

# Unani Tibb students' and educators' perceptions of spirituality and spiritual care in education in South Africa: A mixed-methods study

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**Background.** Unani Tibb promotes holistic patient care, yet spirituality and spiritual care seem to be neglected in education. This theory-practice gap was previously highlighted in studies on Unani Tibb practitioners. The role of spirituality and spiritual care in Unani Tibb education in South Africa (SA) remains unclear.

**Objectives.** To explore Unani Tibb students' and educators' perceptions and attitudes of spirituality and spiritual care in SA.

**Methods.** A two-stage sequential explanatory mixed-method study was conducted. Quantitative data from stage 1 was obtained using a cross-sectional descriptive study followed by in-depth interviews for the qualitative study in stage 2. Stage 1 guided the interview questions in stage 2. Descriptive data analysis was performed for the quantitative study, followed by thematic analysis for the qualitative data.

**Results.** A total of 18 (90%) participants took part in the quantitative study followed by 10 participants (50%) in the qualitative study. Three study findings emerged: *i*) a heightened level of spiritual awareness was recorded for this cohort despite the lack of spirituality and spiritual care content in the curriculum, *ii*) participants viewed spiritual care as integral to Unani Tibb philosophy, education and practice and *iii*) formal integration of spirituality and spiritual care concepts in Unani Tibb education was identified as a necessity to ensure the integrity of the holistic approach required by the profession.

**Conclusion.** This study has implications across the health education sector and more specifically for Unani Tibb educators to consider the inclusion of spiritual care content in education programmes.

**Keywords.** Unani Tibb, student, educator, spirituality, spiritual care, education, mixed methods.

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Spirituality and complementary and alternative medicine (CAM) are interconnected and integral to all communities globally.<sup>[1,2]</sup> Spirituality is a fundamental tenant of CAM, often discussed in the context of holistic care.<sup>[3-5]</sup> CAM systems, such as African traditional medicine and Unani Tibb, are utilised by millions and deeply rooted in many cultures and traditions.<sup>[1,2]</sup> In Africa, up to 80% of people rely on CAM for their healthcare needs.<sup>[2,5]</sup> In SA, several forms of CAM, like Unani Tibb, have been included in university curricula for health profession students.<sup>[1,2,5]</sup> Unani Tibb is a widely accepted form of CAM practised in many of the World Health Organization (WHO) member states, including SA.<sup>[2,5-7]</sup> A large proportion of the SA population uses CAM products and services.<sup>[5,8,9]</sup> These include medication of plant, animal or mineral origin, manual body therapies, such as cupping, massage and acupuncture, as well as spiritual therapies like prayer medicine, meditation and yoga.<sup>[2,5,8,9]</sup> Therefore, patients associate spirituality with CAM and expect spiritual care from Unani Tibb practitioners.<sup>[5,8,9]</sup> However, Unani Tibb practitioners reported that they were not adequately skilled in the area of spirituality and spiritual care owing to the lack of formal training on these specific topics.<sup>[2,5,9]</sup>

There are positive associations between spirituality, individual healthcare outcomes and quality of life.<sup>[2,4,5,8-10]</sup> Koenig<sup>[10]</sup> provides a comprehensive review of the relationship between religion/spirituality and mental and physical health. Some of the positive outcomes for mental health reported include happiness, wellbeing, hope, optimism, meaning and purpose, high

self-esteem, a sense of control over life and gratefulness. Better physical health outcomes were reported for several disorders, including cardiovascular, cerebrovascular, endocrine and immunological disorders.<sup>[10]</sup> For this reason, the topic of spirituality and spiritual care is firmly fixed within the healthcare agenda in most healthcare professions.<sup>[11]</sup> It is expected by healthcare authorities that healthcare professionals increase their competence in spirituality as part of healthcare services.<sup>[12,13]</sup> However, studies report that spirituality remains neglected in healthcare education.<sup>[14,15]</sup> Mthembu *et al.*,<sup>[14,15]</sup> reported on the relevance and importance of spirituality in health education and its applicability to the needs of society. The response of medical schools includes adapting education and practices to address the new realities of the world. Healthcare training institutions are advised to adopt an integrative, transformative, collaborative and interdisciplinary approach towards the training of health science graduates in the field of spirituality and spiritual care.<sup>[14]</sup> There is growing interest in the field of spirituality and spiritual care in most healthcare education settings.<sup>[11]</sup> However, this is not the case for CAM education,<sup>[2,4]</sup> specifically Unani Tibb education, in SA.<sup>[2,5,9]</sup>

Research on spirituality and spiritual care in Unani Tibb is extremely rare.<sup>[2,5,9]</sup> In a multi-site exploratory study, Unani Tibb practitioners, among other CAM professionals, agreed that spirituality was a key area of concern for their patients during illness. In this study, Unani Tibb practitioners advocated for the inclusion of spirituality and spiritual care into education and clinical practice.<sup>[2,4,16]</sup> In the SA context, a study conducted on the

perceptions of spirituality and spiritual care of Unani Tibb practitioners in clinical practice confirmed that Unani Tibb practitioners valued spirituality and spiritual care despite the lack of formal training on these topics.<sup>[9]</sup> Another significant finding was that all practitioners in this study reported being ill-equipped to deal with spiritual care attributed to the lack of formal training. This study highlighted the need for guidelines on spirituality and spiritual care to improve holistic care in the Unani Tibb profession.<sup>[9]</sup> In India, Ahmad<sup>[16]</sup> reported that Unani Tibb students regard spirituality as a crucial component of their education and profession. That study reported a significant correlation between spiritual personality and the level of empathy expressed to patients. No studies on the role of spirituality and spiritual care in Unani Tibb education in SA were found. There is a clear need to investigate this phenomenon in the SA context to gain insights into the perceptions of Unani Tibb students and educators regarding spirituality and spiritual care.<sup>[2,5,9]</sup>

## Methods

This study is in line with sustainable developmental goals (SDG): good health and well-being (SDG3) and quality education (SDG4). This study was conducted at the School of Natural Medicine (SoNM), Faculty of Community and Health Sciences (FCHS), University of the Western Cape (UWC), Cape Town, SA. We employed a sequential explanatory mixed-method approach, consisting of two stages: an initial quantitative study (stage 1) followed by a qualitative study (stage 2). The results of the quantitative study informed and guided the interview questions of the qualitative study.

In stage 1, a quantitative cross-sectional descriptive design was used to provide perspectives of the Unani Tibb students and educators. The convenience sampling method was used to recruit all registered 4th and 5th-year Unani Tibb students ( $n=10$ ) and Allied Health Professions Council of South Africa (AHPCSA) registered educators (lecturers, clinical supervisors, external examiners and external moderators) ( $n=10$ ) to participate in the study. The AHPCSA is a statutory health body under the National Department of Health in SA, responsible for the formal regulation of several modalities of CAM including Unani Tibb.<sup>[17,18]</sup>

A previously validated quantitative tool<sup>[2,5,9,13,15,20-22]</sup> was used comprising the Spiritual Care-Giving Scale (SCGS),<sup>[20]</sup> the Spirituality and Spiritual Care Rating Scale (SSCRS)<sup>[21]</sup> and Spirituality in Unani Tibb Scale (SUTS).<sup>[9,15]</sup> The online Likert scale-type questionnaire was sent via email as a Google link. Participant responses were automatically calculated online, and then exported to Microsoft Excel 2010 to create a compatible dataset for statistical analysis. Descriptive statistics were used to characterise demographic data, presented as frequencies ( $n$ ) and percentages (%). For the variables from the SCGS, SSCRS and SUTS scales, proportions, mean scores and standard deviations (SDs) are reported. Higher mean scores on these scales indicate a higher level of agreement and a more positive perception and attitude toward spirituality and spiritual care for participants.<sup>[5,9,13]</sup>

For stage 2, an exploratory descriptive qualitative approach was employed. All participants from stage 1 (quantitative study) were invited to participate in the interviews of stage 2. A purposive sampling method was used to select all registered 4th- and 5th-year Unani Tibb students ( $n=10$ ) and educators ( $n=10$ ) at SoNM, including lecturers, clinical supervisors, external examiners and external moderators, to participate in the study.

Individual online interviews were conducted via Google Meets and Zoom from October 2021 - August 2022. The semi-structured interviews

were recorded and lasted 30 - 45 mins. All interviews were automatically transcribed via Google Meets/Zoom by enabling the automated transcription option. The interviews continued until data saturation was reached.

An inductive approach to thematic analysis was followed in this study. The six steps of thematic analysis recommended by Braun and Clarke<sup>[19]</sup> were followed: data familiarisation, initial coding then searching, reviewing, defining, naming and reporting themes. The most significant participant quotes were selected and grouped under the related categories and themes.<sup>[19]</sup> Co-coding was employed in this study. The qualitative data obtained from stage 2 provided deeper insights into the quantitative findings of stage 1. Both sets of data were analysed separately and then combined after stage 2 to provide the final interpretation of the findings.<sup>[19]</sup> The sequential explanatory mixed-method design is presented in Fig. 1.

This study was approved by the Biomedical Ethics Committee (ref. no. BM20/2/7) at the UWC.<sup>[5]</sup>

## Results

### Stage 1

A total of eight (80%) Unani Tibb students and 10 (100%) Unani Tibb educators participated in the quantitative study. The mean values for perceptions of spirituality and spiritual care were computed for each factor on the SCGS. The mean scores regarding spiritual care practice were computed for each factor on the SSCRS. The mean scores relating to spirituality in Unani Tibb education were computed for each factor on the SUTS. The SCGS, SSCRS and SUTS scores are presented in Table 1.

### Stage 2

Five (50%) students and five (50%) educators participated in the qualitative study.

Overall, three interrelated themes, 16 categories and 51 significant quotes emerged from this study (Table 2).

#### Theme 1: Defining spirituality in the context of Unani Tibb

This theme consists of eight categories, indicating the meaning of spirituality in the context of Unani Tibb. Categories that emerged from this theme include: *Intrinsic to being human, Personal journey, Holism, Connection with a 'Higher Power', Connection with your authentic self, purpose and overall good, Connection with people, Connection with the environment, nature and the universe and Religion v. Spirituality.*

#### Theme 2: Spirituality and spiritual care in Unani Tibb practice

This theme encompasses four categories, reflecting student and educators' views on spirituality and spiritual care in Unani Tibb practice. Categories that emerged from this theme include: *Unani Tibb is a holistic healing system, Spiritual Care is part of Unani Tibb therapy, Spiritual Care beneficial for all, Uncertainties regarding Spirituality and Spiritual Care and To provide Spiritual Care or not.*

#### Theme 3: Spirituality and spiritual care in Unani Tibb education

This theme comprises three categories that reflect students' and educators' views on spirituality and spiritual care in Unani Tibb education. This theme emerged from the following categories: *Missing in the curriculum, Barriers to the teaching and learning of Spiritual Care and Need for educational initiatives.*

## Discussion

The most significant finding of this mixed-method study was the heightened level of spiritual awareness of this cohort of Unani Tibb students and educators, despite the lack of spirituality and spiritual care content in education and practice in SA. All participants emphasised the holistic nature of Unani Tibb and the importance of spirituality and spiritual care in the lives of students, educators, patients and practitioners. They strongly

advocated for the inclusion and integration of spirituality and spiritual care content into the Unani Tibb curriculum.

### Conceptualising spirituality and spiritual care

In this study, participants conceptualised spirituality as an important, universal, personal and innate quality of human beings that contributes to emotional and overall well-being. These findings are supported by a



Fig. 1. Sequential explanation of the mixed methods used in the research design.

previous quantitative study conducted on Unani Tibb practitioners in SA, which reported that most participants scored high on items relating to spiritual awareness and overall patient health and wellness.<sup>[9]</sup> The study design and quantitative results of stage 1 of this mixed-methods study are congruent with that of the previous study conducted on Unani Tibb practitioners.<sup>[9]</sup> In addition, in the qualitative component of stage 2 of this mixed-methods study, participants further described their spirituality as a connection to a 'higher power', the authentic self, people, nature and the environment. The connective nature of spirituality was viewed as an internal and external unifier which contributes to inner peace and wellbeing.

All participants found it challenging to define spirituality and spiritual care. However, they understood the existence, importance and related benefits of these concepts in healthcare. They concurred that spirituality involves instilling hope in patients regarding their illness. They viewed spiritual care as a process and not a one-time event or activity. They believed that spiritual care is about respecting a patient's religious, cultural, traditional, spiritual and personal beliefs. Furthermore, participants concurred that sensitivity and intuition help the Unani Tibb practitioner to provide spiritual care.

This study highlights the importance of self-awareness among students and educators concerning their views on spirituality and spiritual care. Spiritually active healthcare practitioners were found to be more sensitive to the spiritual needs of their patients.<sup>[2,5,9]</sup> Previous studies raised the importance of the relationship between spiritual awareness, spiritual/religious practices and spiritual care offered by students and educators in clinical settings.<sup>[20-24]</sup> The high level of spiritual awareness reported for this cohort seems to have contributed to their positive attitudes towards spirituality and spiritual care.

### Spiritual care in the scope of practice

In stages 1 and 2 of this mixed-methods study, most participants confirmed that spirituality should be addressed by Unani Tibb practitioners. They emphasised that spiritual care is fundamental to holistic Unani Tibb therapy. They confirmed that addressing the patient's spiritual needs is the responsibility of the Unani Tibb practitioner. Regarding the delivery of spiritual care, participants expressed their feelings of discomfort when

addressing spirituality with patients. Participants admitted that they were only comfortable in addressing the spiritual needs of patients when they shared similar religious or spiritual beliefs. This may compromise the holistic approach, which should be applied to all patients of all backgrounds. In a multi-site exploratory study on the role of religion and spirituality in healthcare among CAM practitioners, it was reported that some CAM practitioners felt comfortable in addressing matters of spirituality. However, they acknowledged that they did not have the expertise to deal with this aspect appropriately.<sup>[4]</sup> Spiritually inclined practitioners were more likely to include spiritual care into their treatment regimens but they felt that they did not have sufficient knowledge on these topics. These practitioners depended on their own forms of spirituality to guide their approach to spiritual care.<sup>[2,5,9]</sup> CAM practitioners who were less spiritually inclined were less likely to include spiritual care in their treatment. Spiritual care needs of patients seem to be dependent on the practitioner's views on spirituality, which may comprise the holistic approach expected from CAM practitioners.<sup>[2,5,9]</sup> This seems to be the case for Unani Tibb education and practice in SA.<sup>[2,5,9]</sup>

Most participants in this study reported that they do not use spiritual assessments to evaluate their patient's spiritual needs. They admitted that they lack awareness of various assessments that address the spiritual needs of their patients. This was confirmed by the previous study on Unani Tibb practitioners that reported the lack of knowledge and use of spiritual assessments in clinical practice.<sup>[9]</sup> The lack of knowledge of resources on spirituality was seen as a barrier to spiritual care for Unani Tibb practitioners in SA. Additional barriers that were reported were 'general discomfort' and a 'concern of offending patients'.<sup>[9]</sup> However, the current study reports on an additional barrier to spiritual care at the departmental level within the institution of higher education. A participant explained that a line manager within a department strongly advised against the inclusion of any type of discussion on religion or spirituality in the classroom setting. This contributed to the educator's reluctance to address the topic of spirituality or spiritual care in training. This highlights the need for the formal integration of spirituality and spiritual care concepts into Unani Tibb education. This need has been previously confirmed by Mthembu *et al.*,<sup>[14]</sup> regarding occupational therapy education and Linda *et al.*,<sup>[24]</sup> regarding nursing education. Both these studies were conducted in SA within a

**Table 1. SCSGS, SSCRS and SUTS scores (N=18)**

	Student, mean (SD)	Educator, mean (SD)
<b>SCGS</b>		
Factor 1 - Attributes for spiritual care	5.18 (0.713)	5.02 (0.424)
Factor 2 - Spirituality perspective	5.28 (0.653)	5.31 (0.572)
Factor 3 - Defining spiritual care	5.19 (1.021)	5.04 (0.670)
Factor 4 - Attitudes to spiritual care	4.98 (1.002)	4.98 (0.459)
Factor 5 - Spiritual care values	5.00 (0.861)	4.90 (0.459)
<b>SSCRS</b>		
Factor 1 - Spirituality	3.67 (0.740)	3.52 (0.368)
Factor 2 - Spiritual care	4.07 (0.708)	4.02 (0.553)
Factor 3 - Religiosity	3.00 (0.959)	2.77 (0.589)
Factor 4 - Personalised care	4.00 (0.816)	3.86 (0.526)
<b>SUTS</b>		
Factor 1 - Spirituality in education and training	3.98 (0.688)	3.86 (0.452)
Factor 2 - Spirituality scope of practice	3.65 (0.604)	3.34 (0.453)
Factor 3 - Need for future educational opportunities and training to address spirituality	4.16 (0.436)	4.06 (0.491)

SCGS = spiritual care-giving scale; SSCRS = spirituality and spiritual care rating scale; SUTS = spirituality in Unani Tibb scale; SD = standard deviation.

**Table 2. Theme, categories and significant quotes**

Themes	Categories	Significant quotes
Defining spirituality in the context of Unani Tibb	Intrinsic to being human	'Spirituality is an important dimension of life... it's also a dimension of health ... I think it's an important component to the life of everyone ... it's a part of human life'. (Educator 1) '... we are spiritual beings encapsulated within a human body'. (Educator 5)
Defining spirituality in the context of Unani Tibb	Personal journey	'Spirituality, I think, is more of a personal thing. That's your own personal journey, and your own personal connection ... everyone's on their own journey'. (Educator 5) '... everyone might have their own way of expressing or experiencing spirituality'. (Educator 1) 'Spirituality, I think, is a personal set of beliefs (Student 1) Spirituality is basically one's personal beliefs, and it's not necessarily the same for any two people'. (Student 4)
Defining spirituality in the context of Unani Tibb	Holism	'... (spirituality) it's an important aspect of holistic health'. (Educator 4) '... you can't really separate the two (body and soul) ... holistic means mind, body and soul. We are generally mind, body and soul'. (Educator 5)
Defining spirituality in the context of Unani Tibb	Connection with a 'higher power'	... (spirituality) to me, it's the understanding that there is a higher power...'. (Educator 1) 'Spirituality is your connection with a higher someone, which may be God'. (Student 4)
Defining spirituality in the context of Unani Tibb	Connection with your authentic self, purpose and overall good	'... (spirituality is about) ... being a good person ... trying to be positive and helping people and to be an authentic person ... it's a connection with yourself, with your true self and with the greater good'. (Educator 1) '... (spirituality means) ... connecting to one's soul or inner being and not like the outer appearance or physical aspect of an individual ... the level of how connected you are with your inner self'. (Student 3) 'To me spirituality is very, very important because I think it guides us and it gives us a purpose in life'. (Student 2)
Defining spirituality in the context of Unani Tibb	Connection with people	'Spirituality ... I would think of as this connectiveness ... a particular way of connecting with a person ...'. (Educator 3) 'I would say I am spiritual in the sense that I try to connect with people ...'. (Educator 2)
Defining spirituality in the context of Unani Tibb	Connection with the environment, nature and the universe	'... I am spiritual ... I try to connect ... with the environment, and with nature...and with the universe. I think we all connected ... nature, humans, animals, everything's connected ...'. (Educator 2) '... (spirituality is about) ... someone's ideology of how they place themselves in this world. If they find that they are actually connected to nature or they connected to ... the environment'. (Educator 3) '... prayer can be a form of meditation. Just sitting and watching the sun rise is a form of meditation ... and I think that relates to spirituality'. (Educator 1)
Defining spirituality in the context of Unani Tibb	Religion v. spirituality	'... I know that people kind of separate, religion and spirituality, but I prefer to see them as ... you know, parts of one like whole thing, because religion for me ... it's a way of life ... and spirituality is part of that'. (Educator 1) Religion is like a spiritual compass ... I think ... that's how I see it ... it serves as a guide to help you navigate your way through this journey ... called life. This is how I see religion'. (Educator 5) 'My contact with religion is always been about trying to control one and tell you what to do, and how to live your life and all of that ...'. (Educator 2) 'Spirituality, I think, is more of a personal thing. That's your own personal journey, and your own personal connection with the Higher Power. Whereas religion is like a rubric, a guide, a navigation tool ... so you can use religion to gain higher spirituality'. (Educator 5)
Spirituality and spiritual care in Unani Tibb practice	Unani Tibb is a holistic healing system	'Unani Tibb is an all-embracing holistic healing system ... we deal with the cause of various problems and a lot of the times the causes are mental and emotional ...'. (Educator 2) 'Spirituality, I think is very much involved with our philosophy ... compared to a biomedical aspect with mind-body, we look at it more ... there is an integration between the three; mind, body and soul'. (Educator 3) 'Unani Tibb especially includes holistic care and, spirituality gives them (patients) hope and gives them (patients) positivity, which is definitely two components needed to achieve (effective) treatment. ... you need to focus on holistic care ...'. (Student 1)
Spirituality and spiritual care in Unani Tibb practice	Spiritual care is part of Unani Tibb Therapy	'As Unani Tibb practitioners, your main focus is aiding the journey to health in your patients ... because we are ... individuals with three major components, your mind, your body, and your soul ... it would be very short-sighted not to take the spiritual aspect into consideration when devising a treatment plan'. (Educator 5) '... if you're trying to heal someone, caring about that dimension of health (spirituality) would be important ... especially when you're counselling patients and you're talking about things like resilience ... that is affected to a large degree by ... their level of spirituality'. (Educator 1) '... meditation is part of spirituality and that's really important in treatment ... (spiritual care) it is important, because it's one of the six lifestyle factors, and the meditation or breathing exercises, you're just doing something simple and just having faith that it will work'. (Student 1) '... (spiritual care) it is one of the six lifestyle factors, and we need to promote meditation and prayer ... in order to heal in a holistic way. (Student 4)

...continued

**Table 2. (continued) Theme, categories and significant quotes**

Themes	Categories	Significant quotes
Spirituality and spiritual care in Unani Tibb practice	Spiritual care beneficial for all	<p>'... in order to offer spiritual care ... in my understanding it's like holding a pure energetic space for that person to come into and, you know, connecting on a deeper level ... that's not just superficial ... my way of how I do it is, I need to be in a certain mindset and, you know, say a prayer before you see the patient'. (Educator 4)</p> <p>'As a physician you need to be spiritually connected to an extent to enable or to allow you, to you know, filter that same kind of mindset and consciousness to your patient so, you can't really separate the two'. (Educator 5)</p> <p>'... (spiritual care) it helps you as a whole person and it helps you to be able to help your patients'. (Student 5)</p> <p>'... we know that spirituality, religion, prayer, a positive outlook or attitude towards life, these are all correlated with better outcomes for patients and with better prognoses'. (Educator 1)</p>
Spirituality and spiritual care in Unani Tibb practice	Uncertainties regarding spirituality and spiritual Care	<p>'A definition (of spirituality) that would satisfy everyone (is needed) ... I mean in class we don't have ... everyone coming from the same background, the same culture, the same religion, the same belief system or the same understanding ... we should be careful of offending people'. (Educator 1)</p> <p>'... a patient might have suffered trauma due to human beings and society or the environment in which they're living and they might attribute this trauma to religion or God or spirituality ... it might be a very delicate issue for some people. So you need to be careful, of course, and consider all of this ...'. (Educator 1)</p> <p>'... (spiritual care) is difficult in practice ... in clinic when we do see a patient ... you do tend to use your own intuitive nature in order to assist the patient, and students have seen that aspects (spirituality) and then ask questions based on it'. (Educator 3)</p> <p>'... (spiritual care) it's kind of sensitive, because you would be approached with a specific patient, and they wouldn't necessarily follow the same teachings that you are following, so it does become very difficult ...'. (Student 5)</p>
Spirituality and spiritual care in Unani Tibb practice	To provide spiritual care or not	<p>'I would think that patients should be able to expect spiritual care from any practitioner, whether they're Unani Tibb practitioner or any other type of practitioner'. (Educator 1)</p> <p>'... I don't think they (patients) expect it (spiritual care) but when you do mention it, or suggest something they very open to it, I must say ...'. (Student 5)</p> <p>'Not all patients are open to spiritual care ... it's a particular type of patient that I found that would be open to that type of intervention (spiritual care)'. (Educator 3)</p>
Spirituality and spiritual care in Unani Tibb Education	Missing in the curriculum	<p>'I personally haven't experienced students or supervisors giving spiritual advice to a patient when a patient did come to the clinic'. (Student 2)</p> <p>'I don't think that there was any specific course called 'spiritual care', but I think there was the implication ... there wasn't any specific formal (course) ...'. (Educator 1)</p> <p>'I don't remember doing (or) ... touching much on spirituality in Unani Tibb philosophy. I remember we had like a paragraph in the course notes ...'. (Student 2)</p>
Spirituality and spiritual care in Unani Tibb Education	Barriers regarding the inclusion of spirituality and spiritual care in clinical training	<p>'I think number one (barrier) would be the diversity aspect, number two, talking about spirituality beyond religion, talking about spirituality in its entirety. So, I think for me, that would be a grappling issue of how to begin this conversation with students and how to make the students and myself comfortable ...'. (Educator 3)</p> <p>'... you have to consider different people's beliefs and preferences and some people might have some resistance to thinking about spirituality because of our own preconceptions ... another barrier would be ... coming up with the definition of spirituality that would satisfy everyone ... keep in mind, you need to be careful of offending people'. (Educator 1)</p> <p>'... the fact that I haven't had something solid (education on spirituality) myself in (Unani) Tibb, to be able to pass on confidently, ... it's an important aspect, it should be taught. ... I'm not confident doing it because I don't feel I know enough to do it ...'. (Educator 4)</p> <p>'... in the past, it was a bit challenging (to include spirituality) because we were strongly advised to... shy away ... be very conservative in our approach to spirituality within a classroom setting ... that was mainly because you want to be sensitive to the student's different religious beliefs'. (Educator 5)</p> <p>'... I'm not sure if it (spirituality) is in the curriculum ... but it (spirituality) was never really emphasised enough and we didn't really discuss ... the concept of religion and spirituality and I think it should be discussed because it's very important'. (Educator 2)</p>
Spirituality and spiritual care in Unani Tibb education	Need for educational initiatives	<p>'I think ... lectures on it (spirituality) specifically on that topic would definitely help. So (that) we as students and practitioners get a better understanding of what's exactly required ... and ... what encompasses spirituality care'. (Student 1)</p> <p>'I think by making training available, firstly, for the educators, for the practitioners ... at the institution ... a dedicated program ... how would it be integrated into our practice and how do we make it truly inclusive for where we situated ... South Africa, taking in context ... the religions, all of the traditions, cultures, etc'. (Educator 3)</p>

similar sample group to the current study. Furthermore, all participants felt ill-equipped to deal with spiritual care in the classroom and clinical setting. This was largely because of the lack of spirituality and spiritual care content in the curriculum. Therefore, all participants emphasised that spiritual care should be instilled throughout the Unani Tibb education programme and be positively reinforced in Unani Tibb practice. These findings align with those of studies within the Unani Tibb profession in SA and abroad, which reported the need for the integration of spiritual care in Unani Tibb education and practice.<sup>[2,4,5,9,16]</sup>

## Spirituality and spiritual care in education and training

A significant mixed-method finding of this study is the unanimous consensus by participants on the role of spirituality and spiritual care in Unani Tibb education and training. All participants confirmed that their formal education did not adequately prepare them to address the spiritual needs of their patients. This finding is further supported by a previous study conducted on Unani Tibb practitioners in SA.<sup>[9]</sup> Most practitioners in this study reported a lack of spirituality and spiritual care content in the Unani Tibb curriculum.<sup>[9]</sup> Spirituality and spiritual care are important concepts in Unani Tibb philosophy but not formalised in education or practice at a regional and global level.<sup>[2,5,9]</sup>

The Unani Tibb training programme in SA consists of several discipline-specific modules that briefly point out the importance of spirituality and spiritual care. However, there are no specific modules or topics in module descriptors or module outlines with spirituality and spiritual care competency outcomes.<sup>[25]</sup> The lack of spirituality and spiritual care content in Unani Tibb education seems to be a global phenomenon.<sup>[2,5,9]</sup> Previous studies in CAM and other health professions reported on the lack of clinical application of spiritual care-related theory.<sup>[3-5,9,14,15,24]</sup>

The theory-practice gap regarding spirituality and spiritual care also exists in Unani Tibb, as previously reported in other CAM and other healthcare professions.<sup>[3-5,9,14,15,24]</sup>

In this study, all participants recognised spirituality as an integral part of the human experience and fundamental to the Unani Tibb philosophy and clinical practice. They strongly critiqued the absence of spirituality and spiritual care in education and encouraged the formal integration of these concepts in education and practice. Participants strongly recommended introducing educational workshops or courses for students, educators and practitioners by experts in the field through a multidisciplinary approach.

## Study limitations

This study had several limitations. The sample size of this study was small. This study was explorative, Unani Tibb education is a specialised field in SA, with a low number of registered students and educators. A convenience sample method was used in the quantitative study. Participants who volunteered in this study may have a specific interest in this topic. Their views may differ from participants who declined to take part in this study. The qualitative data of this study are subjective and apply to the study participants only, therefore the findings cannot be generalised.

## Recommendations

Further research is needed in the SA context to gain deeper insight into this phenomenon. Guidelines for the inclusion of spirituality and spiritual care into Unani Tibb education programmes are required to capacitate Unani

Tibb educators to teach spirituality and spiritual care. This will facilitate the integration of holistic caring values in the clinical training setting.

## Conclusion

This research fills a critical gap in knowledge regarding the role of spirituality and spiritual care in Unani Tibb education. This is a milestone study conducted in SA, investigating Unani Tibb students' and educators' perspectives on spirituality and spiritual care.

This mixed-methods study provides a deeper understanding of spirituality and spiritual care in Unani Tibb education. Participants in this study acknowledged the integral nature of spirituality in the lives of all people. They also identified spiritual care as fundamental to holistic Unani Tibb practice. This study revealed a heightened spiritual awareness for this cohort despite the lack of spirituality and spiritual care topics in the curricula. All participants emphasised the need for educational initiatives towards formal integration of spirituality and spiritual care in Unani Tibb education. This was regarded as crucial to ensure the integrity of the holistic approach required in clinical practice.

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**Author contributions.** MH conceptualised the study, collected and analysed data, reviewed the literature, and wrote the manuscript. NVR contributed towards the development of the study, and the analysis of the findings and critically reviewed the manuscript as a supervisor. TGM designed the survey (stage 1) and critically reviewed the manuscript as a supervisor. MH adapted the survey for this study and obtained permission from the authors to use their instruments. MN provided input from the Unani Tibb perspective and critically reviewed the manuscript as a supervisor. All authors commented on previous versions of the manuscript and approved the final manuscript.

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**Data availability statement.** The datasets generated and analysed during the current study are available from the corresponding author upon reasonable request.

**Conflicts of interest.** None.

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