A Phenomenological Study Exploring the Meaning of a Seminar on Spirituality for Occupational Therapy Students

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There are many unanswered questions about the concept of spirituality and its relationship to occupational performance. The role of occupational therapists in addressing clients’ spiritual needs is unclear, and the inclusion of spirituality as a topic in the educational curricula of occupational therapy students requires further attention. Focus groups and surveys were used in this phenomenological study to explore the lived experiences of 11 occupational therapy students participating in a 3-month graduate seminar entitled “Spirituality in Occupational Therapy Practice.” The study was designed to help occupational therapy faculty better understand how students experience the relationship between occupational therapy and spirituality, and how educational programs can better prepare students to translate theoretical frameworks into practice. Findings explored the students’ evolving belief systems, and began to reveal a diversity of beliefs and practices in the occupational therapy community related to spirituality. Implications for theory and practice are offered.


Spirituality’s central placement in the Canadian Association of Occupational Therapists’ guidelines for client-centered practice (1997) and its acknowledgment in the American Occupational Therapy Association’s (AOTA’s) Occupational Therapy Practice Framework: Domain and Process (2002) have sparked considerable debate in the international occupational therapy literature (Belcham, 2004; Egan & DeLaat, 1994; McColl, 2000; Udell & Chandler, 2000; Unruh, Versnel, & Kerr, 2002). Some hold that current interest in spirituality reflects occupational therapy’s philosophical roots and core assumptions as a profession (Law, Polatajko, Baptiste, & Townsend, 1997). Others suggest that the concept of spirituality be removed from its central placement in the Canadian Model of Occupational Performance (Hammell, 2001; Schultz, 2004; Unruh et al., 2002; Wilding, 2002). The role of occupational therapists in addressing clients’ spiritual needs remains unclear, which compromises efforts to include the concept of spirituality in educational curricula (Collins, Paul, & West-Frasier, 2001; Engquist, Short-Degraff, Gliner, & Oljjenbruns, 1997).

Previous literature on spirituality in occupational therapy identifies several broad questions.

What does spirituality mean? The concept of spirituality is elusive and definitions vary in the occupational therapy literature (Unruh et al., 2002). Some definitions are more secular (Urbanowski & Vargo, 1994); others contain theistic language (McColl, 2000). The conceptual distinctions between spirituality and religion are debated, as is an understanding of spirituality in a pluralistic society (Hammel, 2001; Hume, 1999; Kroeker, 1997). The concept of spirituality is described as experiences of meaning, which influence and are influenced by daily occupations and related self-narratives (Christiansen, 1997; Hasselkus, 2002; Kirsh, 1996; Peloquin, 2003; Urbanowski & Vargo, 1994). Spirituality is also seen as having a transformative social dimension within communities that value inclusiveness (Egan & DeLaat, 1997; Townsend, 1997). Although spirituality is often understood as individual, the meaning-making process is shaped by various factors.
such as the particularities of one's social and cultural milieus (Burgman & King, 2005; Neimeyer, Prigerson, & Davies, 2002).

What factors contribute to the neglect of spirituality in occupational therapy practice? Conceptual ambiguity and the absence of educational guidelines contribute to the neglect of spirituality in occupational therapy practice (Wilding, 2002). Christiansen (1997) suggested that the dominant positivistic medical paradigm exerts a significant influence on occupational therapy, which leads to dismissal of spirituality as a relevant concern. Others suggest that health care is increasingly driven by the politics and policies of economic rationalism, which make it difficult for occupational therapists to justify attention to spirituality in their daily practices (Hume, 1999; Wilding, 2002). Narrow understandings of the term therapy that focus on technical expertise in the service of “fixing” objective problems also obscure awareness of the spiritual context of patients’ lives (Kroeker, 1997; Pelouquin, 2003).

What are the attitudes of occupational therapists toward spirituality? Research indicates that many practicing occupational therapists in the United States, Canada, and Great Britain espouse belief in the significance of spirituality for health and rehabilitation (Belcham, 2004; Collins et al., 2001), view spirituality as an important dimension of people’s everyday lives and activities (Taylor, Mitchell, Kenan, & Tacker, 2000), and have a positive attitude toward addressing spirituality in occupational therapy practice (Farrar, 2001). Nevertheless, spirituality in practice may be difficult to articulate, and the topic is approached with some discomfort and hesitation even when there is agreement regarding its appropriateness (Egan & Wedersky, 2003; Taylor et al., 2000). Lack of education and training on spirituality contribute to the problem (Belcham, 2004; Collins et al., 2001; Kirsh, Dawson, Antolikova, & Reynolds, 2001). Surveys of practicing occupational therapists in the United States and Great Britain indicated that most respondents believed that their education did not prepare them to address clients’ spiritual needs. Many practicing therapists expressed an interest in further education and said that practical information and training would help them to feel more confident in understanding how to incorporate and address spirituality in their practice settings (Belcham, 2004; Engquist et al., 1997; Rose, 1999).

What educational preparation is needed? There is scant literature regarding how the concept of spirituality is addressed in occupational therapy curricula. Kirsh et al. (2001) sent surveys to all 12 Canadian occupational therapy educational programs and 83% responded. Content was typically embedded in early required coursework with a mean of 6.2 classroom hr spent on the topic of spirituality. The importance that respondents gave to the topic of spirituality was low, and programs’ respondents reported dissatisfaction with how they addressed spirituality in their curriculum. Despite this, 60% of respondents indicated that no changes related to spirituality were planned in their curriculum (Kirsh et al., 2001).

Given the inclusion of spirituality in occupational therapy practice frameworks and its importance for practicing occupational therapists (Collins et al., 2001; Kirsh et al., 2001), spirituality needs to be addressed in both entry-level and postprofessional graduate occupational therapy programs. Students can benefit from opportunities to reflect on the meaning of spirituality in order to deepen their awareness of how personal attitudes influence professional behavior and the clinical reasoning process (Kirsh et al., 2001; Schultz, 2004; Unruh, Versnel, & Kerr, 2004). It is also important to describe the role of occupational therapists in addressing spirituality and to provide related practical training (Belcham, 2004; Egan & Wedersky, 2003; McColl, 2000); for example, occupational therapists are not spiritual counselors (Udell & Chandler, 2000; Unruh et al., 2004).

Spiritual and religious beliefs, values, and practices can significantly influence daily roles, routines, and the experience of meaning in everyday life (Egan & Wedersky, 2003; Frank et al., 1997). Moreover, spirituality may be an important part of the recovery process (Koenig, McCullough, & Larson, 2001; McColl et al., 2000; Mueller, Plevak, & Rummans, 2001; Wilding, May, & Muir-Cochrane, 2005). Therefore, attention to spirituality in occupational therapy curricula is warranted. Discourse between occupational therapy educators and students can legitimize the importance of spirituality as a potentially significant dimension in the lives of patients, families, and communities. Curricula related to spirituality need to clarify how occupational theory is translated into practice (Belcham, 2004) in order to better prepare therapists for practice in a pluralistic society.

More research is needed on how educational programs can prepare students to address spirituality in practice. The purpose of our study is to explore the lived experiences of 11 occupational therapy students who participated in a graduate seminar entitled “Spirituality in Occupational Therapy Practice.” Study findings are intended to assist educators in development of curricula that can better prepare students to translate theoretical frameworks into practice.

Method
A phenomenological research design (Creswell, 1998) was used to explore the question: What is the meaning of a graduate seminar on “Spirituality and Occupational Therapy Practice” for occupational therapy students?
Study Setting and Participant Recruitment

The study was conducted within the occupational therapy program at a private urban college in upstate New York. A convenience sample was identified for this study. A group of 11 graduate students who were registered for the seminar were invited to participate. All of the students enrolled in the seminar were Caucasian women. Their ages ranged from 25 to 45 years.

The primary author served as the course instructor. The second author served as the principal investigator. As principal investigator, the second author was responsible for moderation of all focus groups, and distribution and collection of all surveys. A graduate student unaffiliated with the seminar served as co-moderator and assisted the second author with coding the surveys and the focus group transcriptions so that confidentiality would be maintained.

After the authors received Institutional Review Board approval, the potential participants received a letter from the second author describing the nature of the study with an accompanying consent form. It was clear that we could not guarantee anonymity, because the identities of some or all of the study participants would certainly be obvious to both authors. However, it was possible to develop a process for upholding confidentiality through numerically coding focus groups responses and surveys, and by conducting the activities of the investigation (focus groups and surveys) at a time distinct from the course. The consent form also contained a statement that a decision to participate or not in the study would in no way affect their status in the seminar. All 11 women consented to participate in the study.

Seminar Content

The first author delivered the seminar in institute format during 2 full days of the spring semester 2005. This institute was followed by a 90-min class at mid-semester and a final 90-min class at the end of the semester. Instructional methods combined classroom discourse with reflective learning activities, which were consistent with constructivist and social models of cognitive growth (Bruning, Schraw, Norby, & Ronning, 2004).

On the first day of the institute, a historical perspective on the profession’s thinking about spirituality in occupational therapy practice was discussed. Narrative approaches in conducting a spiritual history interview were reviewed (Kirsh, 1996; Kirsh & Welch, 2003; Puchalski & Romer, 2000). The day concluded with an expressive arts workshop that explored the use of nonverbal approaches to facilitate articulation of students’ personal narratives related to spirituality. On the second day, students worked in pairs using a modified version of the Spiritual Lifemap (Hodge, 2005) and explored models of disability using selected videotapes and case examples. The importance of bridging differences in the meaning of spirituality within health care systems was examined through use of a 1996 videotape entitled “A Balance of Cultures” (Gryphon Productions Ltd., 5331 Headland Drive, West Vancouver, British Columbia, Canada V7W3CO; http://www.gryphonproductions.com).

After the 2-day institute and before the next class, each student was required to conduct a semistructured spiritual history interview with a person experiencing a chronic physical or psychiatric disability. The seminar instructor identified the 11 persons to be interviewed. The interview format was adapted from a version by Puchalski and Romer (2000). Students were asked to explore the meaning of spirituality for patients in relation to their illness experience and daily occupations. A written assignment required students to interpret the interview data, review relevant research on spirituality or religion in relation to the patient’s condition, and discuss implications for occupational therapy practice. Between the second and final class, a guest speaker met with the students at their request, to explore the topic of complementary health care practices and paradigms.

Throughout the seminar, students kept a semistructured reflective journal, which was adapted from Spirituality in Enabling Occupation: A Learner-Centered Workbook (Townsend, DeLaat, Egan, Thibeault, & Wright, 1998). The final assignment required small groups of students to discuss and develop a written position paper on the role of spirituality in occupational therapy practice.

Data Collection

A series of three focus group sessions were conducted with the students. The first focus group was conducted before the 2-day institute began. The second focus group was conducted before the students met for the second time to share their interview experiences. The final focus group was conducted on completion of the seminar. As mentioned earlier, the second author, who was not involved in the course, served as the moderator for all three focus groups. A graduate assistant served as the co-moderator. Each focus group was 90 min in length.

Data Analysis

The initial focus group protocol was designed to solicit student perspectives in six areas: (a) the meaning of spirituality; (b) the role spirituality played in their lives; (c) what spirituality in occupational therapy practice meant to them; (d) what would help them to feel more comfortable in addressing spirituality in practice settings; (e) what experiences could be developed to help guide their thinking about spirituality in occupational therapy practice; and (f) how
occupational therapy programs could prepare students to address spirituality in practice. The protocol questions were pilot-tested with 12 occupational therapy students not related to the study sample.

At the beginning of each focus group session, students were given an opportunity to reflect and respond individually to focus group questions in a written survey format with measures taken to protect confidentiality. Consistent with the emergent nature of a phenomenological study, the interview protocols for the second and third focus groups were refined to dig deeper into students’ experiences and to further clarify meaning (Kvale, 1996).

Focus group discussions were audiotaped and transcribed verbatim by the co-moderator. Confidentiality was protected through use of coding to mask students’ names. After each focus group, we held peer-debriefing sessions with a consulting faculty member and the co-moderator. The debriefings provided an opportunity to review the emergent findings, guide the refinement of the second and third focus group protocols, and generate initial coding categories (Ryan & Bernard, 2000; Spall, 1998).

The first author further analyzed the transcriptions using the HyperRESEARCH (1999), Version 2.0, analysis software program. The codes identified during the peer-debriefing sessions guided the initial analysis. An open-coding strategy (Strauss & Corbin, 1998) was also implemented to further identify and construct thematic areas for presentation. The coded excerpts were then organized by using focus group analysis techniques; by clustering narrative data based on similarities and differences; by considering the extensiveness, intensity, and internal consistency of comments; and by grouping and regrouping the coded discus sant comments (Krueger, 1998).

Triangulation of data methods was achieved through comparison of data obtained through individual responses to written questionnaires and focus group transcriptions after the first and second focus groups. There was consistency in responses between written questionnaires and students’ comments in the focus group transcriptions. However, during the focus group discussions, students were much more elaborate in their responses and expanded on their thinking as they reacted to others.

Trustworthiness of the Study

Various strategies were used to increase the trustworthiness of the findings (Guba & Lincoln, 1989; Krefting, 1991). Member checking was used to enhance credibility (Carpenter & Hammell, 2000; Creswell, 1998). After the completion of each focus group, the co-moderator provided the students with an oral summary of the discussion as a method of checking their intended meaning. Students also received a written report of the researchers’ findings and were asked to confirm that the content was representative of their experiences. The second and third focus group protocols were adapted to include exploratory questions that would confirm or disconfirm researcher interpretations. Along with the aforementioned peer debriefing sessions, a university-based researcher not affiliated with the college provided impartial feedback on the research processes and products.

Findings

The following four themes emerged from the data analysis:

1. Beliefs about Spirituality During the Seminar: “Dynamic and Continually Evolving”;
2. Addressing Spirituality in Practice: “Is It OK To Talk About It?”;
3. Meaning in Occupational Therapy: “Looking Back at the Theory”; and
4. Institutional Change: “Going Into Uncharted Territories.”

Beliefs About Spirituality During the Seminar

“Dynamic and continually evolving.” Throughout the course, students’ descriptions of spirituality became more nuanced. As the course evolved, students began to express greater appreciation for individual differences in the meaning of spirituality and its relationship to occupation.

During the first focus group discussion, most students described spirituality and religion in relation to beliefs about a higher power, as evidenced by the statement, “I don’t believe [spirituality] has to have a religious component, it’s just a belief in a higher power.” Theistic and nontheistic structures of belief were expressed as well. Consistent with this theme, one student stated, “I don’t believe in a higher power but I do believe that things happen for a reason.” Students described various factors that shaped their beliefs, including parental attitudes, and positive or negative experiences with religion.

Later in the course, students described their concept of spirituality as “less muddy,” “broader,” and “dynamic and continually evolving.” Students also expressed greater openness and appreciation for different views, as suggested by a student who stated, “I see [spirituality and religion] as two separate things now, still intertwined for me, but not necessarily for others.” For some, there were surprising shifts in previous thinking as a result of dialogue with peers and patients. For instance, dialogue with a patient during the spiritual history interview prompted the following reflection on the part of one student:
The woman I interviewed gave me a book on Jewish rituals of healing and I learned something about my own religion that I didn’t know before. I would say that I can really now put spirituality more within the context of religion than I could before. The prayers, they are prayers that ask for healing of the body, healing of the mind, but also healing of the spirit even when a cure isn’t possible and I just found that to be really beautiful. . . . Through an exploration of spirituality, I realized how close-minded I’ve been about religion, and how ignorant I was about the role of spirituality in my own religion. So it’s really funny that through exploring spirituality I think that we, a lot of us, have become more open-minded about different things.

Spirituality was discussed in relation to “personal growth and learning” and the recovery process. One student said, “Since his diagnosis, [the person I interviewed] has learned how to play the guitar. And he went back to school and got a college degree . . . he talked about how his spirituality helped him reach his goal literally one step at a time.” Another student responded with an example of how spirituality became part of the recovery process:

The lady I interviewed identified spirituality as helping others. She is recovering from a mental illness. She said she was on the receiving end of care for so long. Now, she is in a position to help others, and that she finds spiritual.

Increasingly, students adopted an emic perspective of spirituality, emphasizing the importance of understanding what spirituality means for others and its potential significance for patients. One student, who disclosed a history of negative experiences with religion, expressed surprise at the “hopeful” attitude a patient exhibited despite a diagnosis of amyotrophic lateral sclerosis (ALS) and said the following:

The lady I interviewed defined herself as spiritually fit. She started in her 30s, with AA [Alcoholics Anonymous] and that got her thinking about spirituality. And she just explored it all the way up until she was diagnosed with ALS, when she was 49. And she said that spirituality was the one thing that helped her remain hopeful and have a positive outlook on her experience.

**Addressing Spirituality in Practice**

“Is it OK to talk about it?” Students initially described spirituality as a “taboo subject.” Concerns were expressed about “overstepping bounds,” seeing spirituality “as an area to be treated,” or imposing one’s personal beliefs on others. One student reported: “My supervisor at my second fieldwork was incredibly Catholic . . . He would say, ‘Did you go to Mass today?’ ‘Did you do this?’ . . . He would tell [patients] they were bad people for not going and I thought that was awful.” Students also described circumstances when it might be appropriate to discuss spirituality. These situations included end-of-life care, instances of unexpected tragedy that provoked spiritual questioning, or circumstances in which doing so would create a bridge to beneficial resources such as pastoral care or community-based services. One student summarized this thought by saying, “We are not members of the clergy . . . and yet I think it might be part of our role to bring people the services of clergymen or clergy-women if that were part of what [patients] needed to heal.”

At mid-semester, some students said that they would wait for patients to broach the subject of spirituality, or wait until they had established a relationship with a patient. Others talked about the value of routinely asking about spirituality because, as one said, “you have to have an idea where [patients] are coming from and you can’t just ignore spirituality, it would almost be negligent to not address that in some way, because then you [wouldn’t] have a full understanding of the patient.”

One student noted, and others agreed, that “if you are comfortable with your own spirituality, it is easier to help others explore theirs.” They also expressed more comfort in speaking with people of different spiritual or religious beliefs, as stated by one student: “I could have a conversation with her and we still addressed issues. And I think [we] both learned from our interview even though we were so different.”

At the conclusion of the course, students stressed the importance of “non-invasive” ways of exploring spirituality, and the importance of “warmth,” “trust,” “rapport,” and “genuineness” on the part of the occupational therapist in approaching this topic. In general, students talked about the need for more experience in addressing spirituality, appropriate role models in practice settings, continuing education related to different forms of spiritual or religious practices, interdisciplinary dialogue, and assurance that it was “OK to talk about it” in institutional settings.

**Meaning in Occupational Therapy**

“Looking back at the theory.” Students explored the recursive relationship between theory and practice and how this influenced the philosophy of occupational therapy. They also recognized the influence of institutional norms on the development of their own attitudes toward spirituality.

Initially, students made few references to occupational therapy’s theoretical base. As the course progressed, students reflected on occupational therapy theory and philosophy when speaking about spirituality. One student remarked, “The whole philosophy of occupational therapy is that occupations are meaningful and you have to find what’s meaningful and purposeful in your life.” Students emphasized the need to attend to how and when people experience meaning in their lives, as illustrated by the following comment:
I always understood that occupation was something meaningful to somebody, but I guess after having this course [I have learned that] there are different levels of meaning. Like, it is meaningful for me to brush my hair, but is it going to make me want to get up in the morning? Not so much.

Although students recognized that meaning and spirituality were not synonymous, they were more aware of the potential for spiritual beliefs, practices, and values to shape daily occupations. Moreover, dialogues with patients on the subject of spirituality deepened students’ appreciation for the meaning-making process itself and the importance of investigating the patients’ lived experiences.

Students also grappled with the distinctions between social and medical models of disability, as illustrated by the following recollection:

I think a lot of time, especially being on fieldworks, you go out and you see that we [occupational therapists] are really focused on more of a medical model . . . I think by taking this course, and being aware of spirituality and reading more about it, I think personally that I will be looking at the meaningful part of the activities . . . and come right out and ask [patients]. I think I was guessing a lot . . . Sometimes we do a lot of admissions . . . I went through quick data gotten at admission and then planned activities from there. I would learn by working with a patient and talking. I think, in other courses, we do look at the techniques. Then when we are practicing, [we] are thinking of the treatments and how to fix whatever is disabling.

At the course’s conclusion, students recognized the importance of ongoing reflection on the relationship between theory and practice in constructing a philosophy of occupational therapy. One student commented, “With [practice] experience you are taking that theory you learned and seeing how it plays out, then looking back at the theory and seeing what’s in it and adding to it from your experience and exposure to things.”

Institutional Change

“Going into uncharted territories.” At the conclusion of the course, students recommended changes in both academic and practice settings. Incorporation of spirituality in institutional settings was described by one student as “going into uncharted territories.” There was consensus that spirituality should be addressed in the curriculum as it influenced students’ thinking about practice. One student suggested that “if we had this course before we had [the course in] physical dysfunction, it might inform physical dysfunction in a different way.” Students were aware of factors influencing decisions regarding how spirituality was addressed in curricula, such as professors’ practice experience, and noted the influence of faculty attitudes. One student said the following:

I think it has a lot to do with the comfort level of our professors in addressing spirituality. I remember a professor talking once about . . . her research . . . and she went back and looked through the transcripts and realized that spirituality and religion were something that kept coming up but it was something that she kept ignoring because it wasn’t important to her in her life . . . . Our professors all come from different practice areas and different religions, which some are willing to talk about and some aren’t as willing to talk about.

Students emphasized the value of dialogues with others in shaping their thinking about the meaning of spirituality and its relationship to occupational therapy practice. One student said, “I know from taking this class I have grown tremendously and I have matured, not only in my own personal life, but also how I am going to treat patients.” They thought it important to continue dialogues in practice environments “with other professionals so they can accept what we [occupational therapists] are doing and understand it.”

Suggestions regarding occupational therapy practice included pragmatic changes, such as routinely asking questions related to spirituality, identifying resources within institutions or communities, and incorporating themes related to spirituality in support groups and interventions when appropriate.

Discussion

Unruh et al. (2002) asserted that “tension between religious, sacred and secular perspectives of spirituality . . . can obfuscate the spiritual questioning which underlies these perspectives” (p. 10). In our study, students’ debate regarding the relationship between spirituality and religion and their defense of personal positions lessened through dialogues with peers and patients. Adopting a more phenomenological understanding of spirituality and using qualitative methods of evaluation allowed students to listen to and learn from the narratives of others.

Students’ concerns regarding how to translate occupational therapy theory into practice seem to reflect an underlying clash between social and medical models of disability. Social models of disability favor use of evaluation methods that seek to better understand the “insider perspective” (Padilla, 2003). Within this framework of understanding, the person and environment are inseparable and problems are not reducible to distinct categories (Morris, 2001). Hence, spirituality is not a problem to be fixed through “spiritual counseling” nor is it seen as “an area to be treated,” both of which were expressed concerns of students. Questioning is aimed at storied accounts of particular events and experience that reveal underlying relationships and interpretations of causality. This framework is in contrast to...
methods of evaluation described by one student as “quick data collection,” which left her “thinking of how to fix whatever [was] disabling” the patient and diminished her “focus on what [was] really meaningful.” Using a social model of disability, patient and occupational therapist collaboratively investigate the patient's lived experiences and the “meaning-making process” (Padilla, 2003).

Occupational therapists can facilitate or suppress narrative descriptions on the basis of how they phrase questions, how they respond to patients' stories, how they view their role with clients, and whether therapists understand the interview process as simple fact finding or as discovery of the patient's perspective (Kielhofner & Mallison, 1995; Rosa & Hasselkus, 2005). If occupation is seen as socially constructed phenomena arising from a complex constellation of personal, interpersonal, and environmental factors, then it is important to listen for meanings that are embedded in spiritual or religious beliefs, practices, relationships, or communities. Failure to do so may disenfranchise patients and compromise the recovery process (Boswell, Knight, & Hamer, 2001; Moyers, 1997).

Given the diversity of beliefs and practices related to spirituality, occupational therapy students need to develop more awareness and tolerance for religious or spiritual beliefs and practices that are different from their own. The occupational therapy literature stresses the importance of interventions that are congruent with the culture, values, beliefs, and priorities of patients, families, and their affiliated communities (Egan & Swedersky, 2003; Farrar, 2001; Frank et al., 1997; Low, 1997). In our study, students' exposure to diverse spiritual and religious perspectives appeared to result in personal learning, more tolerance for differences, and more nuanced views of occupation that acknowledged various levels of meaning.

Occupational therapists' negative attitudes toward inclusion of spirituality in practice may be related to personal experience or discomfort with aspects of their own spiritual life (Collins et al., 2001; Enquist, et al., 1997). The results of this study suggest that students can develop culturally sensitive interventions by exploring personal attitudes, including those related to spirituality and religion. The occupational therapy literature suggests use of reflection as a "tool for all occupational therapists to acknowledge their beliefs and values and the impact that they have on practice" (Belcham, 2004, p. 45). In this study, several students acknowledged changes in their attitudes toward religion and spirituality as a result of dialogues with others and self-reflection.

Work environments that devalue a focus on spirituality, and noted the absence of guidelines for evaluation and documentation related to the spiritual context of patients' lives. They expressed a desire for guidance and support from positive role models and interdisciplinary groups. Findings from studies of practicing occupational therapists suggest that prevailing institutional attitudes can facilitate or inhibit inclusion of spirituality in practice (Egan & Swedersky, 2003; Rose, 1999).

Inattention to spirituality in occupational therapy curricula and research may communicate to students that spirituality is an incidental concern in occupational therapy practice, which contrasts Collins et al.'s (2001) findings that practicing therapists are “discussing spiritual issues with clients more frequently than in previous studies” (p. 73). Faculty values and beliefs are reflected explicitly, implicitly, or by omission in the design of curricula (Shepard & Jensen, 2002). In our study, students were aware of both favorable and unfavorable faculty attitudes toward spirituality in both coursework and research, which raises concern that academic institutions may unwittingly devalue the relevance of spirituality in occupational therapy practice.

**Future Directions**

Transferability of our findings is limited to groups of students with similar characteristics attending school in similar academic settings. More research is needed to develop curricular guidelines that reflect current theory and prepare students for culturally sensitive practice. Additionally, it seems important to address the expressed desire of practicing occupational therapists for more education on spirituality (Collins et al., 2001).

The findings from this study support Kirsh et al.’s (2001) assertion that “a heightened level of attention to spirituality is warranted” in educational programs (p. 124). Absent this attention, attitudes that exclude spirituality from serious consideration may prevail, leaving new graduates to grapple in relative isolation with gaps between theory and practice. We suggest that the power of occupation-centered practice may be strengthened by an appreciation for the influence of spirituality in the ongoing construction of occupational identity and performance. ▲

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