Spirituality and Osteopathy:

practitioners' views

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ABSTRACT

Spirituality and healthcare is a research subject of increasing interest, but there is a lack of osteopathic research and a paucity of research into the interactions between practitioner spirituality and professional practice. This study aimed to investigate concepts of spirituality, affects of spirituality on osteopathic practice and attitudes and practices regarding spiritual care by osteopaths with active spiritual beliefs. Semi-structured interviews with four osteopaths were analysed for themes. Common elements of spirituality such as belief in a divine being/s or force, communication with 'God' through spiritual practices, belief in a reality beyond the physical realm, beliefs about the purpose and meaning of human existence, and an association of spirituality with religion were found despite participants having varied spiritual beliefs. Spirituality was found to influence many aspects of practice including: their choice of osteopathy as a career and continued motivation as practitioners; their capacity to care for patients; and the integration of spiritual practices such as private prayer, meditation and intuition into treatment. Participants played a supportive role in patient-initiated conversations about spirituality but differed as to whether they thought it appropriate to disclose their personal spiritual beliefs to patients.

KEY WORDS: Spirituality, Practitioners' Spirituality, Osteopathy.

INTRODUCTION

The relationship between spirituality and health has received growing attention from healthcare professionals over the past 10 years.[1] Currently, there are in excess of 1200 original research papers on this topic[2] from many branches of healthcare including medicine, nursing and psychology.[3-5] We are not aware of any original osteopathic research on this topic. Research has primarily investigated: empirical correlations between religious activities and epidemiology, coping skills or prognosis in relation to a wide variety of health conditions;[6,7] the concepts of spirituality and spiritual care in relation to health care;[8-10] and patient and practitioner perspectives on the link between health and spirituality and the provision of spiritual care within a health care setting.[3,4,11-13]

The subject of practitioners' spirituality and implications for practice has received little consideration, with much of the literature focusing on patient perspectives, issues and care. Some studies have looked at the religiosity of practitioners or whether they believe in God.[14] Other studies have found that practitioners with religious or spiritual beliefs are more likely to discuss spiritual matters with patients and be better equipped to recognise and respond to patients spiritual needs.[5,15] Research that has taken a general approach to investigating the implications of practitioners' spirituality on their professional practice is particularly scarce. One study by Sullivan[16] investigated the impact of spirituality on the practice of spiritually mature psychotherapists. He discovered that as well as giving them competence to address spiritual matters with clients, participants' spirituality influenced their belief that human beings are spiritual in nature, and affected how they viewed and practiced the process of psychotherapy itself. This study found that participants believed: spirituality was integral in their choice to become a psychotherapist, prayer or meditation was important for their personal lives and for enhancement of their clinical work, spirituality influenced their capacity to be compassionate and attuned to clients, the psychotherapeutic process is

inherently spiritual. The many ways that spirituality reportedly influenced practice in this study suggests that this is an area worthy of further consideration and investigation by health practitioners.

Defining spirituality

One of the problems with researching this area is that there is no widely accepted definition of the term spirituality. Because of this, the researchers sought to explore what spirituality meant to the participants in this study, rather than possibly restrict the data by imposing a fixed definition. However, knowledge of the relevant literature is helpful to understand the breadth of ideas about what spirituality is, as well as the most common terms used when defining spirituality. Chiu et al.[17] investigated how spirituality had been articulated in health literature from 1990 to 2000. They found that there were four main elements to conceptual definitions of spirituality: existential reality, connectedness, transcendence, and force/power/energy. Existential reality included spiritual experiences, meaning and purpose in life and hope. Connectedness included relationships with self, others, nature and a higher being. Meaning and purpose, connectedness and transcendence were the most commonly used words in association with spirituality, and these findings are widely supported in other literature.[8-11,18,19] Other words used in describing spirituality are: holistic, search, personal journey, existential, love, forgiveness, hope, fulfilment, comfort, peace, creativity, dynamic and integrative growth process, altruism, idealism, and a way of being or experiencing.[17] It is recognised in the literature that spirituality may incorporate belief in God, or a divine being, and religious beliefs and practices, but does not necessarily do so.[8,20] From this perspective spirituality has scope for everybody[19] and spirituality is "inseparable from everyday life and experience."[21]

Spirituality and religion in Australia

In the 2001 Australian Census, 75% of the population indicated that they had a religious affiliation.[22] It is interesting to note though that while 68% of Australians indicate a Christian affiliation in the national census,[22] weekly church attendance is only reported in about 9% of the population.[23] Sociologist Gary Bouma likens religion in Australia to life in the outback, "its obvious forms are prominent but thin on the ground and yet beneath the obvious is a profound, widely varied, complex an amazingly resilient array of religious belief and practice". [24] It is reported elsewhere that 74% of Australians believe in God or a higher power or life force and two thirds of Australians say that a spiritual life is important to them.[25] It appears that the role of spirituality in the lives of Australians is somewhat unknown and needs further investigation.[26]

Relevance of spirituality to osteopathy

Illness may cause patients to ponder existential questions or what is most important to them.[13,15,21,32] Spiritual resources may also be part of patients' coping mechanisms and support structures in times of illness or distress.[12] It may improve patient management if osteopaths are aware of the issues that patients may be facing as they deal with pain, disability or illness and the resources that patients draw on in these situations.

From its inception, the practice of osteopathy has been based upon its articulated philosophy of health and health care.[33] Holism is a concept that is often discussed within the context of osteopathic philosophy and principles.[34-36] There are many different interpretations of the concept of holism. In its broadest sense holism is "seeing each human being as part of the universe which is a dynamic web of interconnected and interrelated events, none of which function in isolation".[20] In a health care setting holism is often equated with the idea that a

person is made up of body, mind and spirit.[20,37] While the whole is recognised to be more than the sum of the parts[34], 'holistic care' involves caring for these three elements and attention to spirituality is seen as an important part of providing holistic care.[38-40] Research has also indicated that users of alternative medicine are more likely to hold this type of philosophical orientation towards health, as well a spiritual orientation to life.[41] While some authors state that the body-mind-spirit conceptualisation of holism is in fact reductionist and mechanistic in nature,[20,36] use of the concept in this way has led medical and nursing professionals, as well as allied health practitioners such as occupational therapists, to note deficits in their knowledge about spiritual aspects of health and to seek to understand the relevance of spirituality in their particular field.[11,13,18,42,43] It would seem that this topic is worthy of attention by the osteopathic profession, if we want to keep pace with our fellow healthcare professionals in this growing area of interest.

Spiritual care and ethical issues

Spiritual care may be seen as responding to spiritual needs of patients,[15] which requires being able to identify when these needs are present. Nursing research indicates that spiritual needs are most frequently recognized by picking up on subtle cues (verbal and non-verbal) from the patient.[27,28] Spiritual needs are varied but may include needs associated with: meaning and purpose, love and relatedness, maintaining a positive outlook, death and dying, religion.[27,29,30] These needs come into focus especially in the event of life-threatening illness, terminal illness, chronic illness or pain, emotional stress, or mental illness[3,13,32] as individuals face death,[32] try to cope with changed circumstances[21] or find meaning in their illness experience.[19] Spiritual care may involve supporting religious observance, supporting patients that want to explore existential issues, providing a supportive and compassionate presence,[31] as well as referral to other practitioners to meet particular spiritual needs that patients may have.[21]

The subject of spiritual care raises some ethical issues. There is often confusion, or fear of confusion between spiritual care and proselytising. Proselytising involves trying to convert someone to one religious faith from another, but can also refer to political or other causes.[44] While there are no laws against proselytising in Australia, it is generally looked on unfavourably by professional codes of conduct in the health profession.[45, 46] The Australian Osteopathic Association (AOA) code states, "an osteopath must not exploit his or her relationship with a patient in any way".[45] Endorsing non-osteopathic or personal agendas may be seen as an abuse of the practitioner's status as a professional.[7]

The osteopath's role

What is the role of an osteopath in providing spiritual care? Osteopaths are not spiritual advisors just as they are not psychologists or dieticians. However, in their role in helping patients' achieve health an osteopath seeks to recognize as many factors as possible that may be contributing to the patient's loss of health.[33] A study by Udell and Chandler[47] looked at the role of occupational therapists in addressing the spiritual needs of patients. They found that while it did not include spiritual counselling, recognising and acknowledging spiritual needs and how they might be affecting function in the individual were seen as important, and part of the occupational therapist's role. The need for space, respect, dignity, and having someone to listen were reported as important factors for occupational therapists when responding to spiritual needs. A similar role for osteopaths could be extrapolated, but currently it is unknown whether osteopathic professionals or patients perceive this to be within the scope of osteopathic practice.

Aims

This purpose of this study was to: investigate the concept of spirituality amongst osteopaths who hold spiritual beliefs; examine how individuals' spirituality affects their osteopathic practice; and explore attitudes and practices of osteopaths about the delivery of spiritual care within osteopathic practice.

METHOD

A qualitative study design was used, which is appropriate for studying complex phenomena about which little is known, to obtain an insider's view, or when the aim of research is in-depth understanding of meaning, [48]all of which were relevant to the present study.

Participants

Participants were recruited via advertisements in professional newsletters likely to be read by osteopaths (*Ostium, COCA News*). Respondents received written information about the study and the procedures involved. Four of the five respondents returned informed consent forms and participated in the study. Inclusion criteria for the study were: being registered as an osteopath in Australia; working in practice for at least 6 months; and having spiritual beliefs that played an active part in their life, namely, participating in near daily spiritual activities (e.g. prayer, worship or meditation). Three female and one male osteopathic practitioners aged 24-45 participated in the study. All were osteopaths registered in Victoria; two participants were recent graduates (11-18 months in practice) while the other two participants had been in practice for 15 and 18 years respectively. One participant had Hindu beliefs, two had Christian beliefs and one participant had spiritual beliefs that were not affiliated with a specific religion. Participants used a range of osteopathic treatment approaches: one participant had a highly structural approach; two participants mostly used a structural approach, but incorporated a variety of techniques including visceral, functional and cranial; and one participant utilized many treatment approaches but was increasingly using more indirect approaches such as cranial and balanced ligamentous tension. The study was conducted with the approval of the Victoria University Human Research Ethics Committee. Participation in the study was voluntary, and participants were free to withdraw at any stage.

Data Collection and Analysis

Interview questions were developed using 20-minute pilot interviews with two senior osteopathic students who had active spiritual beliefs. These students were recruited via posters at Victoria University and gave written informed consent before participating. The data arising from the pilot interviews was not considered as part of the research data.

Data collection comprised 30 to 60-minute audio taped interviews conducted at a time and place chosen by the participant. Interviews were semi-structured with questions that covered: a) the participants' spiritual beliefs and practices; b) the interaction of participants' spirituality with their professional life; and c) the participants' experiences regarding spirituality within the context of the osteopathic consultation (Table 1).

Table 1. Summary of interview questions

1. Just briefly, what led you to become an osteopath?
2. What words or phrases come to mind when you hear the word 'spirituality'?
3. Would you be able to give me a brief summary of your own spiritual beliefs at this time?
4. What do think your spiritual beliefs add to your life?
5. How would you describe the interaction of your spirituality and your identity as an osteopath?
6. What spiritual practices do you regularly engage in?
7. Can you describe a typical clinical encounter where spirituality has come into the consultation?
8. Can you think of a situation where a patient had concerns that had a spiritual basis? For example, 'Why am I here on earth?', 'What's the point of my life?', 'Why do I have this illness or pain?'.
9. Do you ever pray or seek divine guidance about your patients?

Interviews were transcribed verbatim by the researcher and coded for themes. Initially the researcher used the major areas of questioning as a framework and examined participants' responses, looking for areas of commonality and difference and wrote memos about these including pertinent quotes. The main ideas present in these responses were examined and further memos written about the details of these themes and possible connections between themes. Transcripts were analysed for other examples of the themes, as well as for the presence of other ideas raised in the analytical process. Names of the themes evolved with the analytical process as the researcher sought out the most appropriate and explanatory labels for each idea.

As with any qualitative research project the issue of interviewer bias must be considered. Both the researcher and the research supervisor hold Protestant Christian beliefs. The researchers were aware of their personal biases and implemented measures to minimize their effect on the study. Interview questions were worded in a manner that was intended to be inclusive and non-religious. The interviewer did not disclose her personal beliefs, until after the interview, and only when directly asked by participants. After each interview the interviewer wrote a journal-like reflection about the participant, the interview experience, and the interview content. This included information and reflections about accessing the participant, arranging the interview, the interview day, description of the participant, rapport, perception of the relationship between interviewer and participant, setting, timing, interaction, exit, interview content. This served as a record of non-verbal elements of the interview and aimed to make the researcher aware of biases and limit the effects such biases may have on the data analysis.[49] During the writing of the final document they consulted a third party, who did not have religiously-affiliated spiritual beliefs, for editorial feedback on the presentation of the research data.

RESULTS

Note: In presenting the results below quotes by participants have been edited of repeated words, stutters, and 'um' and 'ah' for ease of reading.

Core Themes

The following themes emerged from the interviews as common to all or most participants.

- Common elements in spirituality
- Professional motivation
- Caring capacity
- Integration of spiritual practices
- Patients with spiritual concerns
- Discussing spirituality
- Experience of spirituality in the osteopathic consultation

Common elements in spirituality

There were a number of common elements in participants' spirituality including: belief in a divine being/s or force, communication with 'God' through spiritual practices, belief in a reality beyond the physical realm, beliefs about the purpose and meaning of human existence, and an association of spirituality with religion.

All participants held a belief in a divine being/s or force, but their concept of 'God'[*] was varied. Three participants conceptualised God as a distinct spiritual being.

> *In Hinduism there are…many Gods. And basically each God has a different…responsibility or there's a different meaning attached to each one*. (PB)

[*] God is capitalized throughout for uniformity

As well as being a distinct being, participants with Christian beliefs spoke about God as personal and relational in nature.

> *…I just chat away to God as if He's another individual*. (PA)
>
> *...just having that relationship with God.* (PC)

Participant D saw God as more of a cosmic force rather than a distinct being.

> *I believe that… we're all a manifestation or we're all made up of a spark of a greater love and being which you could call God or ...you could give different names*

Regardless of their concept of 'God' all participants communicated with or felt near to God via their spiritual practices. Communication was bi-directional, as participants believed in divine guidance and would seek it via their spiritual practices. Because three participants adhered to a religion, many of their spiritual practices were derived from their particular religious tradition. All participants spoke about prayer or meditation being part of their everyday lives, which was part of the inclusion criteria for the study. Other activities that participants reported as part of their spiritual practices were: reading the Bible, reading other religious literature, experiencing nature, attending church services or a temple, fasting on particular days, and abstaining from certain meats.

Participants voiced their belief in a 'bigger picture' of reality that extended beyond the physical realm.

> *If you just deal with things on a physical level I don't think you're seeing the whole picture. You're not getting a true understanding of things* (PB).
>
> *I have a very strong belief in a spiritual world where there is a sense of order and where human beings have a special role to play* (PD).

Participants believed that there was ultimate divine purpose and meaning to human existence in this larger spiritual reality.

> *...my belief is that that God has a plan for everybody* (PA).

> *So you know I think that God has a hand in everything. I believe that He's sovereign and that there's a reason for everything* (PC).

Two participants used the metaphor of life as a 'journey' to describe their beliefs about the purpose of human existence.

> *... we're all on a journey and we're all trying to attain salvation, they say. And you will have lessons in life and you'll always be encouraged to try and reach that but you may not in this lifetime. So then you'll reincarnate again to continue [the] journey...* (PB)

> *... our life is basically a journey in which we are learning to, more and more, experience and understand this kind of spiritual world in which we are part of* .(PD)

This belief affected their outlook on life, and helped them to look beyond or transcend immediate circumstances. They seemed to view the 'bigger plan' as something they could trust to be good, and they derived peace and hope from this belief.

> *I think maybe it changes your perspective. So that you think more of the bigger picture and you think less of the immediate - well I think you learn to be more accepting of the situations you are in and to make the most of them. You realize that it's all part of a bigger plan*. (PD)

...even though something awful is going on in my life, there's a reason behind it. I might not know what it is and I might not ever know but I trust in [God] that it's for my benefit, in the long term. (PC)

Three participants mentioned religion being associated with their own spirituality. Because Participant D's spiritual beliefs were not affiliated with any particular religion, religion was not a part of her concept of spirituality. Things that she associated with the concept of spirituality were *love and light and the universe*.

Professional Motivation

Participants spoke of a connection between their spirituality and their professional motivation. This involved their choice of osteopathy as a profession and their continued motivation as an osteopath. Some participants believed they were divinely guided into osteopathy as a profession.

...the way I tend to look at how things have developed is why was I guided in that field? Why did I have an interest in that? ...[God] obviously felt that this would be appropriate for me. And I think He guided me towards that. (PA)

...all my good decisions are made without even thinking about them. They just evolve and happen. Ok? I don't say 'right I'm going to pursue this' and go after it. In fact when I do that, I usually fall flat on my face. So I just roughly get guided by ...a few little events, rather than any one big experience. (PB)

Other participants conveyed a belief that interests that had led them to study osteopathy were 'in-built' in who they are as people.

I think it's something that you know from the time you - that's just part of you. From [a] very, very young age I think… I was always was going to work in a sort of health science I think. (PD)

I've always had an interest in the body: biology, physiology, how the body works. We've all got one, we all have problems with one. (PC)

As practising osteopaths, participants' spiritual beliefs continued to influence their motivations and their direction as a practitioner. Some participants felt that their purpose in life was to serve or help other people and that being an osteopath was one way they fulfilled that purpose.

… it's more just being a deep well of helping… it's not like you're putting yourself out but that's the energy that you have. I mean some of us have our energies just to break stones all day… Whereas mine I feel is just to try and help people. (PB)

…hopefully my purpose in life is to serve other people. That's what I see it as being. I have a caring role, I guess [if] I hadn't become an osteopath I may have gone into nursing or something else or I may have pursued medicine in some way. (PA)

One participant mentioned that her motivation as an osteopath to serve others meant that she had little interest in financial gain.

I've got no interest in the financial side of things…as long as I've got enough to live on that's fine. … I'm certainly not in osteopathy to make a quick buck. You may find some individuals are in this job because they feel they can have a good income. But that may be more just the individual rather than the fact someone's spiritual. (PA)

One participant also felt encouraged by spiritual aspects of early osteopathic teachings and the fact they had their origins in Christianity, which was also her own belief system.

… if you read 'Teachings in the Science of Osteopathy' [by] Sutherland… he quotes the Bible and he talks about the Creator and the body's inherent intelligence as far as the Creator goes and… all that's really positive for me because… I feel like I'm doing the right thing by myself, by God [and] by the profession (PC).

Another participant mentioned that her spiritual journey had influenced her career choices and consequently the progression and direction of her career.

…it's [having spiritual beliefs] changed a lot of what I'm interested in and a lot of where I'll probably head off now. …it's like you're constantly following a path and I know that it's going somewhere different [now]. I've just made a change [to my work commitments]. (PD)

Caring capacity

Participants felt that their spiritual beliefs were related to, or encouraged, personal attributes and attitudes that were beneficial in their work as osteopaths. These characteristics helped them in their capacity to care for their patients. Some participants felt that their spirituality helped them to understand or empathise with patients.

I like to think that my spiritual belief has an impact on my empathy with patients. (PA)

It helps me understand other people, where they're coming from. … because of the framework of how I interpret my religion I don't view something different as being odd. (PB)

Participant C felt that her beliefs helped to be compassionate, loving and caring towards her patients.

The idea of God's love shining through you… loving and caring for people in general…is going to come through in your treatment…(later) *it's just about general concern. You know, a loving, human, compassionate concern.* (PC)

Participants B and D also mentioned that their beliefs promoted an attitude of acceptance which was helpful in practice.

> *My religion preaches things like tolerance …if you're tolerant with people, there's a good chance you're likely to get on with as many personalities as you can find. And that's important being a practitioner.* (PB)

> *Spirituality just helps me accept everyone I think; just totally as who they are, without judgement.* (PD)

Integration of spiritual practices

On occasion all participants used their personal spiritual practices as an integrated part of their osteopathic treatment. For participant A and C this took the form of privately praying for patients. Prayer was used in a number of different ways including praying for guidance about correct diagnosis and appropriate treatment, praying for success with specific treatment techniques, praying for improvement of patients condition, praying for good outcomes for patients having surgery and seeking divine help for patients' situations in life e.g. coping with severe pain. For Participant D meditation was used in a similar way, to seek guidance or understanding about clinical situations.

> *I will meditate and I will seek guidance….* (later) *And sometimes I think I need to understand the situation a bit more, you're not quite sure what is happening or what's going on. And so you just seek a sort of direction about what it is and you're looked after.* (PD)

Participant B did not pray or seek guidance in this way as he believed it was blurring the lines between personal and professional space. For participant B spirituality was evident in practice on a slightly different level. He used things like instinct and intuition, which he saw as part of being spiritual, to help him choose treatment techniques.

> *[My spirituality] allows me to feel quite centred…And in being centred it just allows me to make very quick in-roads in, say, the type of technique I use and the way I do it.* …(later)*You just select the right tools that come to your mind. ... it may not be the main thing that you would use, that you're taught to use, you're taught to think of... and the patient will come back and say 'that really helped'*

All participants felt that augmentation of treatment with spiritual practices was helpful, and three participants believed that at times it was pivotal in their patients' progress or recovery.

Patients with spiritual concerns

Participants were asked to think of situations where the patient may have been having issues of a spiritual nature, i.e. questions of meaning and purpose in their lives. Patients were more likely to have concerns that were spiritually based when they were experiencing chronic pain or illness, were terminally ill or in times of crisis such as dealing with the death of a loved one. Some participants recalled specific cases and gave reasons why they thought these issues came up.

> *Most people go about their daily activities and don't give a thought much to life and death and bigger issues like that. I think when people are in a position where they are terminally ill their whole point of reference is different. So they're looking at life from a different perspective.* (PD)

Regarding patients with chronic pain another participant said:

> *I think you tend to get into those sort of discussions a bit more with people like that because they're probably attending you a lot more frequently and you get to know them a lot better but also they do have more of those issues I think.* (PA)

When patients initiated discussions with spiritual aspects practitioners saw their role as being receptive and supportive. In these situations patients were not explicitly asking the practitioner for answers and the practitioner felt that listening to and empathising with the patient was an adequate response.

> *Well I think mainly I've listened to them and … maybe sort of give them an example of what goes through my mind at that time.* (PA)

> *I'm not offering any explanation for it, I'm just sharing it. I think just sharing that you're a fellow human being who's prepared to share some of that experience with them is all they probably need and all they're asking in many ways.* (PD)

Discussing spirituality

Participants perceived spirituality to be a sensitive subject and patients' spirituality to be a rather private matter.

> *I really strongly feel that as an osteopath my primary aim is to help them recover…I would never discuss spirituality or religion if it hadn't been brought up. …if I went to see my dentist I wouldn't like them to start talking to me about spirituality…*(PA)

Spirituality was seen as a topic that was to be initiated and guided by the patient. Participants were comfortable with patients talking about their own beliefs and generally took on a listening role in such conversations.

I'm comfortable with listening to it… I suppose I will chat to a certain extent but it's more of a receptive type scenario. (PD)

They'll talk about religion as well and touch on that… I never really express my own views as their practitioner… I'll just listen… (PB)

Participants were divided in their views about disclosing their own beliefs to patients. Two participants seemed opposed to mentioning their own beliefs to patients.

But it's always important; I never really express my own views as their practitioner. You never talk about politics and religion, you know? (PB)

Well it would have to be instigated by them and I probably wouldn't… be telling them what I believe. (PD)

The other two participants did mention their own beliefs to patients if it came up in conversation. Mostly this was in the form of mentioning their religious affiliation or activities (e.g. going to church). Both practitioners qualified this with anti-proselytising sentiments.

… I don't force anything down anybody's throat… (PC)

…there would be absolutely no way that I would… force it on them. (later) … you've got a right to be treated without being sold something. (PA)

Participants who disclosed their beliefs to patients played a more active role in conversations about spirituality with patients who had similar beliefs.

[I've] often had long discussions with patients of all [Christian] denominations. (PA)

…something might come up about a particular belief of theirs and we'll talk about that. (PC)

Regardless of whether they disclosed their personal beliefs to patients, practitioners did not impose their own beliefs on patients and respected patients' beliefs.

Experience of spirituality in the osteopathic consultation

Participants were asked to describe a typical clinical situation where spirituality came into the consultation in some way. There were two distinct responses to this question that seemed to be reflective of participants' concept and experience of spirituality, as well as their clinical experiences. One response was to encounter spirituality as a topic of conversation, concerning the patients' or practitioners' religious affiliation or activities. The other response was that participants had experiences of a supernatural nature while treating patients.

For the two participants with Christian beliefs the primary way they saw spirituality being part of the consultation was as a topic of conversation relating to the patient's or their own religious affiliation or activities. This was the first thing mentioned by these participants and seemed to indicate that this was the most common context for them in which spirituality was discussed and that this context was acceptable to both themselves and the patient.

> *...people say 'oh anything planned for the weekend?' and I'll mention I go to church.* (PC)

> *Usually when the patient brings the subject up... we'll be chatting about the weather and this, that and the other.* (PA)

Talking about spirituality was one way that these participants could connect with patients, as they sought to establish good rapport.

> *If I have a patient who has like-minded beliefs it gives us something to relate to...I've got a few Buddhist patients and a few Jewish patients and there does seem to be some sort of connection there too.* (PA)

In most cases where…my Christianity comes up in conversation they turn out to be [Christian] as well…and then we often get into conversations about 'what do you do at church?' ...(PC)

Two participants said the main way that they saw spirituality coming into a consultation was in their own experiences during treatment. They mentioned that on occasion they have experiences of a metaphysical nature during treatment. For both these practitioners, this type of experience was not something that they had sought out but that started to happen after they began practicing as an osteopath. For Participant B this involved feeling sensations of tingling or heat in his hands when he held them above a person.

...what started happening after the first six months [in practice], I'd start to feel things in my hands. Like… you can just hold it above someone and I feel things just without touching them. ... that started happening, I didn't know what it was.

Participant B used these sensations as part of diagnostic procedures to identify areas of dysfunction.

I can almost say with ninety nine percent accuracy I can find the area that's inflamed like that.

For Participant D this involved the perception of energy during treatment. This was not something that was initiated by the practitioner and was sometimes also perceived by the patient. Sometimes Participant D also had mental perceptions of colours, shadow or spiritual beings around the patient.

it may not be a spiritual experience for the patient but it's a spiritual experience for me. ... yet in the process I feel that the patient's the one that's initiating it and the one that's supposed to be getting better ...they could get all sorts of sensations of heat, energy, tingling… throughout

their body in different parts, so they're aware that something is happening and they may or may not want… to talk about it.

Participant D spoke about how she initially reacted to these experiences and how she has adjusted to them over time.

> *First it used to happen and I would panic a bit. I've learnt how to deal with this now and I accept it as just part if what happens with me and my treatment…(later) It wasn't that I chose to work this way, it's almost like it chose me.* (PD)

Other Important Themes

Several other important themes were found that were of interest, but only reported by one or two participants.

Patient spirituality impacting treatment

Only one participant mentioned cases where patients' spiritual beliefs had impacted their treatment and management of the patient. Two cases were mentioned and in both cases the patients had a similar religious background to the practitioner. One case was a patient with rheumatoid arthritis, whose Catholic beliefs were part of how she coped with her pain.

> *…we do get into spiritual discussions together about… how she manages with her pain… and what she can learn from it…she says 'well obviously the Lord only gives me what He knows I can deal with as far as pain's concerned'. … I guess I'm some sort of support from – I don't whether to use the term spiritual or psychological support. I don't think I'm either really, but in that sort of realm.* (PA)

The other case involved a baby with colic. In this case the parents' religious beliefs meant that they had reservations about the treatment techniques the practitioner wished to use.

> *at that time in my career I was treating with some cranial. ... I explained what I would be doing and they were very, very nervous of... having this baby treated cranially. I think they possibly looked on it as something sort of a bit satanic or something.* (PA)

By mentioning her own similar religious background the practitioner was able to reassure the parents about the nature of the treatment techniques.

> *I think I let them know that I was a Christian and I [said]... that I wouldn't treat in any way that I felt was wrong, from a Christian viewpoint.* (PA)

Business aspects of practice affected by spirituality

One participant talked about how spirituality also affected business side of practice. He talked about how he had trust in his intuition with regard to his business dealings.

> *...in a business sense with getting services and other things, and purchasing things, who to go with – you just go with instinct...*(PB)

He also had his clinic blessed by a priest periodically and consulted a Feng Shui expert for advice on how to arrange the clinic space. He believed that these things affected how busy the practice was.

> *I think it's important to have your space blessed as well. ... It doesn't have to be something relating to my religion. We've had it blessed by a Greek priest...and we get him to come and bless it every now and then because the phones will stop ringing sometimes very uncannily and as soon as he goes the phones start ringing up again.* (PB)

…we've consulted a Feng Shui expert and they've identified certain ways to set the place up and if you open a certain window it should mean business will come in and you open that window the phone will ring and if you close it will stop ringing. Literally like that. Little things like that happen that are quite amazing. (PB)

Limits of professional expertise

One practitioner mentioned that she felt limited in the response she could offer when discussing spiritual or personal issues with patients. She was mindful of the scope of her professional expertise as an osteopath and did not want to step outside of her professional qualifications in terms of counselling or spiritual advice.

I think there's a limitation in terms of how much we do in terms of counselling… and how much that we are really trained to take on board, I don't usually do more than listen. And I feel I can do that, and if they're going to take it any further then they probably need to see someone else for counselling. (PD)

DISCUSSION

In this study participants' spirituality had many areas of similarity despite differences in spiritual backgrounds and specific beliefs. This supports the idea that inclusive and broadly applicable definitions of spirituality and related terms can be reached. Other studies have also found that spirituality involves meaning and purpose of human life, belief in a reality beyond the physical world (metaphysical beliefs/ transcendence), connection or relationship with divine beings,[9,11,17,18] and can also involve belief in God and religious beliefs for some individuals.[11,18]

It could be said that participants experienced their job as an osteopath as a calling. A calling is " a strong inner urge to follow an occupation".[50] Participants felt they were strongly drawn towards a caring profession or the health profession in general. Raatikainen[51] stated that someone who experiences a calling "devotes [themself] to the task and strives to act according to its highest principles. The aim of a calling is to serve people altruistically." Experiencing a calling is not something confined to those with belief in a God or a higher power, but for participants in this study it was closely tied to their beliefs in a larger spiritual reality, and a divine plan and purpose for their life. Participants expressed the idea of a calling in different ways: some participants talked about a long-standing interest or inner predisposition towards the health profession as a career, whereas others believed that they had been divinely guided towards osteopathy. Participants also expressed altruistic values and motives in their osteopathic work. Raatikainen found that nurses who experienced a calling placed a high value on serving patients altruistically in a close relationship, and that experiencing a calling didn't conflict with professional principles or professional growth. [51]

Participants believed that their spirituality was a source of personal attributes such as empathy, love, compassion, acceptance and tolerance, which helped in their capacity to care

for patients. Sullivan[16] also found that spirituality helped psychotherapists in their capacity for compassion or to be attuned to their clients in therapy. Goldsworthy and Coyle[5] found that spiritual beliefs and values were experienced as a sustaining resource in practice by therapists working in bereavement counselling. Spiritual beliefs fostered hope and optimism for the future that was important for their own wellbeing as well as for their belief in their clients' potential for growth and change. A well as helping practitioners care for patients, spirituality has other implications within the therapeutic relationship. Personal characteristics, values, attitudes and biases have important effects on the way practitioners listen to patients, interpret what they say, empathise with and counsel patients.[52] Personal beliefs also affect how practitioners view and respond to circumstances such as illness and death.[32] By being aware of the different ways in which personal beliefs and attributes influence their behaviour practitioners can utilize them to enhance clinical care as well as minimising any biases or negative effects.

Participants in this study integrated spiritual practices such as private prayer, meditation and using intuition into their osteopathic practice. Sullivan[16] investigated psychotherapists' spirituality in practice and also found that prayer or meditation was used to enhance their clinical work in various ways. Gubi[53] investigated the use of prayer in counselling and found that counsellors used private or 'covert' prayer in the following ways: 'grounding' themselves before seeing patients, as a way of preparing for the therapeutic process; to uphold the client, especially when they are facing difficult issues; and as a means of spiritual guidance for the counsellor. Participants in the current study also expressed these ideas. One participant talked about his spiritual practices allowing him to feel 'centred' and be attuned to patients, which he believed helped him to treat more effectively and efficiently. Another participant particularly mentioned that she prayed for patients who were facing difficult life circumstances or severe pain. Two participants used prayer or meditation to seek understanding and guidance about

patients. One finding that was different in this study was that participants prayed for success with specific techniques. One participant reported that she prayed for divine help whilst performing osteopathic techniques, and another participant prayed for patients undergoing surgical procedures.

While Participants were comfortable discussing their own beliefs in the interview setting, they conveyed the belief that in general spirituality, especially patients' spirituality, is a personal and private topic. This seems to reflect the general attitude of Australians to spirituality. Tacey[26] described a split in the Australian psyche where "the spiritual level is encountered only in individual and private experience; it is never engaged at a social or public level". In a similar vein Mackay[54] maintains that, in general, Australians have a rather unformed concept of God and are reluctant to discuss it, and regard religious faith as an essentially private matter.

Participants felt it was generally not appropriate for them to initiate discussions about the patient's spirituality. This was an area that should be initiated and guided by the patient, with the osteopath having a supportive role in the discussion. This was similar to findings by Ellis et al[3] who discovered that doctors had different comfort levels and practices of addressing spiritual issues, as well as varied opinions on the appropriateness of doing so, but all agreed that they should play a supportive role for patients who initiate spiritual discussions. Other sources argue that spirituality shouldn't be approached with embarrassment or hesitation[40] and advocate routine inquiry into spirituality as part of the patient's psychosocial history.[55] Research from the UK suggests that patients see spiritual care as being closely tied to psychosocial care, and want practitioners to ask about coping and support mechanisms in association with illness, providing an opportunity for patients to discuss spirituality if they wish to.[12] As mentioned by one participant in the current study, it is important that

practitioners do not step outside their area of professional expertise in terms of counselling patients. Exploring and working through issues of a spiritual nature in depth is best left to those professionals with the relevant expertise such as psychologists, social workers or pastoral care workers.[21]

Questions of a spiritual nature are more likely to arise when patients are facing crisis, chronic illness or terminal illness,[3,5,32] as was reported by participants in this study. It is not yet clear in which health situations or settings Australians want spirituality considered, but so far it has been indicated in people suffering a mental illness[13] and those with serious illness such as cancer.[56] In this study, participants who related specific instances where patients had expressed spiritual concerns were practitioners with 10-15 years experience. While this may just indicate that these types of situations do not arise often in osteopathic practice, it could indicate that experienced practitioners recognise these issues more readily, or it may be related to the individual practitioners' personality, interests or skills. Reasons for the infrequency of these situations are presently unknown but may be related to the type of patients osteopaths treat, to not working in a hospital setting, or to the perceived role of osteopaths.

In the present study practitioners did not provide spiritual care in explicit ways. They expressed a willingness to let patients discuss spiritual matters or beliefs and advocated a supportive role for the osteopath in such discussions. Taylor[57] investigated what patients with cancer and their family caregivers want and expect from nurses to concerning their spiritual needs. She found that spiritual care was conveyed in many less overt or non-religious actions and attitudes such as kindness, warmth, respect, sharing conversation, symmetry in relationship, authenticity, physical presence and quality temporal care conveyed spiritual care. Other studies have also affirmed that 'spiritual care' is closely related to the quality of

interpersonal care[11] and involves active listening, availability and understanding rather than specialist knowledge.[31] So it could be said that by allowing patients to talk about spirituality participants were providing spiritual care, even if they did not acknowledge it as such.

Ethical Considerations

The findings of this study raise a number of ethical issues for consideration. Some people may question whether it is ethical for practitioners to privately pray for patients without their permission. There may be concerns about proselytising when practitioners disclose their personal beliefs to patients. Participants in this study were quite clear that they did not force their own beliefs on patients or try to convert them. However this point still deserves contemplation, as there is a fine line between proselytising and expressing a point of view. Different individuals, depending on their own beliefs and experiences, may perceive the same words very differently. What is important is that osteopaths do not abuse their status as health professionals or exploit their relationship with their patients by pushing personal agendas.[7] Also, practitioners may want to be aware that less obvious expressions of spiritual beliefs such as wearing religious symbols, treatment room decoration or language use might make some patients uncomfortable.

It is possible that situations of conflict may arise in practice due to differences between practitioners' and patients' personal beliefs. This did not appear to be an issue for participants in this study. One participant did report a case where a patient's parents had concerns about treatment techniques because of their spiritual beliefs, but she was able to resolve this issue. Under the Equal Opportunities Act of Victoria (1995) it is unlawful for osteopaths to discriminate in the provision of services (e.g. osteopathic treatment) on grounds of religious belief or activity.[58] It is important that all practitioners monitor their own attitudes and actions carefully to avoid unlawful discrimination. As professionals, osteopaths "should respect all

religious, ethical, personal, and political beliefs of patients" (AOA code).[45] However, should a situation occur where there are significant difficulties present it is the osteopath's right to refuse treatment, but they must offer referral to another practitioner (AOA code).[45]

Limitations

The main limitation of the study was the small number of participants and thus the small range of information that was gathered. Selection criteria and recruitment methods may have deterred practitioners with less religiously based or well-defined spiritual beliefs from responding. Results are only representative of select group of practitioners and provide an incomplete picture of this topic, and as such cannot be generalised. However, qualitative research aims to discover in-depth information about the everyday experience of participants, and as such generalisability is not the aim of this type of research.[48] It is worth noting that despite only having four participants, both sexes, three different types of spiritual beliefs and difference in practice experience were represented.

The personal spiritual beliefs of the researchers may have also affected the study. Both the researcher and the research supervisor hold Protestant Christian beliefs. Despite the measures implemented to minimize potential biases caused by these beliefs, the interview questions, interview, data analysis and presentation may have still been influenced by the researchers personal beliefs.

Another limitation that became apparent through the course of the study was that the focus of the study was slightly too broad for the scope of the study. This meant that some of the issues were not explored as deeply as they could have been in the interviews. In retrospect a narrower focus of study would have yielded more comprehensive information about the chosen area.

Future research

This study raised many areas for future research. It would be valuable to investigate the implications for practice of other spiritual beliefs not represented in this study. Perspectives from practitioners affiliated with Buddhism, Islam and Judaism, various other Christian denominations and a wider range of non-religiously affiliated beliefs would build a more comprehensive picture of this subject. Reasons why people choose osteopathy as a profession would also been an interesting avenue of study and could incorporate investigation of practitioners' personal values, professional motivations, or the experience of osteopathy as a calling.

It would also be beneficial to investigate the opinions of the general population of osteopathic practitioners and patients on spirituality, to provide a wider spectrum of information. Areas that could be addressed include: the perceived role of osteopaths in talking about spirituality, addressing spiritual concerns of patients, and providing spiritual care. Currently the osteopathic profession (excluding the USA) has not entered into discussion about any of these subjects, let alone reached any consensus about the role of the osteopath in these matters. While participants in the present study were open to patients talking about their personal beliefs and played a supportive role in discussions of a spiritual nature, this study provides limited information as it represents the view of only a few practitioners.

CONCLUSION

Results of this study indicate that spirituality can influence many aspects of osteopaths' lives and professional practice in practitioners with active spiritual beliefs. Spirituality was found to influence: their choice of osteopathy as a career and continued motivation as practitioners; their capacity to care for patients; and the integration of spiritual practices such as private prayer, meditation and intuition into treatment. Participants played a supportive role in patient-initiated conversations about spirituality but differed as to whether they thought it appropriate to disclose their personal spiritual beliefs to patients.

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APPENDIX A

Information for Respondents

Dear ……..,
Thank you for your expression of interest in my research project "Spirituality and Osteopathic Healthcare: Practitioners' Views". Please read the information below before agreeing to participate in this study.

I am a student undertaking this research project as part of my Masters of Health Science (Osteopathy) degree at Victoria University, City Flinders campus. The aim of this study, generally, is to explore the area of spirituality within Australian osteopathic medicine. The focus is on practitioners' experiences, perspectives and practices relating to this area. I am interested in how your own perspectives and experiences interact with your practice of osteopathic medicine, and in turn how you think this relates to the health and healing of your patients. I am also interested to explore what the concept of spirituality means to you as well as other related concepts, and how you approach these areas in practice.

To participate in this study you must:
- Be a registered osteopath in Australia.
- Have been practicing as an osteopath for at least six months.
- Have a faith or spiritual belief system that plays an active part of your everyday life (i.e. you participate in daily or near daily spiritual activities such as prayer, devotion or worship).

The study will focus on the experiences and views of the participating practitioners. Practitioners not fitting these criteria will not be eligible for this study.

Being part of this study will involve attending a semi-structured, thirty to forty-five minute interview held at a time and place that is convenient for you. If a convenient place to hold the interview cannot be arranged due to geographical problems a telephone interview may be arranged. With your permission, the interview will be audio taped and then transcribed. You will receive a copy of your interview transcript via mail or email. You may be sent a letter asking for brief clarification of statements made in the interview if the meaning was unclear. I will contact you at your convenience by telephone to acquire verification of the transcript contents and points of clarification. You may also be invited to give additional comments on points raised by other participants. A follow–up interview may also be requested to explore further issues that were mentioned in the first interview.

> *All personal identifiers in the interview will be coded in the interview transcripts, analysis documents and final documents (i.e. participant A) to ensure confidentiality.*
>
> *You are free not to answer any questions if preferred and you are also free to terminate the interview/s at any time. During the interview you are asked not to mention names or other personally identifying features of any patients discussed. You may withdraw from the study at any stage. You may withdraw any parts of the transcript by notifying me within two weeks of receiving the interview transcript. On completion of the study the resulting paper will be available at your request.*

If you have any further inquiries about the study please feel free to contact my supervisor at Victoria University; Melainie Cameron on 92481149.

Sincerely,

Sally Huggett

Any queries about your participation in this project may be directed to the researcher Melainie Cameron on 92481149. If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MC, Melbourne, 8001 (telephone no: 03-9688 4710).

APPENDIX B

INFORMED CONSENT FORM FOR RESEARCH PARTICIPANTS

Thank you for your expression of interest in my research project "Spirituality and Osteopathic Healthcare: Practitioners' Views". Please read the information below before agreeing to participate in this study.

I am a student undertaking this research project as part of my Masters of Health Science (Osteopathy) degree at Victoria University, City Flinders campus. The aim of this study, generally, is to explore the area of spirituality within Australian osteopathic medicine. The focus is on practitioners' experiences, perspectives and practices relating to this area. I am interested in how your own perspectives and experiences interact with your practice of osteopathic medicine, and in turn how you think this relates to the health and healing of your patients. I am also interested to explore what the concept of spirituality means to you as well as other related concepts, and how you approach these areas in practice.

To participate in this study you must:

- Be a registered osteopath in Australia.
- Have been practicing as an osteopath for at least six months.
- Have a faith or spiritual belief system that plays an active part of your everyday life (i.e. you participate in daily or near daily spiritual activities such as prayer, devotion or worship).

The study will focus on the experiences and views of the participating practitioners. Practitioners not fitting these criteria will not be eligible for this study.

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> *All personal identifiers in the interview will be coded in the interview transcripts, analysis documents and final documents (i.e. participant A) to ensure confidentiality.*
>
> *You are free not to answer any questions if preferred and you are also free to terminate the interview/s at any time. During the interview you are asked not to mention names or other personally identifying features of any patients discussed. You may withdraw from the study at any stage. You may withdraw any parts of the transcript by notifying me within two weeks of receiving the interview transcript. On completion of the study the resulting paper will be available at your request.*

If you have any further inquiries about the study please feel free to contact my supervisor at Victoria University; Melainie Cameron on 92481149.

CERTIFICATION BY PARTICIPANT

I, ……
of ……
……

Certify that I am an Australian registered osteopath and have been practicing as an osteopath for at least six months and that I am voluntarily giving my consent to participate in the research project entitled: 'Spirituality and osteopathic healthcare: practitioners' views" being conducted at Victoria University by Melainie Cameron, Damien Ryan and Sally Huggett.

I certify that the objectives of the research, together with any risks to me associated with the procedures to be carried out, have been fully explained to me by Sally Huggett and that I freely consent to participation involving the use on me of these procedures.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this research project at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed: **.....** }

Witness other than the researcher: } **Date: .....**

.....}

Any queries about your participation in this project may be directed to the researcher Melainie Cameron on 92481149. If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, PO Box 14428 MC, Melbourne, 8001 (telephone no: 03-9688 4710).

APPENDIX C

Advertisement used for participant recruitment

APPENDIX D

Final ethics approval

Faculty Human Research Ethics Committee

MEMORANDUM

TO: Melainie Cameron, Damien Ryan Student: Sally Huggett
Principal Investigators
HSc

FROM: Dr Dennis Hemphill
Chair
Human Research Ethics Committee
Faculty of Human Development

DATE: January 29, 2008

SUBJECT: **Approval of application involving human subjects**

Thank you for your submission detailing amendments to the research protocol for the project titled, ***Spiritual and Osteopathic Healthcare: Practitioners' Views*** (HRETH.FHD.012/03).

The proposed amendments have been accepted by the Faculty Human Research Ethics Committee and approval for application HRETH.FHD.012/03 has been granted from 27/03/03 to 30/09/03.

Please note that, the Faculty Human Research Ethics Committee must be informed of the following: any changes to the approved research protocol, project timelines, any serious or unexpected adverse effects on participants, and unforeseen events that may effect continued ethical acceptability of the project. In these unlikely events, researchers must immediately cease all data collection until the Committee has approved the changes.

If you have any queries, please do not hesitate to contact me on ext 1191.
The Committee wishes you all the best for the conduct of the project.

Dr Dennis Hemphill
Chair
Human Research Ethics Committee
Faculty of Human Development