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[SCOPING REVIEW]

Incorporating spirituality into occupational therapy practice: A Scoping Review

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ABSTRACT

Background. Spirituality is increasingly recognised as a vital component of health and well-being yet there is a lack of clarity about how it is implemented in occupational therapy practice. This scoping review aimed to synthesise evidence on how spirituality is incorporated into occupational therapy practice and the barriers and facilitators influencing this process.
Method. Guided by the PRISMA-SCR PubMed, EBSCOhost, Scopus and Web of Science were searched for studies published in English from 2007 to 2024 that reported on ways which spirituality was incorporated into occupational therapy practice. Two reviewers independently screened all retrieved studies. Data were extracted and analysed descriptively.
Results. Of the 385 identified studies, 10 met the inclusion criteria. Spirituality was incorporated into occupational therapy practice through steps of the occupational therapy process (evaluation, intervention) and therapeutic use of self. Barriers included therapists' limited knowledge, cultural sensitivity concerns, and systemic constraints, while facilitators included therapist agency and service user receptivity.
Conclusion. Despite the barriers highlighted in the review, occupational therapists incorporate spirituality into practice mainly through the occupational therapy process. There are significant inconsistencies in addressing spiritual needs throughout the process, with no studies reporting outcomes. Research on how occupational therapists integrate spirituality in practice remains limited.

Implications for practice
This study identified two key ways in which occupational therapists incorporate spirituality into their practice: through the occupational therapy process and the therapeutic use of self. These findings represent a significant step toward deepening the exploration of spirituality within occupational therapy practice and research. In the African context where spirituality is often deeply embedded in cultural, social, and personal life this study offers a strong foundation for advancing both practice and scholarship in this area. Moreover, the study clearly illuminates the barriers and facilitators to integrating spirituality in contemporary occupational therapy. The identification of these factors at individual, organisational, and systemic levels assert the need for context-sensitive strategies to support meaningful integration. The review reported the lack of research from the African region, and this highlights the importance of further research that is culturally aligned with African worldviews, spiritual traditions and practice settings or systems.

INTRODUCTION

Spirituality is widely recognised as a fundamental component of health, well-being, and quality of life (2) and has been incorporated into various aspects of healthcare and rehabilitation[1 2]. Quality of life is a critical outcome of occupational therapy interventions[3]. Occupational therapists strive to enhance QOL by facilitating engagement in meaningful occupations that align with individuals'

values and beliefs[3]. QOL is multidimensional within occupational therapy, encompassing an individual's perceived satisfaction with their ability to participate in daily occupations, sense of purpose, and overall well-being[4]. Increasingly, it is acknowledged that spirituality plays a crucial role in shaping occupational engagement and its subsequent outcomes such as QOL. Spirituality influences how individuals find meaning in their occupations, navigate life transitions, and cope with illness or disability[4, 5].

Spirituality is a broad concept that encompasses the search for meaning, purpose, and connection beyond the material or physical aspects of life[6]. It may encompass philosophical, secular, religious, and cultural beliefs and practices[5]. Which include belief in a higher power, personal growth, inner peace, and the sense of being part of something larger than oneself[7]. The concept of spirituality has been evolving within occupational therapy literature. Early occupational therapy frameworks primarily focused on physical and psychosocial aspects of health, with spirituality receiving limited attention[8, 9]. However, as the profession embraced more client-centred approaches, spirituality emerged as a vital component of occupational engagement. One of the earliest acknowledgments of spirituality in occupational therapy can be traced to the Canadian Model of Occupational Performance and Engagement (CMOP-E), which explicitly included spirituality as a core component of human occupation[10]. This model conceptualises spirituality as the essence of the person, shaping their motivations, values, and occupational choices[10]. It highlights the role of spirituality in fostering occupational engagement and well-being. Subsequent works have further refined spirituality within the profession and reiterate its significance in practice, education and research.

In 2018, the Occupational Therapy Association of South Africa developed a Position statement on spirituality re-emphasising its importance in occupational therapy education, practice and research[11]. A definition of spirituality drawn on in the statement was that spirituality is 'a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and to experience relationship with self, family, community, nature and the significant or sacred'[5:646]. Furthermore, The Occupational Therapy Practice Framework (OTPF) in its fourth edition conceptualised spirituality as 'the deep experience of meaning brought about by engaging in occupations that involve the enacting of personal values and beliefs, reflection, and intention within a supportive context'[3:21]. This highlights the integral role spirituality plays in shaping identity, motivation, and occupational participation.

The incorporation of spirituality into occupational therapy practice is deeply rooted in the profession's strong commitment to holism and client-centred practice[12, 13]. For instance, in mental health practice, occupational therapists explore spirituality as an important source of information on people's beliefs about mental health and their occupations and it is acknowledged that through spirituality they draw meaning, purpose and transcendence[14]. In their study, Egan and Swedersky[15] 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. Similarly, Farrar[16] reported that most occupational therapists address spirituality by discussing hope and purpose in life in relation to goal setting. These findings highlight the practical client-centred ways in which occupational therapists acknowledge and incorporate spirituality into their practice.

Whilst the incorporation of spirituality into occupational therapy practice continues to evolve, several factors have been identified that impact the incorporation of spirituality in practice. For instance, Belcham[17] reported that occupational therapists' awareness and understanding of spirituality in practice models and frameworks facilitate addressing spirituality in practice. However, the lack of knowledge and training on spirituality has been identified as a factor that discourages therapists from addressing spirituality in practice[18]. Additionally, the fear of imposing spiritual beliefs on clients discourages occupational therapists from incorporating spirituality into practice[16]. These studies suggest that spirituality is being incorporated into occupational therapy practice, but that the profession continues to grapple with effectively and comprehensively assessing and addressing spirituality in practice[15, 19].

Despite the growing research interest in exploring the incorporation of spirituality in occupational therapy practice, there is no recent published review that has explored the incorporation of spirituality in practice or the barriers and facilitators that impact this. While Johnston and Mayers[20] conducted a similar review, it is close to two decades old. Considering the profession's persisting struggle to integrate spirituality in practice, it seemed timely to review the literature to explore what is known about how spirituality has been incorporated into occupational therapy practice. Scoping reviews offer a robust approach for identifying and comprehensively summarising existing evidence to answer a broad research question[21]. Thus, a scoping review was the most suitable design for our study which aimed to identify the ways in which spirituality has been integrated into occupational therapy practice. We had three objectives: 1) to establish how spirituality has been incorporated into the occupational therapy process; 2) to identify the facilitators and barriers to incorporating spirituality into occupational therapy practice; and 3) to identify any gaps in research within this subject area.

METHODS

This scoping review followed the JBI methodology[22] and is reported according to the PRISMA-ScR checklist[23] which is available as a Supplementary file. A protocol was developed *a priori* and was reviewed as part of the process towards the first author's master's degree but was not registered. The question for this review, framed with the PCC mnemonic[22, 24] was:

> *What research is available globally on the ways occupational therapists incorporate spirituality into practice?*

Eligibility Criteria

Studies that met the eligibility criteria were included in the review. Incorporation of spirituality was defined as ways spirituality was assessed, used and addressed in practice. To ensure the trustworthiness and quality of the evidence being reviewed, only primary peer-reviewed studies reporting any type of study design and published in English were included. As the Canadian Model of Occupational Performance and Engagement (CMOP-E) was the first occupational therapy model for practice that explicitly included spirituality, we assumed that publication of this model would have shaped how spirituality was integrated into occupational therapy practice, thus the decision for publication date parameters. Grey literature was excluded as the purpose of the review was to synthesise existing research as an evidence-based resource to inform occupational therapy practice and education. Table I (page3) presents the inclusion and exclusion criteria.

Table I. Inclusion and exclusion criteria

	Inclusion criteria	Exclusion criteria
Study Design	Peer reviewed primary research	Grey literature
General	a) Published in English b) published between 2007 to 2024. c) Studies with accessible full text documents.	a) Published in other languages b) Published before 2007 and after 2024 c) Studies with no full text access
Concept	Studies reporting any way in which spirituality is incorporated into occupational therapy practice	Studies reporting on spirituality in occupational therapy research and education, and do not include practice
	Studies discussing barriers and facilitators to incorporating spirituality into occupational therapy practice	

Information Sources

We searched the PubMed, Web of Science, EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, PsycINFO) and Scopus databases. The number of records identified in each database can be noted in Table II (below).

Table II. Studies identified per database

Database	Number of records Identified
PubMed	50
Web of Science	59
EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Source: Nursing and Academic Edition, Psych Info)	208
Scopus	68

Search Strategy

A preliminary search strategy was developed to identify what literature was available and whether there was an existing current review on the topic. No existing literature nor reviews on this topic were found. In collaboration with a subject librarian at the University of Cape Town Bongani Mayosi Health Sciences library, an iterative process was followed to develop a general search strategy which was customised for each database, including MeSH terms for Pubmed and subject headings for EBSCOhost. Boolean operators were used to combine search terms as shown in Table III (below) which shows a sample search strategy for EBSCOhost (CINAHL, Medline, Academic Search Premier, Health Science: Nursing and Academic Edition, PsycINFO).

Table III. Search terms with sample search for EBSCOhost and PubMed

Search terms	
Topic	Spirituality OR religion OR religious beliefs AND Occupational therapy **OR** occupational therapist
EBSCOhost search strategy	((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")
PubMed search strategy	(("Spirituality"[Mesh]) OR ("Religion"[Mesh])) AND ("Occupational Therapy"[Mesh])

These searches, seen in Table III (page 3) , were conducted in November 2022 and later updated in July 2024. Search results were then exported into Rayyan[25] and all study duplicates were removed.

Selection of Sources of Evidence

Studies were first screened by title and abstract using the 'include' and 'exclude' features in Rayyan, after which the full texts of the remaining studies were screened. Both screening processes were conducted independently by two reviewers (IA and a research assistant) and reasons for exclusions were recorded. Disagreements between reviewers were resolved at each stage of the selection process via a Zoom meeting. One author (MR) checked the screening at the title and abstract phase to ensure the eligibility criteria had been applied correctly. For one article, the second and third authors (HB and MR) were consulted, and consensus was reached to include the article. Once all studies had been screened, the reference lists of all included primary studies and reviews were checked to locate primary studies that had not been retrieved in the searches.

Data Charting Process

Data extraction was undertaken the first author (IA) and discussed with the other two authors (HB and MR). Study characteristics were extracted using a modified JBI data-charting tool[24]. A data capture form was created for quantitative data. Quantitative data were then 'qualitised' by converting it to textual descriptions[26]. QDA Miner Lite was used for coding and analysing textual data[27]. The data extraction process was piloted on three studies to check the suitability of these tools. The pilot demonstrated the effectiveness of the process by successfully capturing comprehensive themes and patterns within the data that aligned with the objectives.

Critical Appraisal of Individual Sources of Evidence

In line with current guidance for scoping reviews, studies were not critically appraised[22].

Synthesis of Results

Data were summarised in tables and elaborated in a narrative summary in line with the scoping review aim and objectives.

RESULTS

The searches identified 385 studies with 171 studies remaining after removal of duplicates. Following the title and abstract screening process, 41 studies were screened by full text of which 10 met the inclusion criteria. This process is displayed in the PRISMA flow chart in Figure 1 (below).

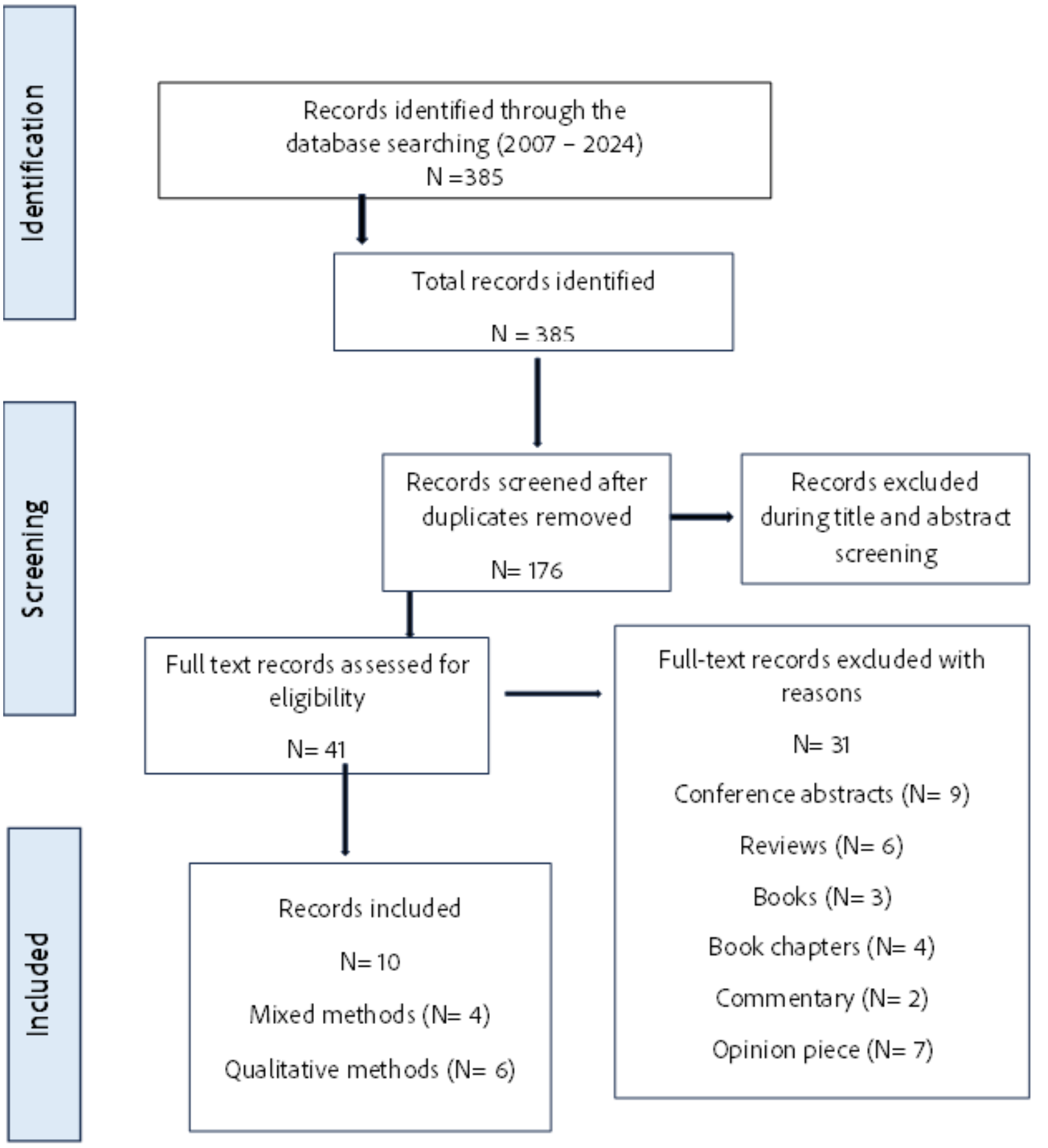


Figure 1: PRISMA Flow Diagram

As seen from Figure 1 (page 4), ten studies were included and the characteristics of each are noteworthy for this scoping review.

Characteristics of Included Studies

Of the ten included studies, five were conducted in North America (USA and Canada) [28, 29, 30, 31, 32] and one each in Iran[33], Australia[34], Sweden[35] and India[36]. One study did not report the country. Six studies used qualitative approaches of various designs[28, 29, 31, 34, 35, 36] while four employed mixed methods[19, 30, 32, 33]. Study populations included occupational therapists only (7 studies)[28, 30, 31, 32, 33, 34, 36], occupational therapists and occupational therapy assistants (1 study)[19] or occupational therapy service users (2 studies)[29, 35]. Two studies were situated within mental health settings [29, 35], one in in-patient, school and community settings[28], one in a paediatric setting[34] and six did not report the setting[19, 30, 31, 32, 33, 36]. Details are reported in Table IV (below).

Table IV. Characteristics of Included Studies (n=10)

Author	Study design	Population	Practice setting	Country
Babaei et al.[33]	Mixed methods (cross-sectional and exploratory descriptive)	Occupational therapists (n=125)	Not specified	Iran
Bray et al.[28]	Qualitative interpretivist	Evangelical Christian occupational therapists (n=7)	In-patient facilities, schools and community	Canada
Heard et al.[29]	Qualitative interpretative phenomenology	Inpatients (n=9)	Forensic mental health setting	Canada
Leitao et al.[34]	Qualitative descriptive	Occupational therapists	Paediatric setting	Australia
Metzger et al.[19]	Mixed methods	Occupational therapists and occupational therapy assistants	Not specified	Not specified
Morris et al.[30]	Mixed methods survey	Occupational therapists (n=97)	Not specified	USA
Pham et al.[31]	Qualitative phenomenology	Occupational therapists (n=15)	Not specified	USA
Pooremamali et al.[35]	Grounded theory	Muslim clients with Middle Eastern heritage(n=11)	Mental Health setting	Sweden
Thompson et al. (2018)	Descriptive survey	Occupational therapists (n=181)	Not specified	USA
Vajaratkar and Dwivedi[36]	Qualitative narrative	Senior occupational therapists (n=15)	Not specified	India

The results were synthesised according to the main objectives of the review: 1) Ways of incorporating spirituality into occupational therapy, and 2) Key enablers and barriers to addressing spirituality.

Ways of incorporating spirituality into occupational therapy

Spirituality was incorporated into occupational therapy practice in two ways: 1) through aspects of the occupational therapy process, entailing evaluation, intervention and achievement of defined outcomes[3], and 2) therapeutic use of self.

Spirituality within the occupational therapy process.

Spirituality was incorporated within the occupational therapy process during evaluation (6 studies)[28, 30, 32, 33, 34, 36] and/or during intervention (5 studies)[29, 31, 32, 34, 36]. Achievement of outcomes was not reported in any studies. Most of the assessment approaches identified in this review were non-standardised. Standardised assessments included the Canadian Occupational Performance Measure (COPM), which is the only occupational therapy specific standardised tool reported, and QOL assessments although no specific tools were named[36]. Non-standardised assessments involved observational approaches such as asking service users to describe and demonstrate tasks within their spiritual practices[32] and asking open-ended questionnaires as a formal approach to assess spirituality[28]. Therapists in one study felt it important to identify the barriers to engaging in spiritual activities[32]. About a quarter of the studies indicated that assessment of spirituality commenced when service users initiated a discussion about it[28, 32, 36]. Lastly, spirituality was assessed indirectly using occupational therapy models[34]. Two studies[30, 33] did not name any assessment methods.

Spirituality was addressed in relation to spiritual practices either as a means or as an end goal of therapy. The use of spiritual practices as a 'means' describes interventions using spiritual or religious practices to remediate impairments or facilitate health and well-being. As therapeutic means, spiritual activities and tasks were used as a modality to address activity limitations and performance skills. Examples include improving cognitive function through reciting prayer[31], enhancing proprioception by adopting the kneeling position[31], and improving muscle strength, endurance, gait and trunk control[31, 32] to enable service users to participate in spiritual and religious activities. Mindfulness, playfulness, relaxation techniques, meditation, reflective practice, and nature-immersing experiences were also reported as therapeutic modalities used in practice[29, 36]. When improved participation in spiritual occupations was the end goal of therapy, studies reported that occupational therapists

engaged in spiritual occupations with service users, such as praying or singing religious songs with them[32] and attending church services with them and their families to adapt the environment to enable participation in religious observance[32]. Other ways in which spirituality was incorporated included simulating religious practices[32], addressing spiritual needs through counselling[32], assisting service users to make contact with their spiritual leaders[36] and addressing spirituality indirectly by considering motivation and underlying values[34]. Table V (below) summarises the findings relating to the occupational therapy process.

Table V. Spirituality Within the Occupational Therapy Process

Author	Evaluation	Intervention: spirituality as a means and/or an end goal
Babaei et al.[33]	Using assessment to evaluate spiritual needs (no specific tools mentioned).	
Bray et al.[28]	Assessing spirituality when service users showed interest in spiritual matters. Using questions to probe further, e.g. 'Do you go to church?' or 'Do you believe in God?'	
Heard et al.[29]		Exposed service users to 'green' spaces to experience nature
Leitao et al.[34]	Most occupational therapy assessments and models perceived to contain elements of spirituality which indirectly provided information on spiritual needs.	Addressing spirituality indirectly by considering motivation, values and driving force – uncovering values and offering a purpose.
Morris et al.[30]	Using spiritual assessment to evaluate spiritual needs, but (no specific tools mentioned).	
Pham et al.[31]		Using kneeling as a task in prayer to enhance proprioception. Using prayer recitation to enhance cognitive deficits. Improving' gait to enable walking to church. Improving trunk control to enable longer periods of sitting in a wheelchair during church.
Thompson et al.[32]	Therapists reported that assessment involves identifying barriers to participation in religious activities Asking service users to describe and demonstrate the religious rituals that held meaning for them Asking service users about the task/s required to participate in religious activities.	Simulating religious practices or practicing their components in treatment sessions. Practicing the actions required to participate in daily mass (religious activities) Improving strength and endurance to enable attendance in religious observances Attending church services with service users and families to assist them to adapt the church environment. Addressing the performance skills and tasks required to participate in religious activities. Identifying resources to enable attendance of religious observance. Addressing physical dysfunction towards participation in religious observances Singing religious songs with service users
Vajaratkar and Dwivedi[36]	Quality of life assessment tools used more to assess spirituality. Using the Canadian Occupational Therapy Performance Measure (COPM) as a standardised tool to assess spirituality.	Using practices like playfulness and mindfulness as intervention modalities. Using meditation, yoga and relaxation techniques to help service users with mental health conditions.
Total studies	**6**	**5**

Therapeutic use of self

Therapeutic use of self refers to 'a practitioner's intentional use of their personality, insights, perceptions, and judgments as part of the therapeutic process'[37:285]. The four studies that incorporated spirituality through therapeutic use of self[28, 31, 32, 36] applied this in two ways. Firstly, therapists drew on their own background, experiences, spiritual knowledge and practices to encourage service users through sharing personal stories of trauma and suffering[31], showing compassion and respect[28], and sharing spiritual practices such as prayer and spiritual songs[28, 32]. Secondly, occupational therapists tapped into their own spiritual occupations to enhance practice such as privately reciting prayers for service users[31] and being reflective[36]. Table VI (below) describes the ways in which therapeutic use of self was implemented with regard to spirituality.

Table VI. Therapeutic Use of Self

Author	Spirituality through therapeutic use of self
Bray et al.[28]	Using prayer and Christian values such as compassion and respect to support treatment. Engaging service users in prayer when in spiritual distress.
Pham et al.[31]	Reciting internal prayer for service users that was not expressed outwardly Using own spirituality by telling their stories of trauma to encourage service users.
Thompson et al.[32]	Discussing how religion and the religious community can support current life. Discussing the benefits of religious observance to health and well-being with service users. Helping service users to contact a religious leader when needed. Praying with service users Singing religious songs with service users
Vajaratkar and Dwivedi[36]	Talking to service users through counselling to address spiritual needs. Therapeutic use of self and reflective practice as a medium of intervention
Total studies	4

Therefore, in these studies, spirituality was incorporated into occupational therapy practice through both the occupational therapy process and therapeutic use of self. Additionally, it was found that addressing spirituality in occupational therapy practice was influenced by key enablers and barriers.

Key enablers and barriers of addressing spirituality

Barriers and enablers were grouped into categories based on their similarity. There were five categories for barriers (therapist knowledge, service user factors, cultural sensitivity, professional/systemic factors and work environment) and four for enablers (therapist agency, service user factors, cultural sensitivity and work environment). Details of barriers and enablers are shown per category in Table VII (below) and Table VIII (page 10), respectively

Table VII. Barriers to Incorporating Spirituality into Occupational Therapy Practice

Author	Therapist knowledge	Service user factors	Cultural sensitivity	Professional/ systemic factors	Work environment
Metzger et al.[19]	Lack of continuous education on spirituality				Limited time and work demands Practice setting (nursing, acute, paediatrics) and type of service user population

Author	Therapist knowledge	Service user factors	Cultural sensitivity	Professional/ systemic factors	Work environment
Leitao et al.[34]	Lack of education on spirituality Not knowing how to incorporate spirituality into practice Spirituality viewed as subjective hence difficult to incorporate into practice Difficulty conceptualising spirituality in practice				
Babaei et al.[33]	Limited education about the effect of spirituality on the occupational therapy process	Service users' lack of awareness of the benefits of spirituality in their treatment plan.	Differences in culture and beliefs of therapists and service users.	Therapists' inability to bill spiritual care.	Limited time for therapeutic sessions.
Pham et al.[31]				Therapists' inability to bill for spiritual care services.	Time constraints, productivity expectations, professional code of conduct and workplace culture.
Vajaratkar and Dwivedi[36]	Inadequate knowledge about other faiths or beliefs to feel comfortable addressing spirituality Lack of a broader language to express spirituality other than religious language and thus did not feel comfortable addressing it Difficulty differentiating spirituality from religion. Spirituality is too personal to discuss Limited understanding			Therapists' belief that the practice setting is not appropriate to discuss spirituality Shorter therapeutic relationship as a hindrance to building trust to discuss spiritual needs	

Author	Therapist knowledge	Service user factors	Cultural sensitivity	Professional/ systemic factors	Work environment
	of the concept of spirituality				
Thompson et al.[32]	Lack of education on religious observance	When service user does not identify spirituality as a treatment priority When service user does not identify addressing religious observance as a priority.		Therapists fear of the potential socio-political issues that may arise when religious issues are discussed in therapy. Addressing religious observance as a non-reimbursable intervention. Therapists fear of broaching the topic of religious observance as they deem it a sensitive topic.	Standardised evaluation/treatment protocol does not include religious observance Addressing religious observance not aligned with organisational context
Morris et al.[30]	Difficulty differentiating between spirituality and religion			Lack of assessment tools to assess the spiritual needs	
Bray et al.[28]			Malalignment of therapists and service users' faith or beliefs. Therapists disconnect between service users' spiritual needs and what could be address without risking rebuke.	Largely secular healthcare system held tensions for therapists when incorporating spirituality into their practice Professional regulating bodies' restrictions on the explicit use of spirituality in practice Fear of being called racist, judgemental, and fundamentalist when incorporating spirituality into practice. Therapists assumed tendency of being accused of professional misconduct.	

Author	Therapist knowledge	Service user factors	Cultural sensitivity	Professional/ systemic factors	Work environment
Pooremamali et al.[35]		When service users feel therapists are forcing their worldviews on them. Service users' belief that therapists can only address their illnesses and not their inner sufferings.	Confusion between therapists and service users over service users' spiritual needs When service user feels uncomfortable and insecure as their cultural background is incongruent with that of the therapist.		
Total studies	6	4	3	6	4

Table VIII. Facilitators to Incorporating Spirituality into Occupational Therapy Practice

Author (year)	Therapists' agency	Service user factors	Cultural sensitivity	Work environment
Metzger et al.[19]	Therapists' knowledge and experience on spirituality			
Leitao et al.[34]	Building therapeutic relationship and rapport with service user and family made it comfortable to address spirituality			
Babaei et al.[33]			Therapists reported confidence in addressing spiritual needs when their beliefs were like service users	
Vajaratkar and Dwivedi[36]	When therapists directly or indirectly permit the service users to raise their spiritual issues. When therapists create environments that make service users comfortable to discuss spiritual issues		Incorporating service users' value systems into practice.	
Thompson et al.[32]		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 recognising it as part of the healing process

Author (year)	Therapists' agency	Service user factors	Cultural sensitivity	Work environment
Morris et al.[30]			Therapists reported they are confident addressing spiritual needs when their beliefs are similar to that of the service user	
Pooremamali et al.[35]		The service users indicated that the way therapists interact with them was important for them to tolerate discussions of spirituality.		
Total studies	3	2	3	1

Overall, studies reported more barriers (23 instances) than enablers (9 instances). The highest barriers were therapist knowledge (6 studies) and professional /systemic factors (6 studies). The highest reported enablers (3 each) were therapists' agency and cultural sensitivity. The section below discusses the overall findings of the study.

DISCUSSION

This review established that occupational therapists incorporate spirituality into practice through the occupational therapy process and therapeutic use of self. Key enablers and barriers to integrating spirituality in practice were also identified. The studies were conducted predominantly using the qualitative methodology (80%; n=8) with only two studies employing mixed methods. The use of quantitative approaches to report use of spirituality was absent, which could suggest a challenge in measuring spiritual interventions. However, this requires further exploration. It is also worth noting that almost all the studies included in this review were conducted in Europe and North America with one from Asia and mainly from high income economy countries. African perspectives are notably absent; no studies from the continent were identified, despite spirituality being deeply interwoven with how many Africans understand health, illness, and daily life. This highlights the need for contextually grounded research that captures how spirituality is experienced and incorporated within African occupational therapy settings.

Studies in this review were conducted across diverse occupational therapy practice settings, indicating the importance of attending to spiritual needs regardless of service context or diagnosis. This finding resonates with that of Ghodrati and Ebrahimi[38] who found that addressing spiritual needs had positive outcomes for medical conditions, such as reducing anxiety, depression, pain and improved QOL for patients with chronic illnesses. In addition, as a dimension of QOL[39], enhancing spirituality can improve patient well-being and health outcomes[40]. Hence, spirituality is an essential element of person-centred care[41] which further underscores its relevance to occupational therapy practice.

The findings corroborate previous work in occupational therapy and occupational science on the relationship between spirituality and engagement in occupation. According to Smith and Suto[42] the relationship between spirituality and occupation is complex; while some occupations are inherently spiritual, others acquire spiritual significance when they evoke a deep sense of meaning. For instance, occupations such as prayer, meditation, and religious rituals may be explicitly spiritual in nature, but occupations such as painting or caregiving may become spiritual when they foster reflection, connection, and a sense of purpose. This conceptualisation expands the understanding of spirituality in occupational therapy, suggesting that spirituality is not confined to specific occupations but is instead embedded in the subjective experiences of individuals engaging in occupations. It is therefore important for occupational therapists to clearly articulate methods they use to incorporate spirituality in practice to support evidence-based practice.

Despite incorporating spirituality through the occupational therapy process, there were significant inconsistencies evident in the studies reviewed. Three studies only reported evaluation of spirituality, two reported interventions without evaluation and three reported evaluation and intervention. Notably, none of the studies reported utilising outcome measures to evaluate effectiveness of spiritual interventions. Lack of data on evaluating the outcome could suggest challenges experienced by therapists in other stages of the process, as the steps of the occupational therapy process are interdependent.

However, this experience is not unique to the studies in this review. For instance, a major challenge to implementing the full occupational therapy process in acute psychiatric settings is rapid discharge[43]. Another challenge is therapists' limited skills and knowledge in setting measurable goals, which hinders their selection of appropriate outcome measures [44]. Failure to report on implementation of the whole occupational therapy process limits understanding of the impact of spiritual interventions and slows down the generation of evidence.

The studies in this review reported using both standardised and non-standardised assessments to directly[28, 32, 36] or indirectly assess spirituality[34]. Non-standardised assessment methods were most predominantly. This finding resonates with a similar observation by Johnston and Mayer[20] two decades ago, and more recently Mthembu et al.[45] who reported a lack of occupational therapy-specific standardised assessment tools for assessing spirituality. However, it is important to recognise that reliance on non-standardised approaches to assess spirituality could be attributed to the complexity and ambiguous nature of spirituality[46, 47]. The ambiguity of spirituality could make it challenging to objectively conceptualise within standardised assessment tools. Further research and development of assessment tools for assessing spirituality in occupational therapy practice is needed.

For the intervention phase, studies in this review reported use of spirituality as both a means and ends, with half of the studies indicating use of various spiritual and religious practices as therapeutic modalities. Others used spirituality as the end goal of

therapy. This finding differs from that of Smith and Suto[42] who found that occupational therapists tended to use spirituality as an end goal, ensuring that clients keep participating in spiritual occupations rather than using them as a means. Use of spirituality as both a means and ends as reported in these studies could suggest a growing understanding of spirituality and its impact on quality of life and health. For example, occupational therapy students were reported to perceive spiritual occupations as motivating and associated with coping styles, motivation and life satisfaction[48].

Another important contribution of this review is identification of therapeutic use of self as a strategy for integrating spirituality. Although reported in only four studies this strategy was implemented implicitly through therapists' own spiritual practices, such as silently praying for service users[31] and through reflection[36] or explicitly through application of conventional principles of therapeutic use of self. Punwar and Peloquin[37] foreground the intentional use of self in the therapeutic process as key to therapeutic use of self. Solman and Clouston[49] add that consciously using the interpersonal relationship as a therapeutic strategy acknowledges that the therapist's presence and authentic connection can significantly enhance the client's therapeutic journey and outcomes. The concept of therapeutic use of self, recognises the therapist's spirituality as an important resource for enhancing the health and well-being of service users. However, using therapeutic use of self as a strategy for integrating spirituality into practice requires further exploration.

Navigating spirituality in healthcare delivery is complex for both service users and providers. This review established a range of factors that were reported as barriers and facilitators to incorporating spirituality into occupational therapy intervention. Enablers were classified into interpersonal and environmental factors. Interpersonal factors comprised the therapist's agency and cultural sensitivity, as well as the service user's receptiveness and agency, whereas environmental factors were about the setting or work environment where services were provided. The opposite acted as barriers to incorporating spirituality into practice: limited knowledge, confidence and cultural sensitivity from the therapist, resistance and reluctance from the service user and systemic and work environment factors. Therapists' lack of or inadequate knowledge of spirituality has been significantly and persistently reported in occupational therapy[15, 20]. A contributing factor to systemic and contextual barriers could be the divide between the body and the mind in westernised medicine that has rendered the integration of spirituality in healthcare inappropriate[50].

There are three important limitations which may bias the findings of this scoping review. Firstly, as only peer-reviewed primary studies published in English were included, studies that were relevant to this review may have been missed. Secondly, authors of included studies were not contacted to obtain additional information, thus the findings contain only information that was reported in the studies. Lastly, the lack of studies from African countries, including South Africa which is a significant contributor to occupational therapy literature on the continent, may limit the generalisability and contextual relevance of the evidence for African settings.

CONCLUSION

This review found that occupational therapists incorporate spirituality into practice through the occupational therapy process and the therapeutic use of self in varied and meaningful ways. However, further exploration is needed to deepen our understanding of how the therapeutic use of self can more effectively support clients' spiritual needs. Spirituality emerged as an important component of holistic, client-centred care, facilitated by factors such as therapist agency and cultural sensitivity, while barriers included limited knowledge, systemic constraints, and pressures within the work environment.

Most of the studies in this review were conducted in high-income countries, with none situated in African contexts. This highlights a limitation in the current knowledge base particularly given the centrality of spirituality within many African communities. Specific research on the integration of spirituality in occupational therapy practice in the African context is thus strongly recommended. which contributes a significant amount of occupational therapy literature from the continent

Finally, spirituality is a fundamental aspect of holistic, client-centred occupational therapy practice, making its meaningful integration essential. Strengthening evidence-based strategies to facilitate this integration is critical, as it will enable occupational therapists to address spiritual needs more effectively, thereby enhancing service user well-being and promoting occupational engagement.

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Conflicts of Interest

The authors confirm that there is no conflict of interest.

Author Contributions

Isaaq Amanquarnor conceived the study as part of his master's study guided and was supported by Helen Buchanan and Matumo Ramafikeng as supervisors. In writing the manuscript, Isaac Amanquarnor contributed to all sections of the paper, Helen Buchanan worked on the method and results sections and Matumo Ramafikeng worked on the discussion section. All authors reviewed and edited the manuscript and approved the final version to be submitted.

Ethical considerations

Not applicable as there was no patient nor public involvement at any stage of the research.

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