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KNOWLEDGE, PERCEPTION AND USE OF SPIRITUALITY AMONG NIGERIAN OCCUPATIONAL THERAPY PRACTITIONERS

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ABSTRACT

Background: In Occupational Therapy (OT) practice, spirituality is seen as a crucial and fundamental part of a holistic approach. However, the extent of its inclusion in Nigerian practice is yet to be ascertained. This study aimed to assess the knowledge, perception and use of spirituality among Nigerian OT practitioners, as well as the barriers and facilitators to its integration in practice.

Methods: Ninety-nine OT practitioners who were purposively recruited from the Occupational Therapists Association of Nigeria (OTAN) registers participated in this cross-sectional survey. The participant's knowledge, perception and use of spirituality in practice was assessed using an adapted 47-item questionnaire on spirituality and spiritual care. Data was summarized using descriptive statistics of frequency, mean difference and standard deviation as well as inferential statistics of ANOVA and Pearson correlation.

Results: The findings showed that 16 (16.2%) of the respondents had good knowledge about spirituality in practice. However, 83 (83.8%) had a good perception of spirituality while 40 (40.4%) had used spirituality in practice. Among the respondents that used spirituality in practice, 14 (23.7%) indicated that they experienced high facilitators to the use of spirituality. The results showed that 74 (74.9%) of the respondents experienced low to moderate barriers to the use of spirituality in practice. Also, it was found that respondents that were older experienced less significant barriers to the use of spirituality in practice ($F=3.48$; $p=0.011$). Similarly, respondents with higher levels of work experience experienced significantly lesser barriers to the use of spirituality in practice ($F=9.23$; $p=0.001$). Furthermore, the study found that use of spirituality in OT practice significantly increases as knowledge about spirituality ($r=0.41$; $p=0.012$) and perception of spirituality ($r=0.50$; $p=0.001$) increases.

Conclusion: Despite demonstrating moderate levels of knowledge and good perceptions of spirituality, less than half of Nigerian OT practitioners integrate spirituality into practice. The integration of spirituality was influenced by the presence of considerable facilitators and barriers. Younger age and fewer years of experience among the OT practitioners were associated with higher perceived barriers while use of spirituality in practice was strongly correlated with perceived facilitators.

Keywords: Nigerian Occupational Therapy Practitioners, Spirituality, Knowledge, Perception, Use

INTRODUCTION

Occupational therapy (OT) is a holistic, client-centred profession with a fundamental mandate of enabling individuals, group of people or communities to engage in meaningful daily activities that support health and well-being across lifespan. OT profession focuses on supporting people to participate in daily living tasks that they want, need or are expected to do [1]. Holistic approach and client-centeredness are foundational constructs that are unique to OT and these constructs have distinguished the profession and shaped its growth and advancement within rehabilitation field. Within the holistic framework in which OT is grounded, spirituality which is understood as the individual's search for meaning, purpose, and connection, has been increasingly recognized as an important client factor that can influence occupational engagement and overall quality of life. OT and other health practitioners across the globe have shown considerably increased interest in spirituality, spiritual occupation and its integration into health care practice. For instance, nursing scholarship has long considered spirituality as important and integral to ideas, values, and

the nursing care process [2]. Similarly, OT practitioners believe that spirituality significantly impacts the occupational choices of patients, recovery process and even therapeutic relationships [3]. This heightened interest in spirituality has been linked to postmodern beliefs that place less emphasis on biomedical explanation to health challenges experienced by man and broader epistemological shifts in understanding health and well-being [4,5].

Globally, the relevance of spirituality to occupation and OT is being acknowledged and recognized by national association with its inclusion into scope of practices and conceptual models adopted by practitioners. For instance, the OT Practice Framework (OTPF-IV) of the American Occupational Therapy Association (AOTA) identifies spirituality as part of the client-centred domain, reflecting its significance to participation, motivation, and well-being across different populations [6]. The OTPF-IV describes spirituality as a meaningful experience resulting from occupational engagement expressed through personal values, beliefs, reflective process, and intention within a supportive physical, social and cultural context. In a similar manner, the Canadian Model of Occupational Performance and Engagement as well as the Australian Occupational Performance Model conceptualizes spirituality as central to the person, serving as the essence of self, shaping meaning, purpose, identity, self-determination, and connectedness [7,8]. Although foundational theoretical models that is used to guide clinical reasoning such the Model of Human Occupation (MOHO), Person Environment Occupation (PEO) and the Person Environment Occupational Performance (PEOP) models do not explicitly conceptualise spirituality, volitional subsystem of MOHO which encompasses values, beliefs, and interests recognises religious and spiritual influences on meaning, motivation, and occupational choice [9], while PEO and PEOP implicitly accommodate spirituality within the person dimension [10,11]. This positioning affirms spirituality as fundamental to understanding occupational performance and client-centred practice within OT profession [7]. Empirical and conceptual literature suggests that spirituality contributes to coping strategies, resilience, and meaning-making in the context of health challenges, and that it intersects with occupational performance and engagement in ways that extend beyond purely physical or cognitive dimensions [12,13]. Within the Nigerian context, OT workforce development has reached a stage where these holistic dimensions are becoming increasingly central to practice [14].

Despite this recognition, OT practitioners have expressed increased concern in defining spirituality, particularly within the practice context [13,15]. One major concern has also been in deciding how to incorporate spirituality and spiritual occupation into daily occupational practice [16-18]. These concerns are compounded by limited formal education, lack of practice guidelines, and fear of imposing personal beliefs on clients [16]. While these debates have been well documented in Western contexts, there exist dearth of empirical evidence addressing spirituality within OT practice in African settings. Until now, spirituality in Africa, and even more specifically, Nigeria was viewed through the lens of cultural beliefs and reverence for deity which has posed a hindrance to its inclusion in professional settings in past times [19,20]. An unclear understanding of spirituality as it relates to OT in Africa has proven as a barrier to its inclusion in day-to-day practice. Furthermore, OT practitioners interpret spirituality variously and subjectively, despite its undeniable importance. Due to the wide range of meanings, including religious and secular, the individual therapist develops a unique description that fits with their conception of spirituality [3]. Additionally, a person's understanding of spirituality is undeniably linked to the society and traditions from which they originate [19]. There is a need to explore the different understanding and perceptions of OT practitioners about spirituality and the barriers and facilitators to its integration into practice, as many practitioners express perplexity and worry about its use within their profession. This will help reveal the gap in knowledge about spirituality in Nigerian OT practice thus serving as a basis for future discussions and investigation on spirituality in Nigerian OT practice.

Methods

Study design and Population

A quantitative cross-sectional survey was utilized to explore the knowledge, attitude and use of spirituality in practice among OT practitioners in Nigeria. The participants included occupational therapists and OT assistants who were selected through simple random sampling via lottery technique from the register of Occupational Therapist Association of Nigeria. Using the Yamane, formula [21], a sample size of 135 was determined for the study. Eligibility criteria involved having a current practicing license with the MRTBN, and having more than one-year practice experience. OT practitioners with provisional license were excluded as well as OT technicians. Eligible participants provided informed consent before participation.

Data Collection Tools

The data collection tool for this study was an online four-sectioned self-administered questionnaire that included questionnaires adapted from studies on spirituality in OT [22,23]. The questionnaire consists of 47 items designed into a google form shared with participants. The first section sought information on socio-demographic characteristics while the second section assessed the knowledge and perception of spirituality among participants. The third section sought information on the use of spirituality in practice while the fourth section explored the barriers and facilitators to the inclusion of spirituality in OT practice. All sections of the questionnaires were assessed on a 5-point ordinal scale that ranged from strongly disagree (1) to strongly agree (5). A pilot test of the questionnaire was conducted before its application in the study among 30 participants who were not part of the study to assess its psychometric properties. The face and construct validity of the questionnaire were ascertained through theoretical item mapping and review by two OT practitioners with expertise in spiritual care in OT while the content validity and reliability were assessed among the pilot cohorts. The internal consistency was found to be good, with Cronbach's alpha values ranging from 0.76 to 0.82. In addition, test-retest reliability analysis demonstrated satisfactory temporal stability over a two-week interval, with inter-class correlation value of 0.81.

Procedure

Ethical approval for the study was obtained from the Health Research and Ethics Committee of the Institute of Public Health, Obafemi Awolowo, University, Ile-Ife (Clearance number: IPH/OAU/12/2108) while the Occupational Therapists Association of Nigeria provided administrative approval for the conduct of the study using their membership register. Eligible participants selected from the OTAN register were contacted via mail with detailed information regarding the study for their consent. Subsequently, a follow-up e-mail with a link to the questionnaire was sent to consenting participants with fortnight reminder issued till the Google form was closed. Data was collected over a 2-month period from 23 February to 22 April, 2024.

Data analysis

The data was managed using Statistical Package for Social Sciences version 22. Descriptive statistics of frequency, percentage, means, and standard deviation was used to analyse the data. The association between the sociodemographic information of the participants and each of their

perceptions, knowledge, facilitators and barriers to the use of spirituality in occupational therapy practice was examined using inferential statistics of Chi-square test of association. A higher score of means in the scale indicates a higher level of agreement and positive perception and knowledge about spirituality and spiritual care.

Results

Table 1: Socio-demographic characteristics of participants

Variable	Frequency	Percentage
Gender		
Female	52	52.5
Male	47	47.5
Age range (years)		
< 20	10	10.1
21-25	48	48.5
26-30	21	21.2
31-35	14	14.1
36-40	6	6.1
Ethnicity		
Hausa	2	2.0
Igbo	7	7.1
Yoruba	80	80.8
Others	10	10.0
Religion		
Christianity	82	82.8
Islam	14	14.1
Atheist	1	1.0
Traditional	2	2.0
Highest level of degree		
Diploma	26	26.3
Bachelors	47	47.5
Masters	24	24.2
PhD	2	2.0
Work experience (years)		
< 5	56	56.6
6-10	31	31.3
>10	12	12.1
Practice Setting		
Community- based	40	40.4
Hospital	58	58.6
Academia	1	1.0

Slightly a little above half of the participants reported the consideration and use of spirituality in OT practice. Among these, 57.7% indicated low to moderate use while 25.3% reported high use of spirituality in practice. Furthermore, more than 60% of the participants experienced moderate facilitators to the use of spirituality in OT while almost 80% experienced low to moderate barriers in using spirituality during practice. Participants' knowledge, perception and use of spirituality in occupational therapy practice with its attendant facilitators and barriers is represented in table 2. Comparison of participants' knowledge, perception, level of use, as well as facilitators and

barriers to the use of spirituality in practice revealed no statistically significant differences between male and female. With the exception of barriers to the use of spirituality in OT practice, similar result showing no significant difference was found when comparison was made across participants' age groups ($F=3.48$; $p=0.011$) and work experience ($F=9.23$; $p=.001$). Participants aged ≤ 20 years reported significantly greater barriers to the use of spirituality in OT practice compared with those aged 31–35 years ($p = 0.007$). Similarly, participants with less than 6 years of work experience reported significantly higher barriers than those with more than 10 years of experience ($p = 0.001$). Also, participants with 6–10 years of work experience reported significantly greater barriers compared with those with more than 10 years of experience ($p = 0.002$) (table 2).

Table 2: Difference in knowledge, perception and use of spirituality in occupational therapy practice by gender, age and work experience

Variable	n(%)	Gender		Age		Work Duration	
		t	p	F	p	F	p
Knowledge		-0.47	0.639	1.33	0.264	1.12	0.330
Low	16(16.2)						
Moderate	61(61.6)						
High	22(22.2)						
Perception		-0.39	0.695	1.11	0.358	1.81	0.170
Poor	16(16.2)						
Good	83(83.8)						
Use of spirituality							
No	40(40.4)						
Yes	59(59.6)						
Level of Use		1.14	0.257	1.46	0.221	1.34	0.267
Low	5(8.5)						
Moderate	29(49.2)						
High	25(42.4)						
Facilitators		0.81	0.418	1.84	0.127	0.41	0.663
Low	7(11.9)						
Moderate	38(64.4)						
High	14(23.7)						
Barriers		0.81	0.421	3.48	0.011*	9.23	0.001*
Low	15(15.2)						
Moderate	69(69.7)						
High	15(15.2)						

*The mean difference is significant at $p \leq 0.05$ level

Additionally, significant differences were observed between participants who used spirituality in practice and those who did not with respect to knowledge ($t = -4.37$, $p = 0.001$), perception ($t = -5.27$, $p = 0.001$), and perceived facilitators ($t = -41.50$, $p = 0.001$). However, no significant difference was found in perceived barriers to the use of spirituality between the two groups ($t = -0.34$, $p = 0.734$) (table 3).

Table 3: Comparison of spirituality-related constructs between users and non-users of spirituality in occupational therapy practice

Variables	Use of Spirituality in Practice		t-cal	p-value
	Used Spirituality (59)	Not Used Spirituality (40)		
Knowledge	64.2±7.6	57.1±8.4	-4.371	0.001*
Perception	37.4±4.8	31.4±6.6	-5.277	0.001*
Facilitator	21.6±3.9	0.0±0.0	-41.505	0.001*
Barrier	35.6±12.1	34.9±8.4	-0.340	0.734

*The mean difference is significant at $p \leq 0.05$ level

The result further revealed significant positive correlations between participants' knowledge and perception ($r = 0.60$), knowledge and use of spirituality in practice ($r = 0.41$), as well as knowledge and perceived facilitators ($r = 0.45$). Likewise, participants' perception of spirituality in OT practice was significantly correlated with use of spirituality ($r = 0.50$) and perceived facilitators ($r = 0.49$). Although a strong positive relationship was identified between use of spirituality and perceived facilitators ($r = 0.88$), perceived barriers were however not significantly correlated with knowledge, perception, use, or facilitators of spirituality in practice (table 4).

Table 4: Pearson correlations among knowledge, perception, use, facilitators, and barriers to the use of spirituality in occupational therapy practice

	Knowledge	Perception	Use	Facilitators	Barriers
Knowledge	1	-	-	-	-
Perception	0.60*	1	-	-	-
Use	0.41*	0.50*	1	-	-
Facilitators	0.45*	0.49*	0.88*	1	-
Barriers	0.07	0.59	-0.70	0.03	1

*The correlation is significant at $p \leq 0.05$ level

Discussion

This study provides the first systematically examination of knowledge, perceptions, use, as well as perceived facilitators and barriers related to spirituality in practice among Nigerian OT practitioners. By addressing this previously unexplored area within Nigerian OT literature, the

findings provide an important empirical foundation for understanding how spirituality is integrated in OT practice within the Nigerian context.

Workforce Profile and Spirituality in OT

The socio-demographic profile of participants in this study reflects a predominantly young OT workforce in Nigeria, with a mean age that is less than 30 years and more than half under 25 years. This finding is consistent with WFOT workforce reports about practitioners in Nigeria with relatively few long-tenured practitioners as against more mature OT workforces globally. Over the past decade, there has been an increase in entry-level training programmes in the country from the initial two diploma and one degree awarding to one diploma and four-degree awarding institutions. This expansion has been driven by coordinated regulatory and professional efforts by the MRTB and OTAN, with ongoing initiatives aimed to strengthen and expand training capacity across the nation. It has resulted in an increasing number of early-career practitioners entering the profession following local degree and diploma training pathways. Similarly, the pioneer Baccalaureate programme in OT at the Obafemi Awolowo University has expanded OT enrolment and graduation, contributing to a relatively youthful professional cohort.

The predominance of bachelor qualification among close to half of participants shows the current landscape of OT education in Nigeria, where graduate-level training is unavailable and most practitioners enter practice with entry-level diploma training [14]. This workforce profile might influence professional experience and exposure to concepts such as spirituality in OT practice, that is just emerging in early career stages. Given that most OT practitioners have been reported to often lack formal preparation to assess or integrate spirituality into practice despite its recognition as a core client factor in frameworks, emerging and early-career practitioners may not have had extensive clinical exposure to spiritual dimensions of care. Addressing spirituality explicitly in training and clinical supervision has been recommended to enhance therapists' confidence and skill in this area. Furthermore, the high proportion of participants identifying as Christian and Yoruba aligns with the ethno-religious composition of the southwest region of Nigeria where major OT training institutions and professional networks are located, and from where most of the practitioners originate. These demographic patterns are relevant because cultural and religious orientations shape how spirituality is conceptualised, expressed, and integrated into healthcare practice [4,19,24]. Research within OT has shown that personal religiosity or spirituality can influence therapists' attitudes towards addressing spiritual needs in practice, and that therapists' own beliefs may affect their comfort with and interpretation of spirituality as a practice domain [3,18,25]. This workforce profile might influence professional experience and exposure to concepts such as spirituality in OT practice, that is just emerging in early career stages. Given that most OT practitioners have been reported to often lack formal preparation to assess or integrate spirituality into practice despite its recognition as a core client factor in frameworks, emerging and early-career practitioners may not have had extensive clinical exposure to spiritual dimensions of care. Addressing spirituality explicitly in training and clinical supervision has been recommended to enhance therapists' confidence and skill in this area.

Knowledge and Perception of Spirituality in Practice

Although majority of the OT practitioners that responded in this study had moderate knowledge of spirituality in occupational therapy practice, a larger proportion however reported good perception of spirituality in OT practice. These findings revealed an important distinction between knowledge and perception of spirituality among practitioners. The discrepancy suggests that good perception towards spirituality may not essentially be accompanied by sufficient conceptual understanding or formal training in its application, a persistent paradox often described in OT

literature regarding spirituality [13,22]. The good perception of spirituality in practice among Nigerian OT practitioners may be attributed to a combination of factors, including increased recognition of its importance in healthcare as well as personal beliefs and values [26]. Research has shown that spirituality plays a vital role in overall health and well-being, and healthcare providers are beginning to recognize the importance of addressing spiritual needs in addition to physical and emotional needs [27]. For instance, all OT practitioners in our study sample strongly agreed that spiritual needs of clients should be addressed during treatment. The better perception of spirituality in OT practice than knowledge can be a result of the fact that spirituality is often viewed as an important aspect of holistic care and patient-centred practice in healthcare. Thus, OT practitioners may value the importance of spirituality in their work, even if they do not have extensive knowledge of the concept [28]. This finding is consistent with previous studies that have also found a discrepancy between knowledge or perception of spirituality and its use in clinical practice among nurses [2]. Furthermore, the study found that as knowledge of spirituality among OT practitioners increases, the perception of spirituality in practice also improves, which suggests that practitioners who have better knowledge of spirituality are more likely to have a positive perception of it. OT practitioners who received training in spirituality have been asserted to have greater confidence and comfort in addressing spiritual issues with their clients [29]. Increased knowledge of spirituality can help therapists recognize the connection between spirituality and other aspects of occupational performance, such as meaning and purpose in life, and how this can impact occupational therapy intervention planning and implementation.

Consideration of spirituality in OT practice

Although more than half of the OT practitioners in our study considered spirituality of patient during treatment, only a quarter of these practitioners however reported a good use of spirituality in practice. This finding is consistent with previous research that has shown that while health practitioners such as occupational therapists may recognize the importance of spirituality, they may not always incorporate it effectively into their practice [3,28]. This could have resulted from their lack of necessary training and knowledge to effectively integrate spirituality into their practice. From this study, slightly over a third of the OT practitioners indicated that they had formal training on spirituality in OT practice. This is supported by previous research which has shown that inadequate training and knowledge about spirituality can be a barrier to its effective use in practice [30]. Also, OT practitioners may face various barriers to the effective use of spirituality in practice, such as lack of time, uncertainty about how to identify with clients who desire a discussion on spiritual issues, difficulty in using appropriately understood language in the discussion of spiritual issues, and concerns that they may project their own beliefs onto the client. These findings are consistent with previous research that has identified similar barriers to the use of spirituality in healthcare [31]. These barriers may limit their ability to adequately use spirituality in practice despite their reported use of spirituality in practice. Furthermore, the study found that OT practitioners who used spirituality in practice generally had better knowledge and perception of it, and experienced more facilitators to its use in practice. Occupational therapists who use spirituality in practice have been reported to facilitate more positive outcomes from intervention, leading to a stronger belief in the effectiveness of this approach [12,18]. This belief can serve as a motivator to continue learning and incorporating spirituality into their practice.

Sociodemographic factors influencing the use of spirituality in practice

The study reported that OT practitioners with extensive work history experience fewer barriers to the use of spirituality in practice. This finding is consistent with previous research that has shown that experience may increase occupational therapists' ability to incorporate spirituality into practice [22]. Similarly, the study found that older OT practitioners perceived fewer barriers to the use of spirituality in OT practice. This novel finding could be linked to the connection between practitioners' life experience and their professional. Older practitioners may have longer work experience and more exposure to the knowledge and benefits of spirituality in practice. As described by Christiansen and colleagues [11] in PEO, the therapist's intrinsic factors such as their cumulative exposure to varying patient narratives becomes a resource that lessens the perceived difficulty of addressing spiritual domains.

Relationship between knowledge, perception and use of spirituality in practice

The study found that as the knowledge of OT practitioners on spirituality increases, their perception also improves. This aligns with Humbert's theoretical framework [12] that revealed the essential role of professional education on positive perceptual shift. In addition, the OT practitioners had a better perception of spirituality in practice which could have in turn influence their use of spirituality. This significant correlation between perception and use of spirituality in practice is consistent with the findings of Metsger and colleagues [16], who reported that occupational therapists with more positive perceptions of spirituality were more likely to use it in their practice. Conversely, our finding that higher levels of barriers lead to lower utilization is similar to report of Best and colleagues [32], who indicated that systemic obstacles, rather than a lack of willingness often determine the extent of spiritual care within healthcare settings."

Conclusion

Despite demonstrating moderate levels of knowledge and good perceptions of spirituality, less than half of Nigerian OT practitioners integrate spirituality into practice. The integration of spirituality was influenced by the presence of considerable facilitators and barriers. Younger age and fewer years of experience among the OT practitioners were associated with higher perceived barriers while use of spirituality in practice was strongly correlated with perceived facilitators.

Implication to OT practice

From the findings our study, spirituality was observed to be acknowledged but a developing component of professional competence within Nigerian OT with its integration occurring within a complex context characterized by the simultaneous presence of meaningful facilitators and considerable barriers. This has several implications to OT education and clinical practice:

Firstly, curricula of Nigerian OT training programmes should explicitly integrate spirituality as a core dimension of holistic practice, aligned with global competency standards such as those articulated by the WFOT. Also, competency-based spirituality training that contextualize operationalize assessment, ethical boundaries, and culturally responsive intervention skills should be provided and embedded within entry-level curricula to translate positive perceptions into measurable clinical competence. In addition, reflective practice integration should be emphasized to help OT trainees critically examine personal beliefs within Nigeria's pluralistic religious context. Through fieldwork practicum, appropriate spiritual inquiry and mentorship can be provided and modelled by supervisors. Lastly, continuing professional development that provide

structured, evidence-informed learning pathways should be organized by MRTB and OTAN to strengthen confidence and reduce practice barriers.

Conflicts of Interest:

No conflict of interest was declared by any of the authors

References

1. WFOT. World Federation of Occupational Therapists. About Occupational Therapy [Internet]. 2025 [cited 2026 Feb 28]. About occupational Therapy. Available from: <https://wfot.org/about/about-occupational-therapy>
2. McSherry W, Jamieson S. An online survey of nurses' perceptions of spirituality and spiritual care. *J Clin Nurs*. 2011;20(11–12):1757–67.
3. Misiorek A, Janus E. Spirituality in occupational therapy practice according to new graduates. *OTJR (Thorofare N J)*. 2019;39(4):197–203.
4. Cucchi A, Qoronfleh MW. Cultural perspective on religion, spirituality and mental health. *Front Psychol*. 2025 Apr 2;16:1568861. doi: 10.3389/fpsyg.2025.1568861.
5. Kate Ellis H, Narayanasamy A. An investigation into the role of spirituality in nursing. *British journal of nursing*. 2009;18(14):886–90.
6. American Occupational Therapy Association. Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*. 2020; 62:625–83. doi:<http://dx.doi.org/10.5014/ajot.56.6.609>.
7. Chapparo C, Ranka JL. The Occupational Performance Model (Australia). In: Sakellariou D, Pollard N, editors. *The Routledge Companion to Occupational Therapy*. Routledge; 2025. p. 93–107.
8. Townsend EA, Polatajko HJ. Advancing an occupational therapy vision for health, well-being, and justice through occupation. Ottawa, ON: CAOT Publications ACE; 2013. Enabling Occupation II présente une vue en coupe transversale du MCRO-P pour définir et délimiter le domaine de préoccupation des ergothérapeutes, c'est-à-dire l'occupation humaine. 2013.
9. Yamada T, Taylor R. Kielhofner's Model of Human Occupation. Wolters Kluwer Philadelphia, PA, USA; 2017.
10. Turpin M, Iwama MK, editors. Using Occupational Therapy Models in Practice: A Field Guide. 2nd ed. Elsevier; 2025
11. Christiansen CH, Bass J, Baum CM. Occupational therapy: Performance, participation, and well-being. Taylor & Francis; 2024.
12. Humbert TK. Spirituality and occupational therapy: A model for practice and research. AOTA Press, The American Occupational Therapy Association, Incorporated; 2016.
13. So H, Mackenzie L, Chapparo C, Ranka J, McColl MA. Addressing client spirituality in occupational therapy practice: A qualitative study. *Australian Occupational Therapy Journal*. 2025 Jun;72(3): e70034.

14. Eleyinde ST, Amu V, Eleyinde AO. Recent development of occupational therapy in Nigeria: challenges and opportunities. *World Federation of Occupational Therapists Bulletin*. 2018;74(1):65–70.
15. Heard CP. Spirituality and occupation in living (SOiL) model: Conceptualizing occupational performance through the lens of spirituality. *The Open Journal of Occupational Therapy*. 2023;11(3):1-7.
16. Metzger S, Beasley J, Marheineke J, Stites A, Riley A, Byam C, et al. Occupational therapists' perceptions on addressing spirituality: A cross-sectional survey. *Open Journal of Occupational Therapy*. 2024;12(2). doi:10.15453/2168-6408.2177..
17. Amanquarnor I, Buchanan H, Ramafikeng M. Incorporating spirituality into occupational therapy practice: A Scoping Review. *South African Journal of Occupational Therapy*. 2026 Apr;56(1):1-4.
18. Hemphill B. Spiritual assessments in occupational therapy. *Open J Occup Ther*. 2015;3(3):9.
19. Mthembu TG, Roman NV, Wegner L. A cross-sectional descriptive study of occupational therapy students' perceptions and attitudes towards spirituality and spiritual care in occupational therapy education. *J Relig Health*. 2016;55(5):1529–45.
20. Jansen-van Vuuren J, Aldersey HM, Lysaght R. The role and scope of occupational therapy in Africa. *Disabil Rehabil*. 2021;43(25):3639–51.
21. Yamane T, others. Statistics: An introductory analysis. 1973.
22. Mthembu TG, Wegner L, Roman NV. Barriers to integration of spirituality and spiritual care in occupational therapy education in a South African context. *J Spiritual Ment Health*. 2017;19(1):61–79.
23. Collins JS, Paul S, West-Frasier J. The utilization of spirituality in occupational therapy: Beliefs, practices, and perceived barriers. *Occup Ther Health Care*. 2002;14(3–4):73–92.
24. de Brito Sena MA, Damiano RF, Lucchetti G, Peres MF. Defining spirituality in healthcare: A systematic review and conceptual framework. *Frontiers in psychology*. 2021 Nov 18;12:756080. doi:10.3389/fpsyg.2021.756080.
25. Vajaratkar PV, Dwivedi AK. Exploring spirituality and its use as a domain of practice among Indian occupational therapists: A qualitative study. *The Indian Journal of Occupational Therapy*. 2020;52(4):144–50.
26. Jones J. A qualitative study exploring how occupational therapists embed spirituality into their practice. University of Huddersfield; 2016.
27. Balboni TA, VanderWeele TJ, Doan-Soares SD, Long KN, Ferrell BR, Fitchett G, Koenig HG, Bain PA, Puchalski C, Steinhauer KE, Sulmasy DP. Spirituality in serious illness and health. *JAMA*. 2022 Jul 12;328(2):184-97.
28. McSherry W, Ross L, Balthip K, Ross N, Young S. Spiritual Assessment in Healthcare: An Overview of Comprehensive, Sensitive Approaches to Spiritual Assessment for Use Within the Interdisciplinary Healthcare Team. In: Timmins F, Caldeira S, editors. *Spirituality in Healthcare: Perspectives for Innovative Practice* [Internet]. Cham: Springer International

- Publishing; 2019. p. 39–54. Available from: http://link.springer.com/10.1007/978-3-030-04420-6_3 doi:10.1007/978-3-030-04420-6_3
29. Braveman B, Bass JD. Occupational therapy: Performance, participation, and well-being. In CH Christiansen, CM Baum, JD Bass (Eds.), Occupational therapy: Performance, participation, and well-being. 4th ed. Slack Incorporated; 2015. p. 161–80.
 30. Metzger S, Beasley J, Marheineke J, Stites A, Riley A, Byam C, et al. Occupational Therapists' Perceptions on Addressing Spirituality: A Cross Sectional Survey. *Open J Occup Ther.* 2024 Apr 15;12(2):1–10. doi:10.15453/2168-6408.2177
 31. Zollfrank AA, Trevino KM, Cadge W, Balboni MJ, Thiel MM, Fitchett G, et al. Teaching Health Care Providers To Provide Spiritual Care: A Pilot Study. *J Palliat Med.* 2015;18(5):408–14. doi:10.1089/jpm.2014.0306
 32. Best M, Butow P, Olver I. Why do We Find It so Hard to Discuss Spirituality? A Qualitative Exploration of Attitudinal Barriers. *J Clin Med.* 2016;5(9):77. doi:10.3390/jcm5090077