituality is necessary or ever achievable remain (Weathers at al 2015). However, it has been suggested that establishing a clear definition and conceptual clarity is essential for developing a robust evidence base and undertaking research that evaluates spirituality in practice (Reinert and Koenig 2013). In the context of occupation therapy practice, definitions of spirituality that attempt to offer clarity in meaning could offer guidance on how to address spirituality in practice. The Psychospiritual Integration (PSI) framework, proposed by Kang's (2003),

developed from a comprehensive review of literature relating to spirituality, has been proposed as a way of conceptualising spirituality within occupational therapy practice.

The six dimensions of the PSI framework are: becoming; meaning; being; centeredness; connectedness and transcendence. Although Kang's (2003) proposes that the absence of one or more of these dimensions leads to "spiritual deprivation" and a subsequent loss of well-being, the PSI framework is theoretical and lacks application to the occupational therapy encounter. The framework remains incomplete, complex and requiring further application to what occupational therapists do to effectively embed spirituality in their day-to-day practice. Additionally, there is limited published evidence of the application or evaluation of the framework by occupational therapists in practice.

The six dimensions of the framework were used as a guide when evaluating the articles reviewed as part of this concept analysis. This concept analysis aimed to identify the antecedents and attributes of spirituality as a dimension of occupational therapy practice; and consider ways to embed e spiritual into the every-day practice of occupational therapists' practice.

Methods

Clarifying, describing and understanding complex concepts in health care can assist in their development and ultimately progressing their application in practice (Penrod and Hupcey 2005). Strategies for developing concepts include concept analysis, concept synthesis and concept derivation, which differ in relation to purpose, use and the extent of the existing body of literature (Walker and Avant 2011). Concept synthesis is appropriate to draw together concepts to generate new ideas, whereas concept derivation is useful to redefine concepts in differing context, settings or disciplines. Concept analysis is appropriate if the concepts are well established but lack clarity. Concept analysis was chosen because although there is a well-established literature base exploring spirituality in a range of health care contexts, in relation to occupation therapy practice the concept remains nebulous in its application to practice.

There are a range of approaches to undertaking a concept analysis, each with differing epistemological and ontological underpinnings A critique of 13 frameworks for undertaking concept analysis suggested that their underpinning ontological perspectives and processes of the analysis are based on contestable theory, particularly were frameworks have been adapted without criticality (Beckwith et al 2008). Two models of concept analysis consider but not adopted were: Rogers' (1991) the evolutionary cycle which is a continuous cyclical process, developing and progressing as the context of the concept changes and evolves with use and time; and Penrod and Hupcey's (2005) principle-based model, that advocates cross disciple analysis to develop a comprehensive theoretical conceptualisation of the concept that is theatrically driven. Although both approaches could have used, concept analysis, as described by Walker and Avant (2010), was adopted because was more likely to meet the aim of the analysis: identifying the antecedents and attributes of spirituality as a dimension of occupational therapy practice by reviewing empirical research; and considering ways to embed spiritual into occupational therapists' practice by providing instances (example or cases).

The approach adopted had the potential to addresses the suggestion that concept analysis methodology could be strengthened by being based on both critique of scientific literature (empirical revenants) and everyday usage of instances (example or cases), and that concepts are context dependent (Risjord 2009). However, Walker and Avant's (2010) method has limitations and has been criticised that it is lacking in rigour because of the subjectivity inherent in the interpretations of the concepts explored (Hupcey et al 1996, Penrod and Hupcey 2005). Despite these criticisms, Walker and Avant's (2010) eight stage processes offers a clear and systematic method of enquiry. This facilitates the development of a meaningful definition grounded in evidence. It also facilitates the delineation of attributes that can be assimilated into a framework that can be used to explore and develop theory to aid research. The eight stages are presented in Table 1

Table 1: Application of Walker and Avant's (2010) stages of concept analysis

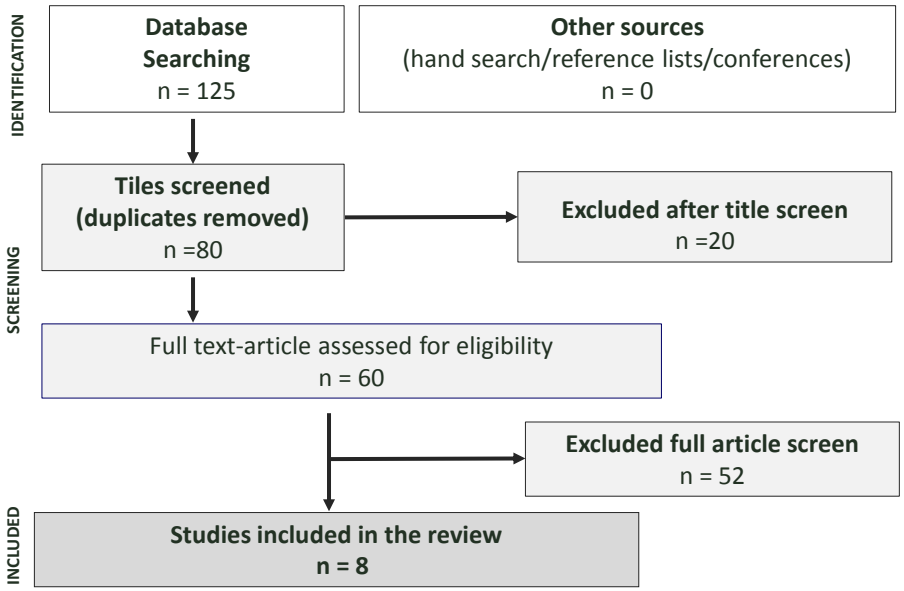
Concept analysis stages	Application to Concept Analysis
1. Identify an ambiguous concept	Spirituality is an ambiguous concept and challenging to translate into practice
2. Determine the aims or purposes for analysis	This concept analysis aimed to explore the facets of spirituality in occupational therapy *practice* as reported in published research
3. Identify all the uses of the concept	A literature search was undertaken to identify research relating to spirituality and occupational therapy practice. Eight papers were selected to inform the concept analysis
4. Determine the defining attributes	The defining attributes of spirituality, as enacted in the occupational therapy therapeutic relationship, are underpinned by a holistic, person-centred approach to practice were mapped to Kang's (2003) Psychospiritual Integration framework
5. Construct a model case	A model case study was developed to highlight how the defining attributes identified in the studies reviewed could be expressed in practice
6. Construct borderline, related, contrary, invented and illegitimate cases	The model case was considered in relation to the barriers highlighted in the studies reviewed to illuminate situations where borderline, related, contrary, invented and illegitimate cases could occur in practice
7. Identify antecedents and consequences.	Situations leading a person to require interventions by an occupational therapist are listed as antecedents; the outcomes of occupational therapist interventions are reported as consequences.
8. Define empirical referents	Empirical referents, demonstrating the existence of spirituality in occupational therapy practice, are outlined in the discussion of the concept synthesis findings

This concept analysis was based on a literature search and critical appraisal of research related to spirituality and occupational therapy published in the English language in peer reviewed journals from January 2000 to December 2013. This timeframe was used to capture the issues surrounding health policy and practice contemporary to occupational therapy and spirituality in an international arena. Studies were included if the focus of their research was investigated spiritualty and occupational therapy practice. Studies were excluded if they were onions articles about spiritualty and occupational therapy, not focused on occupational therapists' practice, and were not empirical research.

Studies were identified by searching the following health and social sciences data bases; Medline, PsychINFO, Web of Knowledge, Wiley Interscience, CINHAL and PUB MED, between 2000 and 2013. The following search terms were used for each data base:

Spirit* AND spirituality AND occupation AND occupational therapy. Figure 1 outlines the process for selecting the studies to include in this concept analysis.

Figure 1: Flow chart of study selection process



The database search resulted in a total number of 125 titles being returned, reduced to 80 titles once article duplications were removed. The abstracts of all of these 80 articles were examined by JJ to establish if the focus of the article related to spirituality and occupational therapy. Twenty articles were excluded because they were not concerned with occupational therapy but related to other areas of health care including nursing practice, psychology and complimentary medicine. The full text of the 60 articles were retrieved and assessed for eligibility. Fifty-two articles were excluded because they were either literature reviews or primarily focussed on occupational therapy education or individual practitioners' personal opinions, perspective and experiences about spiritually as a construct of occupational therapy practice. Eight articles met the inclusion criteria, which reported findings from

studies that focussed on spirituality and spiritual care in occupational therapy practice. Any uncertainties during the process of screening were discussed between all the authors to reach a consensus.

The synthesis of the 8 articles included involved two stages. Stage one involved critiquing each study and extracting the key findings from each study. Stage two involved mapped the key findings to the antecedents (or foundations), defining attributes (central components) and consequences related to embedding spirituality into occupational therapy practice (Finfgeld-Connett, 2007; Walker & Avant, 2010). Central to Walker and Avants' (2010) method of concept analysis is the use of case examples as a way of constructing meaning and enhancing understanding of the concept being explored. The antecedents and attributes were brought together to develop a model case, which was framed using the domains of spirituality outlined in the PSI (Kang 2003). The PSI framework was usefully to provide a 'scaffolding' to illumine the domains of spirituality for occupational therapy practice.

Findings

A summary of the eight studies informing the concept analysis is presented in Table 2. Three qualitative studies elicited the perceptions and experiences of occupational therapists by undertaking semi-structured interviews, with principles of thematic analysis and analysed data based on the (Udel and Chandler 2000, Beagan and Kumas-Tan 2005, Hoyland and Mayers 2005). One qualitative study used a phenomenological design and associated methods for data collection and analysis (Egan and Swedersky 2003). In all four quantitative studies the significance of occupational therapists' experiences of spiritual care in practice and their attitudes to the phenomenon were explored by means of questionnaires, with data analysed using both descriptive and inferential statistics (Taylor et al 2000, Collins et al 2001, Farrar 2001, Morris 2013).

Author/s	Year	Study aim	Methods	Participant numbers	Key findings
Beagan and Kumas-Tan (Canada)	2005	Explored how occupational therapists describe addressing spiritual issues in their day-to-day work in comparison to pastoral care professionals.	Qualitative interview based study Data analysis was carried out by coding transcripts using AtlasTi software	Snowballing sampling of 20 occupational therapists, 21 pastoral care workers via newsletters and recruitment letters to local professional associations.	• Delivering effective occupational therapy requires commitment to holistic practice that respects client values, desires and dreams, and the individual meaning they attribute to occupations. • Meeting spiritual needs requires identifying meaning in a person's life • Client-occupational therapist relationship is central to addressing issues in day-today practice
Collins et al (USA)	2001	Investigate the beliefs, practices and perceived barriers to embedding spirituality in the assessment and treatment of patients in occupational therapy practice	Quantitative survey Questionnaire was an adaption of 'Physician Spiritual Assessment Survey' (Ellis et al, 1999) Data analysis used descriptive statistics and inferential Pearson Chi-square analysis	Random sample of 250 members of the American Occupational Therapy Association (AOTA), 112 participated	• No relationship between occupational therapy practice settings and embedding spirituality in practice was reported • Slight increase in the consideration of spirituality in practice compared with previous studies carried out • Barriers to embedding spiritual care in practice included lack of educational in undertaking a spiritual history and the practicalities of incorporating spirituality into practice
Egan and Swedersky (Canada)	2003	Exploration of spirituality as experienced by occupational therapists in practice.	Qualitative study Semi-structured Interviews Analysis based on modified phenomenological approach according to Colaizzi (1978)	Purposive sample of 8 occupational therapists who considered spirituality in their practice	Four themes about embedding spirituality in practice emerged: • Addressing religious concerns • Addressing suffering • Acknowledging individual worth and uniqueness • Positive impact of occupational therapists in addressing spirituality with patients
Farrar (USA, Canada)	2001	To determine how occupational therapists addressed patients spiritual and religious needs in practice	Quantitative survey Researcher developed questionnaire Data analysis included descriptive statistics, primarily frequencies and qualitative content analysis to categorise codes and develop themes	Random sample of 410 occupational therapists, from North America identified from the Canadian Association of Occupational Therapists (CAOT) and AOTA membership. 38% responses rate	• Spirituality was identified as a key domain of occupational therapy practice • Examples relating to embedding spirituality into practice included; addressing diet, relaxation, therapeutic touch, self-esteem activities, locus of control, expression of feelings in a safe therapeutic environment

Author/s	Year	Study aim	Methods	Participant numbers	Key findings
Hoyland and Mayers (UK)	2005	Explored how occupational therapists address spirituality as part of their domain of practice	Qualitative study Semi-structured Interviews Data analysis involved coded data and developing themes	Convenience sample of 6 occupational therapists from physical rehabilitation and mental health settings	• Occupational therapists consider spirituality as central to their domain of practice • Listening and delivering holistic care are ways of embedding spirituality into every day practice • Importance of therapeutic relationship is central to addressing spiritual issues in day to day practice
Morris (USA)	2013	Perceptions of including spirituality and spiritual care in occupational therapy practice	Quantitative study Questionnaire used the 'Spiritual Care perspectives Scale' (Taylor et al 1994) Data analysis based on descriptive and inferential statistics to determine the significance and perceptions of spiritual care in practice	Self-selecting sample 310 occupational therapy practitioners and members of AOTA	• Occupational therapists consider lack of educational preparation hinders their ability to address spiritual aspects of care • Occupational therapists perceive they lack understanding of the individual constructs central to spirituality • Using a spirituality assessment tool was highlighted as a way to meet an individual's spiritual needs.
Taylor et al (USA)	2000	To determine the attitudes of occupational therapists about spirituality in relation to practice	Quantitative survey Researcher-developed attitude questionnaire Statistical analysis using descriptive and inferential statistical tests	Random sample of 396 occupational therapists, 210 participated	• Occupational therapists attitudes about spirituality and occupational therapy practice were diverse: participants who considered themselves religious had more positive view about embedding spirituality in practice • Praying for client, using spiritual language, discussing client's religious beliefs were identified as ways of meeting spiritual needs
Udell and Chandler (UK)	2000	Understand the experience of occupational therapists addressing spiritual needs of patient	Qualitative study Semi-structured Interviews Data analysed using coding and interpretative analysis methods	Non-probability purposive sampling - 3 Christian occupational therapists	• The role of the occupational therapist included acknowledgement of spiritual need that impacted on function, respect for clients by incorporating choice, dignity and religious traditions into care • Therapeutic relationship was highlighted as central to providing spiritual dimension of care

The majority of the studies reviewed were undertaken in North America (Taylor et al 2000, Collins et al 2001, Farrar 2001, Egan and Swedersky 2003, Beagan & Kumas-Tan 2005, Morris 2013). In common with the nursing literature, in these studies the construct of 'religiosity', attending and supporting religious beliefs, appears to be intrinsically associated with the concept of spirituality, (Reinert and Koenig 2013, Weathers at al 2015). Consequently, therapeutic interventions emphasise the importance of attending to a patients' religious beliefs rather than framing care within broader aspects of spirituality (Taylor et al 2000). However, with the increased secularisation of Western societies from close identification with religious values and institutions towards nonreligious 'spiritual' values may result in a clear differentiation between religiosity and spirituality (Weathers at al 2015). The shift is reflected in the studies that were undertaken in the United Kingdom, were addressing a patents spiritual needs, enacted through developing effective therapeutic relationships, was not necessarily linked to meeting religious needs (Udell and Chandler 2000, Hoyland and Mayers2005).

Findings across studies included in the concept synthesis, identified that occupational therapists were committed to providing person-centred interventions and recognised the importance of therapeutic relationships for addressing spiritual dimensions of care. However a lack of description of how to address spiritual needs in terms of praxis in practice and a failure to make spirituality real for occupational therapy practitioners was identified (Belcham 2004, Hoyland and Mayers 2005, Morris 2013). A comparison of the role of occupational therapists and pastoral care professionals in addressing spirituality identified that for both groups of professionals meeting an individuals' spiritual needs required identifying meaning in a person's life (Beagan and Kumas-Tan 2005).

Antecedents, defining attribute sand

Spirituality was identified as the overarching philosophical framework, and central to, occupational therapy practice (Beagan and Kumas-Tan 2005, Udel and Chandler 2000, Farrar 2001, Hoyland and Mayers 2005). The key findings within each study (Table 2) were analysed to identify the antecedents, defining attributes and consequences of addressing spiritual needs in occupational therapy practice. These antecedents related to the impact of a disruption to a person's health status in terms of loss of meaning and purpose, and a

connection to life. The defining attributes of embedding spirituality into occupational therapy practice were the provision of a holistic, person-centred approach to occupational therapy practice, facilitated through effective therapeutic relationships. The defining attributes were associated with the dimensions within PSI framework (Kang 2003); the consequences of 'loss of spirituality' when faced with health challenges could be addressed by occupational therapist through supporting their patients to regain some of the dimensions of spirituality, presented in Table 3. Although the PSI framework (Kang 2003) has been provided a structure and further illumination into the domains of spirituality for occupational therapy practice, the framework was not developed from empirical research therefore the article did not meet the criteria for inclusion in this concept analysis.

Table 3: Antecedents, defining attributes and consequences of spirituality in occupational therapy practice

Antecedents	**Defining attributes**	**Consequences**
Disruption to a person's health status affecting their well-being and quality of life for example: Acute illness Mental health problem Terminal diagnosis End of life Loss or grief	Addressing suffering related to the individuals circumstances; and the provision of a holistic, person-centred approach to occupational therapy practice; the therapeutic relationship facilitates addressing a patents spiritual needs	Individuals' experience well-being through a sense of meaning and purpose in their life and spiritual order, and work towards the restoration of values and a belief system
Disruption may lead: • Loss of 'flow' in a person's occupations and life balance • Loss of 'meaning' and 'purpose', and 'significance' in life • Loss of purpose in life with the consequence of lowered self esteem • Lack of ' values' in life • Lack of connection within life • Lack of ability to transcend disruptions	Attributes of disruption reflected the dimensions of PSI framework (Kang 2003): Becoming Meaning Being Centeredness Connectedness Transcendence	Recognition of inner resources assists coping with disruptive situations in a person's life, either temporary or permanent. Spiritual order exists when an individual can reconciles most or all PSI (Kang 2003) dimensions of spirituality

Model case study

Central to Walker and Avant's (2010) method is the use of case examples as a way of constructing meaning and the understanding of the concept being explored. A model case was devised, by drawing on patient-therapist interactions from an unpublished ethnographic study, to demonstrate how spirituality is aligned to occupational therapy practice and the defining attributes outlined in Table 3.

Jean, 67 years of age, who following a stroke was left with right-sided upper and lower limb weakness. She had short-term memory loss, for which she had developed strategies to overcome. Following her husband's death six months prior to her stroke, Jean had moved to a ground floor apartment with a small garden. Her interests included gardening, playing the piano, spending time with her family and being a member of the Women's Institute. Piano playing was a strategy she used to reduce her anxiety following her husband's death. Jean was initially cared for in an acute hospital ward but was transferred to an intermediate care residential setting for six weeks rehabilitation. The focus of the rehabilitation care pathway was to improve her independence with activities of daily living and ultimately reduce her dependence on a care when discharged home. Jean was anxious to return home as she described feeling hopeful and happy there. Jean's goals were identified in collaboration with the occupational therapist, and are aligned to the defining attributes in Table 3. The provision of a holistic, person-centred approach to occupational therapy practice, facilitated through an effective therapeutic relationship, addressed the suffering associated with a anxiety regarding discharge home. It also addressed other attributes specifically as follows:

- Jeans goal to live independently at home without carers - *becoming*;
- Return to playing the piano and gardening with adaptation required - *meaning*;
- Achieve a sense of personal independence and satisfaction with life - *being*;
- Recreate her life following her significant losses - *centeredness;*
- Remain an active member of her family and community (role within the Women's Institute) -*connectedness;*
- Develop inner resilience to reach beyond her problems and develop strategies to cope with symptoms such as anxiety, for example by playing the piano - *transcendence*.

The shared goal setting and developing strategies to enhance Jeans spiritual well-being, facilitated this process. For example Jeans' aspiration to play the piano again provided her with a sense of achievement and reduced her stress, helped give new meaning and an experience of transcendence to her life. This could only be achieved by skilful help in setting intermediate goals to help her regain the motor and cognitive skills necessary. Once the motor and cognitive skills were regained this supported her inner resilience to cope with symptoms such as anxiety. Recognising suffering has been identified as a pre-requisite to responding to an individuals' personal circumstances (Egan and Swedersky 2003). Recognising Jeans loss of her husband and the process of grieving would be require consideration when identifying goals and and approparite care interventions with Jean.

Concept analysis can include developing borderline, related and contrary cases to illuminate the application of the concept to a case study (Walker and Avant 2010). A borderline case has some of the defining attributes of the model case. In relation to the model case the occupational therapist may not be able to develop the depth of therapeutic relationship necessary to addressing all aspects of Jeans personal circumstances due to lack of experience in listening to patient cues, or having insufficient time to explore with Jean her life experiences, concerns, hopes and desires (Hoyland & Mayers, 2005). In a related case defining attributes are present but are tokenistic because they may be perceived as not values as part of care, and a contrary case would contain no defining attributes of the concept being explored. A related case or contrary case could not be identified from the studies reviewed, or experiences in practice. Furthermore, embedding spiritually competent practice within occupational therapy interventions requires the therapist to address patients' spiritual needs; related and contrary cases infringe the overarching philosophical basis for the profession.

Framework for involvement

The empirical referents are aspects of the concept that demonstrate its existence in the real world (Walker and Avant 2010). The empirical referents, presented in Table 2, and outlined in the model case have illuminated how occupational therapists address spirituality through occupation and their practice. Drawling on the empirical referents and the model case a

framework for operationalises spiritual practice for occupational therapists has been offered, and presented in Figure 2. Although the framework had incorporated the domains of the PSI framework (Kang 2003), it offers practical guidance on the process for occupational therapists to embed spirituality in their practice. In addition, the framework and outlines the skills and attributes of the occupational therapist in acknowledging their own spirituality, as the first step in meeting their patient's spiritual needs. The development of the therapeutic relationship and engagement in person centred approaches to care, are incorporated as the concept analysis revealed theses were key attributes that underpinning practice. Occupational therapists needed to develop a context where the spiritual domains can be applied to the individual needs valuing the patients' uniqueness.

Figure 2: Embedding spirituality: a l framework for occupational therapy practice

Occupational therapists' understanding of their own spirituality and positive attitudes, beliefs and values towards spirituality

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Development of an effective therapeutic relationship, sensitive to an individual's beliefs, values and connecting experiences

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Unique person-centred engagement in meaningful and purposeful occupations and life situations

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Application of concept analysis findings						
Addressing Suffering	Meaning	Connectedness	Transcendence	Becoming	Being	Centeredness
Pain and loss impact on a person's ability to engage in therapeutic interventions	Exploring meaning of personal illness or disruption; The pursuit Focus on pursuit of goals and interests that enhance quality of life and well-being	Connection between the person and the occupational therapist to promote positive well-being outcomes; Facilitating connections with spiritual (and faith) communities (may include prayer and worship)	Discuss spiritual aspects of life and care linked to meaning, which may include end of life care, to facilitate positive coping strategies	Promoting autonomy, independence and choice through occupations that engage a person in self-healing activities including, social and life skills and adaptation to disability.	Promoting person centred practice through active listening, valuing beliefs and unique experiences; Allow time to discuss the individuals' values, desires and dreams	Acknowledge an individuals' spiritual or religious expressions through meditation, creative visualisation and connection with relationships that create a balance in their life

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Person achieves spiritual well-being, through engagement with spiritual occupations that address all the spiritual domains

Discussion

Notwithstanding conceptual differences and lack of clarity in terminology, the attributes relating to addressing patients' spiritual needs in the context of occupational therapy practice that emerged from this concept analysis included: occupational therapists' understanding of their own attitudes, beliefs and values towards spirituality; developing effective therapeutic relationship, sensitive to an individual's beliefs, values and connecting experiences; and valuing unique person-centred engagement that give meaning to purposeful occupations and life situations. The importance of patient-professional engagement and developing effective therapeutic relationships have been identified as a means of addressing patients' spiritual needs (Farrar 2001). Dimensions of meaning and purpose have been highlighted as a vehicle for addressing spirituality through occupational therapy practice and intervention (Morris 2013). Addressing suffering, meaning, connectedness, transcendence, becoming, being and centeredness, have been incorporated as a means for addressing spirituality through occupational therapy practice and incorporated into the framework to facilitate occupational therapists embedding spiritual care into practice (Figure 2).

Walker and Avant (2010) suggest that concept analysis can lead to a clear definition of the concept being described. However, in common with a recent study that re-examined definitions of spirituality from a nursing context (Reinert and Koenig 2013), defining spirituality in occupational therapy practice remains challenging. Spirituality is at the centre of occupational therapy practice with occupational therapists focussing on the individual as a spiritual being (Law et al 2002). Based on this concept analysis the definitions of spirituality adopted by the American Association of Occupational Therapy College of Occupational Therapists do not appeared to add clarity for occupational therapy practice. Spirituality in occupational therapy practice could be more usefully *described* than *defined*; and in some ways may reconcile the tensions relating to whether a definition is necessary, useful or ever achievable (Claeke 2013, McSherry et al 2014,Weathers at al 2015). The following description is offered to increase occupational therapists' understanding of this concept;

> ‘Spiritually competent occupational therapy practice engages a person, as a unique spiritual being, in occupations which will provide them with a sense of meaning and purpose. It seeks to connect or reconnect them with a community where they experience a sense of wellbeing, addresses suffering and develops coping strategies to improve their quality of life. This includes the occupational therapist accepting a person’s beliefs and values whether they are religious in foundation or not and practicing with cultural competency’.

A consistent domain emerging from the research that explores spirituality across health care professions is the concept of ‘meaning’ ‘meaning of life’ (Clarke 2013, McSherry and Jamieson 2013), and this was reflected in the findings of this concept analysis. Meaning is a well-recognised construct in other disciplines such as psychology and sociology, often associated with extreme experiences of suffering (Frankl 2000) or authentic happiness is related to experiencing meaning in life (Seligman 2002). The exploration of the meaning of personal illness or disability is part of occupational therapy practice (Collins et al, 2001, Egan and Swedersky 2003, Hoyland and Mayers 2005). Exploring what is significant for a person, to establish meaning in their illness and pursuing goals and interests that enhance their quality of life and well-being is an element of the goal setting process (Egan and Swedersky 2003). Similarly, the concept analysis also identified ‘connectedness’ and ‘transcendence’ as core constructs of spirituality. ‘Connectedness’ has been described as a sense of relatedness to self and others (Weathers at al 2015) and the experience of belonging to others, nature, God and family (Kang 2003). ‘Connectedness’ is enacted in practice by facilitating connections with communities (including faith communities) and spiritual practices such as prayer, meditation and worship (Taylor et al 2000, Egan & Swedersky 2003). The client-therapist relationship, in facilitating therapeutic interventions, also promotes a positive outcome for addressing connection (Beagan and Kumas-Tan 2005). ‘Transcendence’ as a dimension of spirituality is describe within the literature as the capacity to look beyond boundaries of the environmental context and includes attributes of existential feelings of a power or a force beyond a person (Weathers at al 2015, Kang 2003). Within occupational therapy practices ‘transcendence’ is an particularly relevant construct as therapists supporting patients to develop the capacity to change behaviours and develop strategies to cope with their illness or situation by drawing from internal resources. The

development of coping strategies, including facilitating end of life conversations (when it was considered appropriate) to discuss transcendent or spiritual aspects of life, illustrates the link between transcendence and meaning and purpose (Udell & Chandler 2000, Farrar 2001). Historically spirituality was addressed by occupational therapists encouraging (where appropriate) religious practice alongside activities such as relaxation, anxiety management and other positive coping skills, when for example dealing with loss and facilitating the resolution of grief, (Farrar 2001, Egan & Swedersky 2003). Therefore the focus of spiritual practice should be to effectively facilitate the participation in these meaningful occupations.

A person's capacity for growth and change throughout life's journey and the potential to achieve self-actualisation is defined as 'becoming' (Kang 2003). The focus of this domain is to promote autonomy, independence and choice through individuals' occupations and activities. Occupational therapy interventions enabling a person to engage in self-healing activities, for example worship, relaxation, stress management, improving social and life skills, promote autonomy, independence, adaptation to disability and choice all facilitate 'becoming' (Farrar 2001, Egan and Swedersky 2003). The essence of the person and opportunities for self-expression are defined as 'being' (Kang 2003). This dimension promotes person-centred practice as central to the core philosophy of occupational therapy (Townsend 2002). Person centred practice in relation to spirituality is enacted in the skills of the therapist listening to the person and acknowledging their beliefs; all of these are features of the domain 'being' (Udell and Chandler 2000). Allowing a person time within therapy to discuss spiritual and religious issues and consider questions assists in acknowledging their uniqueness and exploration of their dreams, values and desires (Egan and Swedersky 2003, Beagan and Kumas-Tan 2005).

The 'divine spark' or the 'core of being' is defined as centeredness (Kang 2003, p 98). This has been translated in practice as acknowledging the importance of a person's own spirituality and/or religious expressions. The idea of achieving spiritual wellness through engagement with, meditation or creative visualisation (for example) creates a balance in a person's life where the chaotic factors from illness or grief pervade (Collins et al 2000, Udell and Chandler 2000, Farrar 2001). Here the importance of relationship with others, God and a community (not necessarily a faith community) are relevant, for example attendance at

worship and religious practices (Hoyland and Mayers 2005). Acknowledging that spiritual domains may or may not connect with religious practices is important to promoting well-being. The North American studies suggested that when appropriate, this may include praying with patients, the use of spiritual language and concepts and encouraging people to participate in religious activities (Taylor et al 2000, Collins et al 2001). This aspect has raised some concerns in the UK; however assisting a person to attend their place of worship was identified in the Hoyland and Mayers study (2005). These domains of 'centeredness' and 'connection' both enact spirituality, which may or may not be related to a particular religious experience or practice.

The notion of suffering as a dimension of occupational therapy practice addressing the spiritual needs of a person is considered by Egan and Swedersky (2003). This is articulated as a significant area of an occupational therapists practice. Pain and loss are offered as examples of suffering where an occupational therapist would need to address these before progressing to the practical aspects of the therapeutic encounter. In terms of the dimensions proposed by the work of Kang (2003) this aspect is missing from the six core dimensions but warrants application in the overall exploration of spirituality and occupational therapy practice.

The studies reviewed as part of this concept analysis identified the need to develop concepts of how to address spiritual care for the occupational therapy practice. Defining spirituality and developing competency in relation to embedding spiritual care was identified as way of equipping occupational therapists to practice in a truly holistic way and embedding spirituality in their day-to-day interactions (Farrar 2001, Morris 2013). A survey of occupational therapists from a wide range of practice settings identified that where occupational therapists used models which promoted spirituality and holistic practice this increased their confidence to practice with spiritual competence (Belcham 2004). However, despite some occupational therapists' having theoretical understanding and desire to practice holistically and incorporate spirituality into care, there is a need for practice guidelines to support implementing theory into practice (Finlay 2001, Belcham 2004).

The gap between theory and practice has again been highlighted by this concept analysis and partly addressed by the focus on spiritually competent practice. However, there is a

limited range of in depth assessment tools specifically for occupational therapists and outcome measures for spiritual domains of practice. The limitation of the empirical research reviewed was that data collection methods focus on what therapists describe about addressing spirituality in their practice, rather than what happens in practice. The practice framework (Figure 2) presented is currently being used as a guide for an ethnographic study exploding the way occupational therapist address spiritual needs during the occupational therapy encounter.

Conclusion

This concept analysis of spirituality in occupational therapy practice further illuminates the issue of the theory and practice problems in relation to embedding spirituality into occupational therapy practice. Defining spirituality is fraught with difficulties, with many definitions lacking practical application: the description of spiritually competent practice is proposed as a more useful approach. The antecedents and attributes, such as a search for meaning and purpose, of spiritual care have been brought together into a framework that offers practical guidance for occupational therapists on the process on incorporating spirituality into their practice. The findings highlight the importance of the therapeutic relationship developed between patients and occupational therapists as essential to the provision of spiritual care. However, the time required for developing effective relationships can be challenging in the context of health and social care and may be unrealistic within the demands of busy health care environments, perhaps suggesting the need for cultural change the in health care organisations.

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