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Guidelines to integrate spirituality and spiritual care in occupational therapy education: A modified Delphi study

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Abstract

This modified Delphi study aimed to develop educational guidelines for integrating spirituality and spiritual care into occupational therapy education. The first round comprised a self-administered questionnaire, the second round used a faceto-face workshop, and last round reviewed the developed educational guidelines, which reached the highest agreement and median values greater than 3.25. A panel of 18 comprised occupational therapy educators, clinicians, and nursing experts were recruited. A total of 126 out of 142 items reached the highest agreements from the panel participants, categorized based on the content knowledge-based, importance, skills, ethics, pedagogical approaches, teaching and learning strategies, and assessment of student learning.

Keywords

Education; modified Delphi; occupational therapy; spiritual care; spirituality

Introduction

There has been an ongoing debate regarding the integration of spirituality and spiritual care in occupational therapy. In making such an integration more effective and significant, there is a need for guidelines that might be used to embed spirituality and spiritual care into occupational therapy education (Johnston & Mayers, 2005; Jones, 2016; Mthembu, Wegner, & Roman, 2017a). Occupational therapy educators, students, and clinicians increasingly work in culturally, spiritually, and religiously diverse societies. Therefore, there is a need for these professionals to frequently acknowledge spirituality as an essential aspect of a person, influenced by the environment, and often providing meaning and purpose through occupations (Egan & Swedersky, 2003; Polatjako, Townsend, & Craik, 2007; Sumsion, Tischler-Draper, & Heinicke, 2011). Spirituality is further identified as an essential component of the integrative care of people, groups, and communities in some occupational therapy models. According to the World Health Organization (2015) and Moreira-Almeida, Sharma, Janse van Rensburg, Verhagen, and Cook (2016), spirituality is considered an important determinant of health, quality of life, and well-being. According to Puchalski, Vitillo, Hull, and Reller (2014), spirituality is defined as:

> a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions and practices. (p. 646)

Spiritual care means attending to the whole person, including physical, emotional, social, and spiritual dimensions of one's experience (Puchalski, 2001). These dimensions seem to be related to person-centered and holistic approaches, which are fundamental to occupational therapy practice and education. Educators, students, and clinicians reported, however, not being adequately prepared for the integration of spirituality and spiritual care in occupational therapy education (Jones, 2016; Mthembu et al., 2017a; Thompson & MacNeil, 2006). Additionally, educators, students, and clinicians are faced with the challenge of integrating spirituality and spiritual care when faced with time constraints (Mthembu et al., 2017a). There is increasing awareness of the significant role of spirituality and spiritual care in the occupational therapy profession (Brémault-Phillips et al., 2015; Hemphill, 2015; Kirsh, Dawson, Antolikova, & Reynolds, 2001; Morris et al., 2014). A mixed-methods study by Morris and colleagues (2014) found that there was a gap among theory, education, and practice regarding the integration of spirituality in occupational therapy. These findings corroborate systematic reviews that highlighted a limited base of evidence on guidelines to integrate spirituality and spiritual care into health sciences education (Bennett & Thompson, 2015; Mthembu, Wegner, & Roman, 2016).

Previous studies on guidelines for integrating spirituality and spiritual care into professional education have been developed in a number of health care professions including counselling (Henriksen, Polonyi, Bornsheuer-Boswell, Greger, & Watts, 2015), medicine (Janse van Rensburg, 2014), and social work (Bhagwan, 2002). For the occupational therapy profession, however, there are few guidelines that may be used to integrate spirituality and spiritual care in education (Hoyland & Mayers, 2005; Johnston & Mayers, 2005). This is further supported by the systematic review conducted by Mthembu, Wegner, and Roman (2016), which found that there were no studies seeking consensus about guidelines to incorporate spirituality and spiritual care into occupational therapy education. Hence, more research is needed to design and develop guidelines that may reflect how to prepare occupational therapy educators and students for spiritually sensitive education and practice. Additionally, such an approach may assist in bridging the gap in theory, practice, and research regarding spirituality and spiritual care in occupational therapy education. Therefore, this study aimed to design and develop guidelines for integrating spirituality and spiritual care in occupational therapy education.

Methodology

Design

A three-round modified Delphi method was used to design and develop guidelines for integrating spirituality and spiritual care into occupational therapy education. Modified Delphi method refers to the combination of a "self-administered questionnaire and a physical meeting of the experts to discuss the results or rate the indicators" (Boulkedid, Abdoul, Loustau, Sibony, & Albert, 2011, p. 2). The modified Delphi method allows the

use of questionnaire-based rounds and the physical meeting, which is considered as a round (Boulkedid et al., 2011; Custer, Scarcella, & Stewart, 1999). Likewise, another benefit of using the modified Delphi technique is that previous work forms the foundation of the study (Custer et al., 1999). In the current study, the modified Delphi method consisted of a first round of a questionnaire used for survey, face-to-face workshop as a second round, and a third round where items that reached highest agreements were reviewed. The self-administered questionnaire study had a combination of qualitative and quantitative data, which assisted to gain consensus (Hasson, Keeney, & McKenna, 2000). On contrary, the face-to-face workshop was used as part of the modified Delphi technique, which is consistent with the Estimate-Talk-Estimate process, where panelists can interact about the rated items and provide reasons and justifications (Armstrong, 2001; Green, Armstrong, & Graefe, 2007; Khosrow-Pour, 2015). The Estimate-Talk-Estimate process was used to help the panellists discuss the guidelines and reach consensus (Eubank et al., 2016). Moreover, the method Delphi method used an iterative process designed to combine expert opinion into group consensus about the constructs of spirituality and spiritual care in occupational therapy education (Hasson et al., 2000; Keenay, Hasson, & Mckenna, 2006; Skulmoski, Hartman, & Krahn, 2007). The process was stopped once consensus was reached, which indicated that theoretical saturation was achieved (Skulmoski et al., 2007). This study received ethical approval from the Research Ethics Committee at the University of the Western Cape (ethical clearance number 14/4/18). All participants gave informed consent, and were informed about their right to withdraw from the study without repercussion. Boulkedid and colleagues (2011) listed five quality indicators that might be used as part of the practical guidance on how to improve the optimal use and reporting of Delphi method. These quality indicators are questionnaire for the first round, experts, sending questionnaire, next rounds, and final round. In the current modified Delphi method, the research team used the suggested quality indicators as incorporated in the following sections.

Participant selection

Selection of the experts is one of the quality indicators suggested by Boulkedid and colleagues (2011). It highlights the importance of asking potential panel participants about their willingness to participate in the modified Delphi (Boulkedid et al., 2011). A list of the participants was compiled with their contact details and they were invited to be part of the study in April 2016. Therefore, a purposive sampling was used to recruit 40 eligible participants who were furnished with an information sheet explaining the procedure of the modified Delphi and the benefits from participation. The participants were contacted via an email, which forms part of the quality indicator of sending the questionnaire. Only 11 participants agreed to be part of the current study's first round. These participants were geographically diverse and included international and national experts in the following disciplines: occupational therapy educators (n = 6), occupational therapists (n = 3), nursing (n = 2). The inclusion criteria were set as participants: (a) with expertise in the field of health sciences education, spirituality, and spiritual care; (b) qualified with a bachelor's degree and holding a senior position in education or health; (c) conducted research and published about spirituality and spiritual care; and (d) employed as educators and clinicians in either universities, private practice, public health services, or schools.

For the second round, there were eight panel participants who were occupational therapy educators (n = 3), occupational therapy clinical fieldwork coordinators (n = 2), a community fieldwork supervisor/educator (n = 1), a teaching specialist (n = 1), and an interdisciplinary professional education specialist (n = 1). Some of the panel participants participated in the first round were invited to be part of the second-round face-to-face workshop.

Data collection

Self-administered questionnaire is another quality indicator that Boulkedid and colleagues (2011) suggested as an effective measurement to be used for data collection in a modified Delphi technique. In the present study, a self-administered questionnaire with parts A and B was used to collect data. Part A elicited the participants' demographic information, country, education level, place of employment, and nature of employment. Part B consisted of 142 items, which were developed from the preceding previous studies conducted by the research team (TGM, LW, and NVR). These items were of importance for integrating spirituality and spiritual care into occupational therapy education. In addition, the items were rated using a 4-point Likert scale (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree) to test for consensus among participants of the study. The 4-point Likert scale is useful because it tends to give a more positive response to questions as suggested by Garland (1991).

The research team used Google as a platform for creating the self-administered questionnaire and disseminating it to the participants. Additionally, the Google platform automatically saved the participants' responses into an excel spreadsheet form. The data collection was conducted in two rounds between March and September 2016, but the third round was used as a review of the rated items for the guidelines.

Round 1 consisted of a survey conducted using self-administered questionnaire, which was designed based on the findings from preliminary studies produced from the systematic review, and used quantitative and exploratory-descriptive qualitative methods. This is consistent with Custer and colleagues (1999), who highlight that the first round of the modified Delphi begins with panelists being offered a set of items heretofore determined. The findings of the previous studies were collated using a matrix framework by the research team prior to the modified Delphi study. The research team constructed 142 items from the previous studies preceding this study, which were important for spirituality and spiritual care in occupational therapy education. The following categories were developed from preliminary studies related to the modified Delphi study. These categories are: (1) knowledge-base for spirituality and spiritual care; (2) importance of spirituality and spiritual care; (3) skills required for spirituality and spiritual care; (4) spirituality and spiritual care in occupational therapy related to ethics of care; (5) pedagogical approaches for spirituality and spiritual care; (6) teaching and learning strategies for spirituality and spiritual care; and (7) assessment strategies for spirituality and spiritual care. Then, the self-administered questionnaire for the first round was sent to the participants via an email as a link, or word document for those who had poor access to internet. The panel participants were asked to rate and comment on the items.

For Round 2, the results of Round 1 were subsequently used to prepare a presentation for the face-to-face workshop, which allowed the panel participants to make further clarifications on the items that reached an agreement. The second round presents the modification of Delphi method, which is consistent with Custer and colleagues (1999), Armstrong (2001), and Avella (2016), who indicated panel participants can be given the opportunity to discuss the items to the point that they are able to agree with each other. A goal of the face-to-face workshop was to discover the reasons, clarifications, and justifications regarding the items rated in Round 1 in preparation for integration of spirituality and spiritual care into occupational therapy education. A second goal was to discuss the development of possible guidelines that might be used to facilitate the integration of spirituality and spiritual care. During the face-to-face workshop, the panel participants made comments, which were incorporated into the guidelines. The comments from the panel participants contributed to the understanding of spirituality, particularly when contextualized within an African perspective. Overall, the second round supported the Estimate-Talk-Estimate process, whereby the panel participants were able to interact about the items and justified their consensus (Green et al., 2007; Khosrow-Pour, 2015). The majority of the items were rated high in Rounds 1 and 2, this resulted to the compilation of guidelines, which were sent to the panel participants for review in the subsequent round. This supports Keenay and colleagues (2006) that number of rounds depends on time available and exhaustion occurred after two rounds as experts tend to be busy.

Round 3 comprised validation of the rated guidelines as true reflections of what the panel participants agreed on in Rounds 1 and 2. The panel participants were asked to check the correctness of the responses related to their agreement about the guidelines that should be used to integrate spirituality and spiritual care into occupational therapy education as part of the final round.

Data analysis

In this study, descriptive statistical analysis was computed using the Statistical Package for the Social Sciences (SPSS) software 23 (2016). The research team checked the completeness and correctness of the responses on the items of the questionnaire. The descriptive statistics included participants' characteristics using numbers (n) and percentages (%). Hsu and Sandford (2007) and Boulkedid and colleagues (2011) recommended that at least 70% of panel participants need to rate 3 or higher on a 4-point Likert type scale, and the median score has to be greater than 3.25. For each item, from part B of the self-administered questionnaire survey, the median scores as a measure of central tendency together with percentile range were used as indicators to determine the level of agreement and the degree of importance among panel participants, as these indices are mostly used in health research (Hasson et al., 2000).

Results

For Round 1, of the recruited 40 panel participants, 11 agreed to be part of the modified Delphi study, completed, and returned the questionnaire, giving a 27.5% response rate. The age of the participants ranged from 32 to 67 years with a mean and standard deviation of 45.63 ± 10.67. The majority of the participants (72%) indicated that they were from South Africa, followed by the Netherlands (9%), and the United Kingdom (9%). One participant (9%) did not indicate country of origin. Less than half (45.5%) of the participants were employed as occupational therapy full-time academics in institutions of higher learning, while some were clinicians in departments of education or health, or in private practice. In addition, there were participants who reported that they were postgraduate supervisors, researchers at the knowledge center of spirituality and health care, doctoral students, and part-time academics. The results section summarizes the modified Delphi in terms of consensus based on the agreement percentages, median, and interquartile range as presented in the Tables 1–7.

Table 1. Knowledge-base for spirituality and spiritual care.

	Consensus (%)	Median	Interquartile range
1. To have an understanding of the following concept and provide analysis: spirituality	90.9	4	3–4
2. To have an understanding of the following concept and provide analysis: spiritual care	63.6	4	3–4
3. To have an understanding of the following concepts and provide analysis: religion	54.5	4	4–4
4. To have an understanding of the following concepts and provide analysis: spiritual well-being	81.8	4	4–4
5. To have an understanding of the following concepts and provide analysis: spiritual coping	63.6	4	3–4
6. To have an understanding of the following concepts and provide analysis: spiritual distress	63.6	4	3–4
7. To have an understanding of the following concepts and provide analysis: spiritual needs	81.8	4	3–4
8. To have an understanding of the following concepts and provide analysis: spiritual diversity	90.9	4	4–4
9. To demonstrate an integrated approach to address spirituality and spiritual care by considering moral and faith development-related issues, bio-psycho-social-spiritual journeys and critical view of individuals	63.6	4	3–4
10. To be introduced to theories of stress and coping in order to help them to understand humans as a whole	72.7	4	3–4
11. To engage in theory of journaling with students through maturation which also enhances students' awareness of the essence of spirituality	45.5	3.5	2.75–4
12. To be aware of how to incorporate spirituality in all aspects of occupational therapy	45.5	4	3–4
13. To be introduced to spirituality in first year	72.7	4	3–4
14. To consider spirituality in order to improve clients quality of life	72.7	4	3–4
15. To consider clients' spirituality and religious beliefs	72.7	4	3–4
16. To introduce students to occupational injustices and their relationship to spirituality	54.5	4	3–4
17. To introduce students to a theory of meaning of occupational engagement and spirituality	63.6	4	3–4
18. To explain to students about spirituality so that students would be able to consider it in fieldwork	63.6	4	3.5–4
19. To have an understanding of the differences between spirituality and religion	72.7	4	3–4
20. To know how spirituality and religion are both connected	45.5	4	3–4
21. To be aware of the guidelines and use them to include spirituality in teaching and learning	54.5	4	3.25–4
22. To be able to address fears of addressing spirituality in teaching and learning	81.8	4	4–4
23. To know how to tackle the topic in the classroom without being emotional and sensitive	63.6	4	3.5–4

Table 2. Importance of spirituality and spiritual care.

	Consensus (%)	Median	Interquartile range
1. To be aware of the importance of spirituality in different fieldwork placements	63.6	4	3.5–4
2. To be aware that spirituality improves well-being and health of the client	72.7	4	4–4
3. To be aware how to include spirituality in individual process	54.5	4	2.5–4
4. To be aware how to incorporate spirituality in group process	54.5	4	2.5–4
5. To be aware how to infuse spirituality in community process	54.5	4	2.5–4
6. To consider spirituality as a vehicle to occupational therapy intervention	45.5	4	3–4
7. To consider clients' involvement during intervention so that clients may share their spirituality with them	63.6	4	3.5–4
8. To be aware how spirituality relates to individual personal journey	81.8	4	4–4
9. To know how spirituality relates to enablers	72.7	4	4–4
10. To be aware how spirituality relates to occupational performance	81.8	4	4–4
11. To learn to acknowledge clients' priorities related to spirituality	81.8	4	4–4
12. To learn to use clients' occupational choices in order to motivate clients' engagement in occupation	81.8	4	4–4
13. To learn to differentiate spirituality and how it links with activities	72.7	4	4–4
14. To find out from the clients the importance of prayer, meditation, and silent time	45.5	3.5	1.75–4
15. To be aware of clients' rituals as part of spirituality	72.7	4	4–4
16. To be exposed to fieldwork visits to help students to observe and learn about spirituality and spiritual care in practice	63.6	4	3.5–4
17. To be allowed to shadow in order to observe how other members of the health team promote spirituality in practice	72.7	4	4–4
18. To be aware of the role of the interdisciplinary panels in sharing knowledge and imparting skills about spirituality and spiritual care	63.6	4	3.5–4

There was consensus among the panel participants regarding the knowledge-base that might inform the integration of spirituality and spiritual care into occupational therapy education. In Table 1, the majority of the panel participants (90.9%) reached an agreement that understanding of spirituality and spiritual diversity in occupational therapy education is very important. Nine of the 11 panel participants (81.8%) agreed that spiritual well-being, spiritual needs, and addressing fear of spirituality in teaching and learning are significant in occupational therapy education. About 72.7% (n = 8) panel participants agreed that spirituality is very important because it improves clients' quality of life. Therefore, the panel participants agreed that spirituality should be part of occupational therapy education from first year level. Two thirds of the panel participants (63.6%) agreed that knowledge related to spiritual care, theory of meaning of occupational engagement, and spirituality might enhance occupational therapy understanding of human beings. Overall, the items related to the knowledge-base for spirituality and spiritual care gained highest agreement with median values ranging from 3.5 to 4.

An importance of spirituality and spiritual care seems to resonate with the core foundation of occupational therapy education. Most panel participants (81.8%) agreed that spirituality plays an important role in one's individual

Table 3. Skills required for spirituality and spiritual care.

	Consensus (%)	Median	Interquartile range
1. To be supported to enhance their skills such as a comprehensive history, spiritual assessment and physical exam	63.6	4	4–4
2. To be taught how to conduct spiritual assessment with clients	45.5	4	3–4
3. To be provided a lesson on how to be sensitive	72.7	4	4–4
4. To be taught how to be ethical about issues related to spirituality	90.9	4	4–4
5. To be provided with possible questions to assess spiritual needs	72.7	4	4–4
6. To learn to seek, discern and use information obtained from an assessment of spirituality	72.7	4	4–4
7. To be aware of how to assess spirituality according to age and stage	63.6	4	3–4
8. To be guided about how to assess spirituality by providing them with assessment tools	54.5	4	3–4
9. To point out exactly where spirituality fits in occupational therapy	63.6	4	2.75–4
10. To address the relationship between spirituality and cultural context	90.9	4	4–4
11. To be equipped with skills to address clients' spiritual needs and how to refer to relevant members	54.5	4	4–4
12. To develop and maintain a practice of good self-care in order to attend to their own physical, emotional and spiritual well-being	72.7	4	4–4
13. To know how to compensate for their health	54.5	4	4–4
14. To be provided with evidence to show how spirituality is implemented in the real world	63.6	4	4–4
15. To be aware of the effectiveness of spirituality in occupational therapy	63.6	4	3.5–4
16. To conduct evidence based research to help them understand how spirituality is included in occupational therapy	72.7	4	4–4
17. To be able to learn how to demonstrate spiritual assessment skills, assessment of spiritual needs, self-knowledge when addressing spiritual needs, appropriate times and methods for making appropriate referrals for spiritual care	54.5	4	3–4
18. To know how active listening forms part of spiritual care intervention	81.8	4	4–4
19. To know the practical notions of patients' management according to the integrative bio-psycho-socio-spiritual integrative model	54.5	4	4–4
20. Students need to have an understanding of the most common religions, in order to take an accurate spiritual history	63.6	4	2.75–4
21. To be aware of the spiritual questions that can be expected with patients related to their illness	72.7	4	4–4
22. To have a thorough knowledge of whole person-centered approach in relation to understanding the human being as a spiritual being with mind, body, and spirit	81.8	4	4–4
23. To be able to assess patients' body, mind and spiritual needs of clients	81.8	4	4–4
24. To be able to provide holistic care based on knowledge of physiological, psychosocial, cultural, spiritual, and environmental dimensions.	81.8	4	4–4
25. To be educated about the significance of viewing human beings as wholes rather than as sums of their parts	90.9	4	4–4

journey, priorities, and occupational choices. The items gained the highest agreement with a median score of 4 within interquartile range between 25th quartile of 4 and 75th quartile of 4. About 72.7% (n = 8) panel participants agreed that spirituality relates to enablers, client's rituals, well-being, and health. Therefore, about one third of the panel participants (63.6%)

Table 4. Spirituality and spiritual care as related to ethics.

	Consensus (%)	Median	Interquartile range
1. To introduce spirituality during an ethics course so that students will have an understanding of how to address it with clients	63.6	4	3–4
2. Students should learn to identify ethical and boundary issues as well as to provide privacy for clients' and families' need for solitude	81.8	4	4–4
3. To learn how to behave in an ethical manner without infringing clients' rights and promote quality of life by adhering to a person-centered approach	72.7	4	3.75–4
4. To be introduced to ethics while learning about spirituality and spiritual care	72.7	4	3.75–4
5. To learn to respect patients' views and opinions to enhance their communication	72.7	4	3.75–4
6. To learn to respect people's right to participate in their own health care	81.8	4	4–4
7. To learn to recognize ethical, spiritual, and legal dimensions of occupational therapy practice	81.8	4	4–4

agreed it is important that occupational therapy students gain understanding of spirituality in different fieldwork placements so that they may learn about the role of interdisciplinary panels. These items gained agreement with a median value greater than 3.25 as presented in Table 2.

In occupational therapy education, it is imperative that students acquire skills related to spirituality and spiritual care. Almost all panel participants (90.8%) agreed that students need to gain skills on how to view human beings as wholes rather than as sums of their parts. This finding resonates with the agreement of most of the panel participants (81.8%) who agreed with the knowledge of a holistic person-centered approach as part of spiritual being with mind, body, and spirit. As a result, the panel participants agreed that students should learn how to assess patients' body, mind, and spiritual needs. Table 3 presents the items related to the skills for spirituality and spiritual care with a highest median score of 4. Panel participants (81.8%) reached the highest agreement that "students should know how to use active listening as a spiritual care intervention" with a median value of 4. Almost all of the panel participants (90.9%) agreed that there is a relationship between spirituality and cultural context as presented in Table 3.

In relation to the skills for spirituality and spiritual care, almost all panel participants (90.9%) agreed that students need to gain and apply ethical

Table 5. Pedagogical approaches for spirituality and spiritual care.

Transformational learning in spirituality and spiritual care	Consensus (%)	Median	Interquartile range
1. To be challenged about their belief systems as they will be working with clients who are different from them	54.5	4	2.5–4
2. To engage in dialogues about their understanding of spirituality	63.6	4	3.5–4
3. To be aware of what makes a person a spiritual being	72.7	4	3.75–4

Table 6. Teaching strategies for spirituality and spiritual care.

	Consensus (%)	Median	Interquartile range
1. To expose students to spirituality using experiential learning	54.5	4	3–4
2. To be given an opportunity to experience spirituality within occupational therapy modules	54.5	4	3–4
3. To be allowed to engage in role plays about spirituality that mimic the real world	54.5	4	3–4
4. To learn to observe during the role play in order to enhance their problem solving, critical reflection and communication skills	63.6	4	3.5–4
5. To learn to share their own perspectives about spirituality	72.7	4	3.75–4
6. To be exposed to spirituality and culture through experience	81.8	4	4–4
7. To learn to make sense of their learning experiences regarding spirituality	72.7	4	3.75–4
8. To learn about spirituality and spiritual care through the use of role-plays to allow them to share their understanding	54.5	4	3–4
9. To be given an opportunity to reflect about spirituality	90.9	4	4–4
10. To be given an exposure to discuss what they have experienced	54.5	4	4–4
11. To be allowed to use the Kolb's experiential learning cycle in order to reflect about spirituality from a personal view	45.5	4	3–4
12. To allow students to reflect from the level of spiritual being	45.5	4	2.25–4
13. To allow students to reflect from an occupational being	36.4	3.50	2.5–4
14. To learn to use journals as a platform for spirituality	45.5	4	3–4
15. To learn to write journals about individuals' spiritual journeys this would help them to have an understanding of themselves and others	45.5	3.50	2.75–4
16. To learn to self-reflect in order to share their spirituality	54.5	4	3–4
17. To learn to define spirituality from their personal perspective	63.6	4	3–4
18. To learn to identify elements of spirituality	63.6	4	3–4
19. To be exposed to experiential and reflective journaling to provide a platform to express their views about the experiences of spirituality in clinical practice and education	45.5	3.50	3–4
20. To create awareness for proper understanding of spirituality	54.5	4	3–4
21. To be allowed to have interactive day to share about spirituality	54.5	4	3–4
22. To be allowed to have a spiritual and cultural day	63.6	4	3–4
23. To be allowed to share their spirituality in Academic Research Clinical	45.5	3.50	3–4
24. To be given a topic about spirituality and culture	54.5	4	3–4
25. To engage in debates about spirituality, religion and culture in order to facilitate their critical reasoning	54.5	4	3–4
26. To brainstorm about spirituality to get others' views	63.6	4	3–4
27. Students need to engage in dialogue about spirituality and spiritual care during class so that they may raise their awareness about the two concepts in relation to health	72.7	4	3–4
28. To invite guest lecturers to share spirituality information with students	54.5	4	3–4
29. Guest speakers should be invited to share their knowledge about spirituality with students and educators as collaborators	63.6	4	3–4
30. To be taught in class about spirituality through classroom lectures	54.5	4	3–4
31. To learn from educators as role-models how to balance professional boundaries and personal lives and encouraging students to have openness, respect, tolerance and the courage to handle existential pain	54.5	4	3–4
32. To be given an opportunity to work in groups to prepare presentations about spirituality	54.5	4	3–4
33. To be involved in group discussions about spirituality and spiritual care	63.6	4	3–4
	72.7	4	3–4

(Continued)

Table 6. Continued.

	Consensus (%)	Median	Interquartile range
34. To be exposed to small groups in class to express their views and misconceptions about spirituality in a supported and trusting relationship with educators and other students			
35. To be in an environment that promotes sharing about spirituality as it relates to diversity, connections with others, nature and self	72.7	4	3–4
36. To be in an environment conducive to allowing reflection, group discussions and journal writing to promote learning	54.5	4	3–4
37. To work in groups then use a case study to facilitate their understanding of spirituality in order to enhance their problem solving, critical thinking and collaboration	54.5	4	3–4
38. Students' self-awareness should be increased to enable their personal spiritual development	63.6	4	3–4
39. To be enabled to improve their self-reflection skills and knowing themselves more deeply	72.7	4	3.75–4
40. To develop their own values and spirituality	72.7	4	3–4
41. To be able to analyze their own and others' spiritual status in three dimensions of a relationship - with themselves, others, and with respect to faith, to enhance their spiritual assessment skills	63.6	4	3–4
42. To be allowed to have awareness and self-discovery to enable them to sharpen their critical thinking skills about their own spirituality, education and practice	54.5	4	3–4
43. To learn to use internet, online pedagogy and online tutorials to learn about spirituality and spiritual care	45.5	3.5	2.75–4
44. To be exposed to online tutorials about spirituality	45.5	3.5	2.75–4

reasoning skills on issues related to spirituality. Most of the panel participants (81.8%) agreed that respect for people's right to participate in health care needs to be part of occupational therapy education. Additionally, the panel participants (81.8%) agreed that recognition of ethical, spiritual, and legal dimensions in occupational therapy enhance service delivery. The item related to introduction of spirituality during an ethics courses gained support from two thirds of the panel participants (63.6%). This item resonates with the highest agreement from about 72.7% (n = 8) panel participants, who agreed that students need to behave in an ethical manner without infringing clients' rights and promote quality of life by adhering to a person-centered approach, with a median value of 4 as depicted in Table 4.

Table 7. Assessment strategies for learning about spirituality and spiritual care.

	Consensus (%)	Median	Interquartile range
1. To be assessed about spirituality and spiritual care by means of reflective journals, post-clinical conferences, knowledge of literature, and session evaluations	54.5	4	3–4
2. To assess students' understanding of spirituality and religion	63.6	4	3–4
3. To assess students' knowledge and understanding of spirituality using assignment	54.5	4	3–4
4. Students' knowledge about spirituality and spiritual care should be assessed by means of self-report, written examination, written and oral presentations, standardized patient case studies, and clinical evaluations	54.5	4	2–4

There is a need for pedagogical approaches for spirituality and spiritual care in occupational therapy education as presented in Table 5. About 72.7% (n = 8) panel participants agreed that students need to be aware of what makes a person a spiritual being. Therefore, two thirds of the panel participants (63.6%) agreed that engaging in dialogues about understanding of spirituality might enhance students' knowledge. However, slightly more than half of the panel participants (53.5%) agreed that students need to be challenged so that they might engage in the dialogues about belief systems in preparation for them to work with clients from different backgrounds. Overall, these items gained highest agreement with a median value of 4.

The panel participants agreed on a range of teaching and learning strategies that might be used for spirituality and spiritual care as presented in Table 6. Almost all panel participants (90.9%) were in favor of giving students an opportunity to reflect about spirituality. Hence, about 72.7% (n = 8) panel participants agreed that self-reflection skills need to be part of occupational therapy education so that student might know themselves more deeply. Panel participants agreed that teaching and learning strategies such as experiential learning, role plays, writing journals, debates, guest lecturers, group discussions, case study, self-discovery, and online pedagogy and tutorials. These strategies gained highest median values ranging from 3.5 to 4.

Panel participants agreed that occupational therapy education needs to consider how to assess students understanding of spirituality and spiritual care. About two thirds of panel participants (63.6%) agreed it is important that students get assessed on their understanding of spirituality and religion. Therefore, slightly more than half of the panel participants (54.5%) agreed that reflective journals, assignments, case studies, clinical evaluations, and written and oral presentations could be used as assessment strategies as presented in Table 7 with median values ranging from 2 to 4.

Discussion

The purpose of this modified Delphi study was to design and develop guidelines to integrate spirituality and spiritual care into occupational therapy education. Overall, a total of 126 items gained highest agreements based on the consensus, median values, and interquartile ranges (Tables 1–7). The median values ranging from 2 to 4 shows how the panel participants agreed about the educational guidelines recommended in this study. These guidelines can be viewed as an initial support for occupational therapy educators and students when planning to integrate spirituality and spiritual care into occupational therapy education.

The findings of the current modified Delphi study highlighted that the educational guidelines need to incorporate content knowledge-base for spiritual well-being, spiritual coping, spiritual distress, and spiritual needs. In agreement with the literature, the educational guidelines recommend that spirituality, spiritual care, and religion need to be integrated into occupational therapy education from first- to fourth-year levels. These educational guidelines corroborate with Caldeira and colleagues (2016), who suggested that spirituality and

spiritual care should be included in the curriculum in order to promote holistic care. Additionally, these guidelines conform to previous studies, which suggested that students in social work and medicine should examine religion and spirituality as an important aspect of human culture and existence (Bhagwan, 2002; Janse van Rensburg, 2014). In relation to the understanding of religion and spirituality, however, the educational guidelines recommend that spiritual diversity need to be part of occupational therapy education. A possible explanation for this guideline might be that the panel participants agreed on spiritual diversity because occupational therapy education appeared to promote an integrated approach to address spirituality and spiritual care. The integrated approach consists of moral and faith development-related issues, bio-psycho-social-spiritual journeys, and critical view of individuals. The educational guidelines recommend that a theory of meaning of occupational engagement and spirituality need to be part of occupational therapy education. This recommendation is consistent with previous studies, which indicated that there is a relationship between spirituality and occupational engagement (Mthembu et al., 2017b; Wilding, 2007; Wilding, May, & Muir-Cochrane, 2005).

There were highest median values for agreements on the educational guidelines related to priorities, occupational performance, and occupational choices, resonating with Wilding and colleagues' (2005) and Caldeira and colleagues' (2016) idea that spirituality forms the foundation of meaningful doing, coping, and managing chronic illnesses like mental illness. The educational guideline recommends that occupational therapy students need to know that spirituality improves well-being and health of the client. This guideline is in agreement with Wilding and colleagues' (2005) findings, which showed that spirituality is a phenomenon that acts as life sustaining. The current study highlights that an educational guideline related to the importance of clients' ritual as part of spirituality is crucial for occupational therapy education. This guideline accords with the Occupational Therapy Framework, which supported that clients' ritual forms an important aspect of performance patterns, which enables engagement in occupations or activities (American Occupational Therapy Association [AOTA], 2014). AOTA's (2014) assertion corroborates the guideline from the current study, which recommends spirituality relates to enablers of occupation. This guideline highlights that occupational therapy education needs to assist students with more knowledge about spirituality as an enabler. The results corroborate with Mthembu and colleagues (2017b), Wilding (2007), as well as Johnston and Mayers (2005), who noted that spirituality seemed to be a driving force that motivates people to engage in their occupations. This suggests that occupational therapy educators could assist students to understand the significance of spirituality and how it relates to occupations. Additionally, this finding could be supported by the results of the study that reached consensus on the item "students should be aware of importance of spirituality in different fieldwork placements" (Table 2). This is supported by previous studies, which indicated spirituality plays an important role in therapy with individuals, families, groups, as well as in mental health and community (Hess & Ramugondo, 2014; Janse van Rensburg, 2014; Mthembu et al., 2017b).

In this study, the highest median values indicated that students need to acquire skills related to spirituality and spiritual care in occupational therapy as illustrated in Table 3. The panel

participants agreed that the educational guidelines need to ensure students learn skills such as comprehensive history taking, assessment of spiritual needs, physical exam, active listening, sensitivity, age and stage, evidence-based research, self-care management, and ethical reasoning. The educational guidelines reflect previous studies, which indicated students should be assisted to improve their assessment of the patient across the life span and develop clinical reasoning regarding spirituality (Caldeira et al., 2016; Janse van Rensburg, 2014; Moreira-Almeida, Koenig, & Lucchetti, 2014; Mthembu et al., 2016; Tanyi, 2006). The educational guidelines of this study showed active listening is a skill that students need to have in order to provide spiritual care. These educational guidelines further support the accentuation of AOTA (2014), which recommends the importance of therapeutic use of self to facilitate open communication and connection with clients. As a result, the students might be able to "develop a collaborative relationship with clients in order to understand their experiences and wishes for intervention" (AOTA, 2014, p. S12).

The educational guidelines scored highest median values from the present study, and previous studies indicated that ethics appears to be one of the crucial areas where spirituality and spiritual care might be integrated in health sciences education including occupational therapy education (Becker, 2009; Bhagwan, 2002; Hess & Ramugondo, 2014; Tanyi, 2006). The results of this study indicate that spirituality and spiritual care may be incorporated in studies of ethics. Hence, the consensus among the panel participants highlighted the view that students may learn to recognize ethical, spiritual, and legal dimensions of occupational therapy practice. This may contribute to the body of knowledge in occupational therapy education regarding spirituality, spiritual care, and ethics. Additionally, this is in agreement with the findings of Caldeira and colleagues (2016), who reported that the curricular units for inclusion of spirituality may include professional ethics. Freire and Moleiro (2015) and Janse van Rensburg (2014) highlighted the importance of ethical considerations to promote respect and non-discrimination, and should be part of collaboration with a religious adviser.

There are concerns about pedagogical approaches for teaching spirituality and spiritual care to health professionals (Baldacchino, 2015; Becker, 2009; Bennett & Thompson, 2015; Caldeira et al., 2016; Cruz, Alshammari, Alotaibi, & Colet, 2017); however, the modified Delphi study identified transformational learning as a useful imperative approach. For example, in discussing the importance of transformational learning, panel participants agreed that students should engage in dialogue about their understanding of spirituality as it incorporates cognitive and affective learning. It is difficult to explain this result, but it may have something to do with the highest agreement in the item "students should be aware what makes a person a spiritual being" that received the highest mean value. A possible explanation for this, however, is that "students should be able to provide holistic care based on knowledge of physiological, psychosocial, cultural, spiritual, and environmental dimensions" (Table 3). This educational guideline could be explained by the results of Bhagwan (2002), who reported that students need to be aware of their own spiritual and religious beliefs, practices, and experiences, as well as how it may influence their work with clients. Bennett and Thompson's (2015) systematic review added that students may need to have information about both spirituality and good communication skills.

It was noteworthy that the panel participants reached highest agreement about a variety of teaching and learning strategies for spirituality and spiritual care as well as their relevance in occupational therapy education. For example, in discussing the various teaching and learning strategies, the participants agreed that these strategies should include experiential learning, role plays, journals, debates, dialogue, guest lecturers, group discussions, and case studies. In addition, self-reflection was considered a learning strategy to foster students' self-awareness regarding spirituality. In addition, self-reflection was considered as one of the important strategies in the educational guidelines. The teaching and learning strategies identified in the current study are consistent with those of previous studies that acknowledged drama, role playing, case study and discussion, searching databases and research analysis, self-reflection exercises, journaling, tutorial supervision, oral presentation about spirituality, group dynamics, and film and text analysis (Baldacchino, 2015; Bennett & Thompson, 2015; Caldeira et al., 2016; Mthembu et al., 2016). Additionally, Baldacchino (2015) described conceptual models, which may enhance learning about spirituality and spiritual care, such as Kolb's (1984) experiential learning theory, Gibbs' (1988) theory of reflective learning, and the ASSET model for Actioning Spirituality and Spiritual Care Education and Training in nursing (Narayanasamy, 1999). These models recommend possible actions that educators may use to integrate spirituality into health sciences education including occupational therapy.

The educational guidelines from the current study highlight the importance of assessing students' knowledge and understanding of spirituality and spiritual care in occupational therapy education. Previous studies reported that assessment of students' learning about spirituality and spiritual care seemed to be lacking in occupational therapy education (Mthembu et al., 2017a). In contrast to earlier findings, however, the highest agreements in the present study provide evidence of assessment strategies that may be useful to assess students' understanding of and insight into spirituality and spiritual care. The educational guidelines recommended assessment strategies that occupational therapy educators need to use. These assessment strategies included: (1) portfolio of evidence, (2) assignment, (3) questionnaire, and (4) observational standardized practical evaluation. These results are consistent with those of Bennett and Thompson (2015), who suggested that elements of spirituality could be incorporated in assignments where students practice spiritual assessment in a safe and conducive environment.

To our knowledge, this is the first use and reporting of a modified Delphi study to develop educational guidelines for integrating spirituality and spiritual care into occupational therapy education. Therefore, there are several limitations that must be kept in mind when considering the results of the modified Delphi study. First, only female participants responded and returned their responses, and none of the male experts responded to the invitation to be part of the study. Their participation would have provided insight into men's understanding of, and consensus regarding, spirituality and spiritual care in occupational therapy education. Second, by its nature, a Delphi study tends to be time consuming for participants, which might have influenced the participation.

The hope is that this study will substantially provide occupational therapy educators and students with clear educational guidelines to integrate spirituality and spiritual care into educational programs. Therefore, the educational guidelines may also serve as the first step to inform transformation of occupational therapy curriculum to consider spirituality. Additionally, the guidelines can inform the process of actioning the development of a position statement regarding spirituality in occupational therapy in the South African context. In addition, the content and scope of the educational guidelines developed in this study have to be disseminated, implemented, and evaluated to other institutions of higher learning to assess the applicability and be reviewed.

Conclusion

The purpose of this study was to provide educational guidelines that would inform the integration of spirituality and spiritual care into occupational therapy education in order to promote integrative education and holistic care. The educational guidelines highlighted the content knowledge-base of spirituality, spiritual care, spiritual well-being, spiritual diversity, and spiritual needs. The current educational guidelines have gone some way toward providing teaching and learning strategies related to the transformational learning pedagogical approach. This study will serve as a base for future studies and occupational therapy programs that seem to struggle with preparing occupational therapy graduates to be spiritually sensitive. Furthermore, the guidelines may help to promote better understanding of the diversity of spiritual beliefs, and practices related to spirituality and religion among individuals, groups, and communities in South Africa. Further research needs to be completed to evaluate the effectiveness of the educational guidelines.

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Declaration of conflicting interests

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