Spiritual Attitude and Involvement of People with Spinal Cord Injury (SCI) Living in the Community: A Cross-sectional Study

By
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February 2023, Held in February 2024

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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Dedication

Dedicated to my beloved parents and teachers.

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List of Abbreviations

CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institute Review Board
OT	Occupational Therapy
SAIL	Spiritual Attitude and Involvement
SCI	Spinal Cord Injury
SPSS	Statistical Package for the Social Science
WHO	World Health Organization
IQR	Inter Quartile Range

Abstract

Background: Spinal cord injury (SCI) is a traumatic life event for any individual. Therefore, people with SCI lose hope, meaning, and purpose in their lives. Through spiritual belief and activity, people with SCI can find peace and cope with their illness. Spirituality helps an individual find meaning, hope, connectedness, and purpose in life.

Aim: The study aimed to identify the spiritual attitude and involvement of people with SCI living in the community.

Method: The study followed a cross-sectional quantitative design conducting a face-to-face survey among 101 participants who took rehabilitation services from the Centre for the Rehabilitation of the Paralysed (CRP). A sociodemographic questionnaire and spiritual attitude and Involvement list (SAIL) scale were used to conduct the survey. Convenience sampling was used. Descriptive analysis was used by SPSS 20 to analyze the data.

Results: 75 males and 26 females with a median age of 38.00 (IQR 27.50 - 48.00) years, responded to the survey. Among 101 participants, 2% had a lower level, 37.6 % had a moderate level and, 60.4 % had a higher level of spiritual attitude and involvement. In this study, seven aspects of spirituality—meaningfulness, trust, acceptance, caring for others, connectedness with nature, transcending experience, and spiritual activities were measured. There was no association found between the level of spiritual attitude and involvement and sociodemographic characteristics.

Conclusion: Healthcare professionals should incorporate spirituality into their rehabilitation program by assessing spiritual distress and strength through evaluation procedures, planning treatment approaches, and therefore organizing a spiritual care training program before returning to the community after taking rehabilitation services.

Because of the disability and environmental barrier, people with SCI could not participate in spiritual activities. It is therefore important for community members, social workers, and family members to consider and take the required actions to engage in spiritual activities for individuals with SCI after their return to the community

Keywords: Spirituality, meaning, peace, connectedness, Spinal cord injury, community.

CHAPTER I: INTRODUCTION

1.1 Background

Spinal cord injury (SCI) is a rapid, severe, and incapacitating neurological condition that can be either traumatic or non-traumatic (A. Rahman et al., 2017). As of right now, the most common traumatic causes of spinal cord injuries in Bangladesh and other countries include falls from heights, car accidents, gunshot wounds, and sports-related injuries (A. Rahman et al., 2017; Uddin et al., 2023) and Transverse myelitis (TM), tuberculosis (TB), and spinal tumors appear to be the primary non-traumatic causes (Quadir et al., 2017; Uddin et al., 2023). According to the World Health Organization (WHO), between 250,000 and 500,000 people worldwide suffer from SCI each year. In Bangladesh rate of SCI compared to other disabilities is very high. A recent study conducted in Bangladesh said Dhaka is home to half of all SCI patients (Uddin et al., 2023). People with SCI may be more aware of their mortality, which could cause them to reflect on their lives and affect their understanding of their own identity, meaning and purpose, values, and interpersonal connection (Dickson et al., 2008). SCI is a sudden, frequently life-altering occurrence for the victim and their family members and may affect a person's physical, social, and, psychosocial health (Jones et al., 2020). People with SCI living in the community suffer from different psychosocial problems such as depression, anxiety, and frustration due to impaired integration in work, family, and social participation (Peterson et al., 2022; Rahnama et al., 2015; Warner et al., 2017; Wilson et al., 2017). Spirituality plays a significant role in influencing psychosocial outcomes across various populations and studies have also shown that spirituality is positively correlated with psychosocial functioning (Rahnama et al.,

2015; Toledo et al., 2020; Wilson et al., 2017; Xue et al., 2016). Spirituality positively impacts psychosocial well-being by promoting coping mechanisms, reducing mental illness, and enhancing mental health status through belief, connectedness, and meaning in life (Poudel, 2020).

The term spirituality comes from the Latin word spiritus, meaning breath or life. The word spirit can be a synonym for the living soul (Hemphill, 2015). Spirituality is 'the aspect of humanity that refers to how individuals express and seek meaning and purpose, as well as how they feel connected to the present, to themselves, to others, to nature, and the significant or sacred' (Puchalski et al., 2009). There are two main categories of spirituality. A relationship with God or a higher power is the definition of the first type of religious spirituality, which is commonly practiced by those who participate in organized religious services within a broader community. Existing spirituality, on the other hand, is not associated with any particular house of worship or a collection of universally recognized principles. Instead, it speaks of a viewpoint or worldview where people look for meaning and purpose in their lives and believe they have value (Aktürk & Aktürk, 2020; Puchalski et al., 2009; Whitford & Olver, 2011). Through rituals, beliefs, and practices, religion is an institutionalized manifestation of the spirit that is subjective. While religion may not always be a component of spirituality, spirituality is unquestionably a part of religion. Religion and spirituality are related, although a person can be spiritual without following religious ideology (Hodge, 2001).

People with chronic illnesses may anticipate living for years or even decades after the onset of their illness, and they may turn to religion/spirituality for comfort, to give their lives new purpose in light of their newly acquired disabilities, and to aid them in setting new life goals (Aktürk & Aktürk, 2020). Research indicates that spirituality

is associated with positive outcomes post-SCI, including improved quality of life, general health, and family resilience, and also highlights that spirituality, encompassing aspects like hope, resilience, and meaningful connectedness, can significantly impact the adjustment process after SCI (Hajiaghababaei et al., 2018; Rahnama et al., 2015; Taylor et al., 2015; Wilson et al., 2017; Xue et al., 2016; Yıldırım Üşenmez et al., 2022). People with disabilities, especially those who have suffered spinal cord injuries, benefit greatly from spirituality in their rehabilitation, and research indicates that spirituality can aid in the process of healing and adjustment (Campbell et al., 2010; Jones et al., 2020; Ole et al., 2019; Taylor et al., 2015). It is highlighted that spirituality offers a vital coping resource that can enhance mental health and psychosocial well-being for individuals with disabilities (Rahnama et al., 2015; Toledo et al., 2020; Wilson et al., 2017; Xue et al., 2016 Ole et al., 2019.). Spirituality provides meaning, inner strength, and hope in rehabilitation, aiding individuals with disabilities in self-transformation, maturity, and compassion (Zhang, 2005). Integrating spirituality and religious beliefs into therapeutic practices can strengthen the therapeutic relationship, infusing values, and principles that benefit both the client and the therapist (Ole et al., 2019; Wrigley & Lagory, 2008). Consequently, adding spirituality to rehabilitation programs for people with spinal cord injuries can improve their general health and speed up their healing (Wrigley & Lagory, 2008; Zhang, 2005). So, for people with SCI in Bangladesh, spiritual health is a key component of long-term rehabilitation.

It is documented that studies regarding spirituality, SCI, and other chronic diseases were conducted in limited geographical areas, especially in Iran, China, Turkey, Australia, United States of America. So, the results cannot be generalized for these populations all over the world. The Centre for the Rehabilitation of the Paralyzed (CRP) in Bangladesh is linked to several SCI research projects that focus on several

aspects of the condition. Such as the current complications (pressure sores, stiff joints, and urinary tract infections) that SCI patients experience during their rehabilitation services in CRP (H. Rahman, 2023), the financial impact of SCI on individuals and their family members after SCI (Hossain et al., 2020), assessment for return to work after taking vocational training in CRP (Mosayed et al., 2015), community-based intervention following SCI after discharge from CRP (Herbert et al., 2019), Psychological and socioeconomic status, complications and quality of life of people with SCI after discharge from CRP (Hossain et al., 2015). However, the topic of spirituality and SCI was not explored at all. It is an important part of rehabilitation for SCI patients to cope with illness (Hampton & Weinert, 2006) and find meaning and purpose in their lives (Aktürk & Aktürk, 2020; Campbell et al., 2010). So, exploring their spiritual attitude and involvement after rehabilitation services is very important. The SCI evidence in Bangladesh greatly lacks information about spirituality in people with SCI. So, a border perspective needed to develop by exploring the issue of spirituality and spiritual needs and care in rehabilitation services. Therefore, this study aimed to identify the spiritual attitude and involvement of people with SCI living in the community. This study will create new insight into the field of SCI in Bangladesh and the Asia region.

1.2 Justification of the study

Occupational therapy is a holistic approach that enables people to become independent in their activities of daily living. Spirituality promotes the motivation to take part in the activities and occupations of patients with chronic illnesses. After SCI, people with SCI become functionally impaired in their community, which leads to psychosocial disturbance (Warner et al., 2017). Occupational therapy plays a crucial role in spiritual rehabilitation by integrating spirituality into practice, addressing diverse beliefs, and

ethics, and promoting holistic well-being for clients. Occupational therapists can promote spirituality in therapy sessions by incorporating spiritual concepts into their interventions for spiritual rehabilitation. They can assess the spiritual needs of their clients and plan treatment accordingly. Encouraging clients to explore their spirituality can enhance their overall well-being and quality of life. By creating a safe and supportive environment, therapists can facilitate discussions on spirituality and its role in the healing process. Integrating spiritual practices, such as mindfulness or meditation, into therapy sessions can also promote spiritual well-being. So, as healthcare professionals, we should incorporate spiritual needs into our profession and encourage patients in spiritual involvement.

One can study a lot about spirituality. Not much research has been done in Bangladesh about people with spinal cord injuries. It is important to know the spiritual attitude and involvement of people with SCI after taking rehabilitation services. This is why student researcher feels interested in this area. Moreover, this research will be significant for health professionals to have adequate knowledge about spirituality so that spiritual care can be provided in rehabilitation programs and further research on spirituality and rehabilitation.

1.3 Operational Definition

1.3.1 Spirituality: Spirituality is ‘the aspect of humanity that refers to how individuals express and seek meaning and purpose, as well as how they feel connected to the present, to themselves, to others, to nature, and the significant or sacred’ (Puchalski et al., 2009).

1.3.2 Connectedness: The word connected simply means “joined or linked together”. Thus, one may refer to connectedness as a state of being joined or linked together. The

word connectedness is defined as the Feeling of belongingness, being linked to and related to a network, community, or society in which one is a part of (Development, 2013).

1.3.3 Transcendent experience: The Latin verb scandere means "to climb", so transcend has the basic meaning of climbing so high that you cross some boundary. A transcendent experience takes you out of yourself and convinces you of a larger life or existence; in this sense, it means something close to "spiritual" (Merriam-Webster, 2023).

1.3.4 Spinal Cord Injury: Temporary or permanent damage to the spinal cord that causes changes in its function is known as a Spinal Cord Injury (SCI). The changes cause loss of muscle function, sensation, or function in parts of the body served by the spinal cord below the level of the lesion (Mayoclinic, 2021)

1.3.5 Community: The term "community" refers to a group of people who share common characteristics, interests, values, or goals and interact within a particular geographical location or virtual space. Communities can be based on various factors, including cultural, ethnic, religious, social, or professional affiliations. They often provide a sense of belonging, support, and identity to their members (Johnson & Smith, 2022).

1.4 Aim of the study

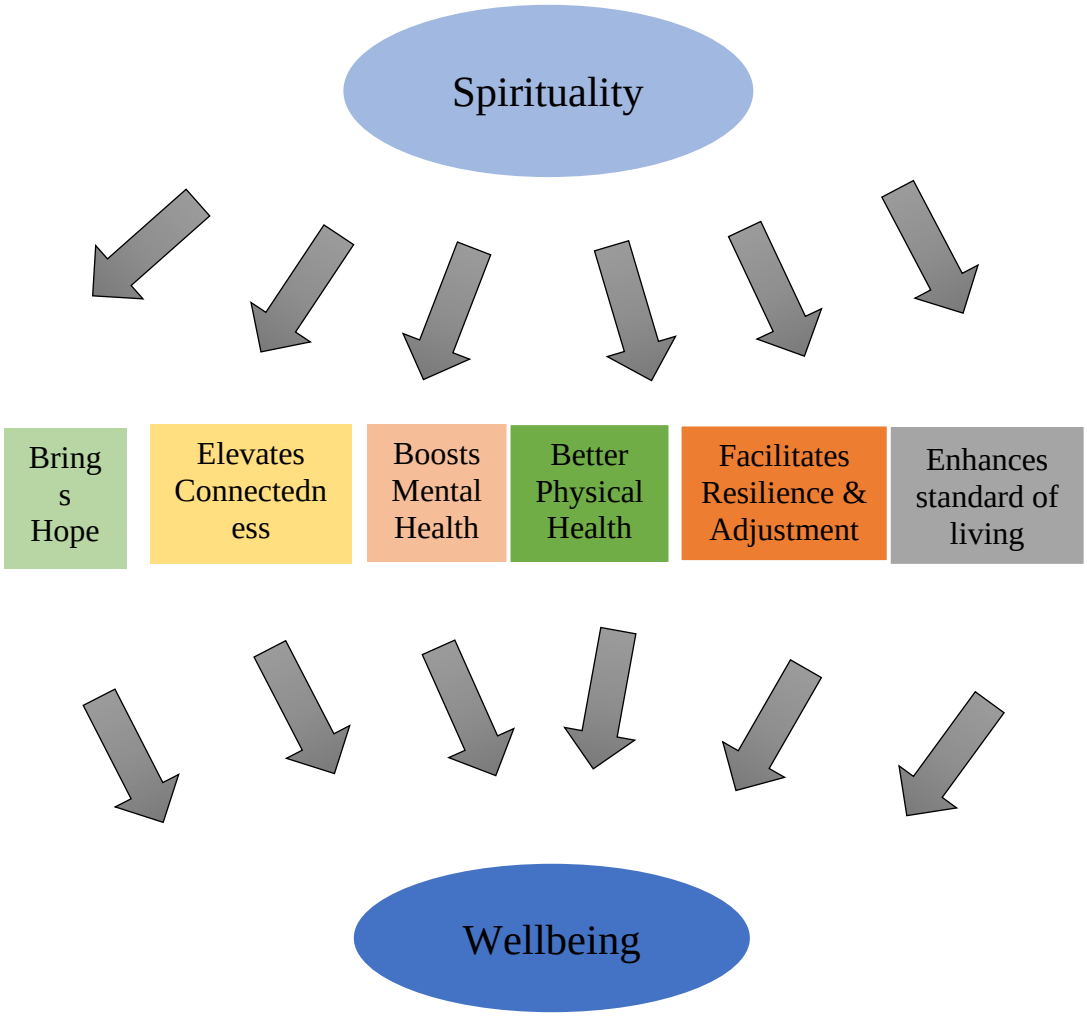
To identify the spiritual attitude and involvement of people with spinal cord injury living in the community.

CHAPTER II: LITERATURE REVIEW

This literature review chapter covers the many articles on spirituality and its effect on the lives of chronic illnesses like cancer, brain tumors, spinal cord injuries, etc. In terms of spirituality, this chapter will show how spirituality affects different aspects of our lives positively. Spirituality brings hope, elevates connectedness, boosts mental health, improves physical health, facilitates resilience and adjustment, and enhances the standard of living. Together, all these things will improve the well-being of a people.

Figure 2.1

Overview of Literature Review



2.1 Spirituality

An article was written based on the literature review and analysis of existing theories and concepts in 2005 to examine the idea of spirituality for nurses. According to this study, spirituality is characterized by faith, a search for life's meaning and purpose, a sense of connection with others, and a transcending of self, which leads to a feeling of inner peace and well-being. A deep spiritual connection may increase one's sense of life pleasure or make accommodations for a disability possible (Delgado, 2005). The correlation between spirituality and mental and physical health was measured in another article. In the past, a strongly religious person was described as spiritual, but that is no longer the case. It currently includes the only superficially religious individual, the religious seeker, the seeker of happiness and well-being, and the wholly secular person (Koenig, 2008). A cross-sectional study was carried out in Poland to evaluate the spiritual demands and distress of a group of chronically ill Polish patients. This study concludes that any patient with a serious chronic disease needs basic spiritual care, which includes being treated with compassion (Klimasiński et al., 2022). A descriptive study was conducted to determine the spiritual belief levels of people with spinal cord injuries. Participants of the study are all SCI people over the age of 18 who took service in June 2016 and August 2017 in the physical therapy and rehabilitation unit of a city Education and Research hospital in Turkey. The study's findings indicated that spiritual well-being is an excellent way to cope with the physical, social, economic, and emotional issues faced by people with spinal cord injuries (Aktürk & Aktürk, 2020).

2.1.1 Brings Hope

A study was designed in India among adults consisting of 48.1% male and 51.9% female participants, with ages ranging from 19 to 60 and above to assess the relationship between spirituality and hope. The result shows that spiritual well-being and hope are

two important factors in people's lives. Spiritual well-being gives people hope to live and to seek meaning in life and therefore gives people a reason to make life better. The participants of this study were only 60 which limits the generally applicable results (Sharma et al., 2022). An autoethnographic study of cancer patient's perspectives reveals that patients are motivated to improve their health by making little, daily improvements in their spirituality (Espedal, 2021). An investigation on the function of hope following SCI, its advantages, and possible physiotherapy practice strategies to promote or nurture hope was done through a narrative review. 46 women and men who had been treated at an Australian Spinal Unit participated in a longitudinal mixed-method study that is part of the review. It shows that having hope after a SCI lowers depression and anxiety while boosting happiness and self-esteem. People with SCI also have hope for their ability to walk again, earn a living, and be independent in ADL (Van Lit & Kayes, 2014). A cross-sectional study design was used to determine the effect of spiritual well-being on hope in immobile patients suffering from paralysis due to spinal cord injuries.100 immobile patients suffering from paralysis due to spinal cord injuries show that a higher level of spirituality increases the level of hope. This study also said that there is a positive interaction between spirituality and hope (Yıldırım Üşenmez et al., 2022).

2.1.2 Elevate Connectedness

A phenomenological qualitative study was done to explore how persons with chronic illnesses use their spirituality as a coping method. The sample included 15 chronically ill individuals with ages ranging from 23 to 80 including 10 men, and 5 women. Leukaemia, Melia fibrosis, bowel cancer, chronic liver disease, Crohn's disease, lung cancer, ulcerative colitis, and melanoma were among the many medical conditions the participants in the study had been diagnosed with. The study concludes that people

found a way to connect with God through prayer, meaning and purpose, a strategy of privacy, and a desire to feel connected to others. Additionally, it was stated that while non-religious individuals are connected through family and friends, religious people are connected through God (Narayanasamy, 2004). A regression analysis was conducted to understand the relationship between social and spiritual connectedness of older Americans' psychological health in 2004. The study discovered that spiritual connectedness significantly affects older persons' psychological health, particularly in terms of life satisfaction, hope, and self-esteem. However, since the study only included Christians, future research should also include people of other religions (Lee, 2014).

2.1.3 Boosts Mental Health

A representative community cross-sectional cohort self-report survey to examine the mental health of adults with SCI living in the community was conducted in the Australian community on people with SCI (443 participants). The results show that nearly half (48.5%) experienced mental health issues such as 37% depression, 30 % anxiety, 25 % clinical stress, or 8.4 % posttraumatic stress disorder (Migliorini & Tonge, 2009). A retrospective cross-sectional epidemiological study was conducted in Canada. The conclusion of the study is comparing people with SCI to the general population, their mental health is worse. Individual lifestyle and socioeconomic characteristics that are linked to worse mental health and an increase in suicidal thoughts are particularly prevalent in SCI patients (Sanguinetti et al., 2022). A Sri Lankan study was conducted to identify whether depression in traumatic SCI (SCI) people is predicted by religiosity or spirituality (S/R) and self-perceived functional impairment. The results show that people with SCI perceived functional impairment in work, social, and family domains which predicted depressive symptomatology, and this depressive symptomatology can be benefited through spirituality/religiosity (Xue et al., 2016). An Iranian cross-

sectional study was conducted among 213 participants to analyze the degree of anxiety and depression experienced by SCI (SCI) people about their spiritual well-being and use of religion as a coping mechanism. According to the results of the study, having a lower sense of spiritual and religious coping raises the likelihood of having severe anxiety. For depression, similar conclusions are also observed (Rahnama et al., 2015).

2.1.4 Improve Physical Health

A cross-sectional study of a total of 168 participants surveyed the following medical disorders: Cancer, SCI, Traumatic Brain Injury, and Stroke, plus a healthy sample from a primary care setting in 2008. According to this study, fostering or improving healthy spiritual beliefs has an impact on the physical health of people with a variety of medical illnesses (Campbell et al., 2010). To examine the connection between spirituality or religion and physical health, a meta-analysis was carried out in 2003. The authors put forth nine theories that suggest a connection between spirituality or religiosity and physical health. The authors used mortality, morbidity, disability, or recovery from illness as indicators of physical health. According to nine hypotheses, spirituality, and religion are preventive elements that lower the risk of sickness in healthy individuals and work as coping mechanisms to lessen the effects of disease slowly (Powell et al., 2003). Another meta-analysis involving cancer patients was carried out in 2015, using data from 101 distinct samples encompassing more than 32,000 people. According to this analysis, improved patient-reported physical health is correlated with higher levels of spirituality and religion. Cancer patients who experience spiritual distress or emotions of rejection by God or their religious group report higher levels of depression and lower compliance with treatment and medical guidance (Jim et al., 2015).

2.1.5 Enhance Standard of living

Spirituality is now understood to play a significant role in managing and adjusting to sickness and, ultimately, as a factor in improving quality of life (Hajiaghababaei et al., 2018; Taylor et al.,2015). According to secondary research on rural women with chronic illnesses, spirituality can be a very effective coping strategy for dealing with stress caused by a chronic illness. In this study, six themes of spirituality showed up: prayer, faith, verse, meaning, transcendence, and family (Hampton & Weinert, 2006). A study of the literature is undertaken to evaluate several theoretical coping models and examine the connections between spirituality, religion, and health for people with disabilities. The study concludes that people with impairments can cope effectively through their spirituality and religious practice. (Johnstone et al., 2007). An Iranian study's findings suggested a connection between mental aspects of quality of life and spiritual well-being (including existential and religious well-being). The study's findings also indicated that while spirituality may not be the main component of a higher quality of life, it cannot be neglected to improve well-being (Hajiaghababaei et al., 2018). a significant cross-sectional study investigating the links between spirituality, religion, and health outcomes in people with various medical conditions. The study's finding is that for those with long-term disabilities, having positive spiritual experiences and being willing to forgive others are related to better physical health, whereas having bad spiritual experiences is linked to lower physical and mental health (Johnstone & Yoon, 2009). A randomized control trial of venlafaxine XR conducted in the US with participants drawn from the screening assessments revealed that there is a high correlation between spirituality, quality of life, and mood disorders (Wilson et al., 2017).

2.1.6 Facilitate resilience and adjustment

Spirituality can be a very effective and beneficial tool to cope with the difficulties associated with a chronic disease (Hampton & Weinert, 2006). According to a cohort study of 253 dialysis and Stage 4 or 5 chronic renal disease patients, spirituality increases psychosocial adjustment to illness and protects and enhances a patient's quality of life (Davison & Jhangri, 2013). Spirituality plays a significant role in the treatment of cancer, according to a qualitative study of ten cancer patients utilizing semi-structured interviews. This study show how spirituality treats cancer should pay special attention to emotion control and allow patients to adjust to their illness (Garssen et al., 2015). According to a scoping analysis of the 28 papers on the topic, Spirituality has a significant role in promoting adjustment and resilience after SCI for both individuals and their families. Quantitative studies revealed a positive relationship between spirituality and life satisfaction, quality of life, resiliency, and mental health. The use of meaning-making and optimism as coping strategies during the adjustments was found in qualitative research (Taylor et al.,2015). Following a SCI, spirituality plays a significant role in coping for both the injured person and their family members, according to a qualitative, longitudinal study that included participants from 10 families (Jones et al., 2018)

2.2 Wellbeing

A representative community cross-sectional cohort study was conducted of 443 adults over the age of 18 years with traumatic and non-traumatic SCI. The study's goal was to look at elements related to SCI people's subjective well-being. It evaluated a person's quality of life, coping mechanisms, emotional effects, post-traumatic stress disorder, depression, anxiety, and stress. The study's findings generally demonstrated that many people with spinal cord injuries do not have meaningful lives. To build a happy life for

them, more psychological care and rehabilitation are required (Migliorini & Tonge, 2009). 267 Italian people, mostly women, between the ages of 18 and 77, participated in an online survey. The study aimed to look into the connection between spirituality, religiosity, and subjective well-being of people's religious status (religious, non-religious, and uncertain). Life satisfaction and subjective well-being were found to be positively correlated with spirituality and religiosity, according to the study. The study also found that subjective well-being may differ according to religious status. Those who are religious have greater subjective well-being, but those who are uncertain do not have greater spiritual well-being (Villani et al., 2019). An investigation was made into the potential advantages and disadvantages of religion and spirituality on mental health, as well as a review of previous studies on the subject. According to studies, religion, and spirituality can improve mental health by promoting positive religious coping, a sense of belonging and support, and constructive beliefs. According to research, religion, and spirituality can harm mental health through misconceptions, bad religious coping, and other factors (Weber & Pargament, 2014).

2.3 Key Gaps of the Study

- Studies on spirituality and various medical illnesses are carried out all over the world, but there are few studies on spirituality and people with SCI.
- Numerous studies have found that people cope and connect spiritually in difficult moments of their lives very well, but how they connect spiritually to their lives is not well explained.
- Only a few studies are conducted at the community level.
- Several studies have been conducted in limited geographical areas, especially in Iran, China, Turkey, Australia, United States of America. However, there is a

lack of research conducted in South Asia and especially in Bangladesh on this topic.

- There is insufficient explanation of how healthcare providers might include spirituality in their therapy sessions.

CHAPTER III: METHODS

3.1 Study Question, Aim, and Objectives

3.1.1 Study Question

How are the spiritual attitudes and involvement of people with SCI living in the community?

3.1.2 Aim

To identify the spiritual attitude and involvement of people with SCI living in the community.

3.1.3. Objectives

- To identify the level of spiritual attitude and involvement among people with SCI living in the community.
- To identify the level of individual aspects of spiritual attitude and involvement of people with SCI living in the community.
- To identify the association between level of spirituality and sociodemographic characteristics.

3.1 Study design

3.2.1 Method:

The student researcher chose quantitative research to assess the spiritual attitude and involvement of people with SCI in the community. So, the student researcher collected data in numeric form, analyzed the present situation of the patient, and covered a large amount of the population in the community. For that reason, A quantitative design was best suited for this research (Mehrad, A., Tahriri Zangeneh, 2019).

3.2.1 Approach:

The study followed the cross-sectional study design of quantitative research because the cross-sectional study was used to describe what was happening at the present moment and was suitable for community research. It did not measure cause and effect relationships between different variables and also provided information about what was happening in a current population. Here in this cross-sectional study, exposure was SCI and the outcome was how their spiritual attitude and involvement after people with SCI returned to their community to live. The aim of the study could be achieved through a cross-sectional approach; therefore, the student researcher chose the design of the study (Cherry, 2022).

3.3 Study setting and period

The researcher conducted this study in the Community. Participants remained in their community and the Researcher went to their houses for data collection. The time of study period was May 2023 to February 2024 and data were collected between 1 December to 31 December 2023.

3.4 Study Participant

3.4.1 Study Population

The population of the study was the people who took in-patient rehabilitation services from the CRP Successfully and returned to their community. The researcher went to the places to collect data near the location of CRP and the nearby district of CRP. A camping was held in CRP during the data collection period and participants from the community came to CRP to attend that camping. The researcher then went to the campsite to collect data and a great number of participants was found on that day.

3.4.2 Sampling Techniques

Convenience sampling was used to select the participants in this research. The researcher went for data collection where the participants were easily accessible and available. Participants had the right to participate in the study willingly. Even though the researcher must visit the community and conduct in-person interviews to gather data, travel expenses and time are quite significant. For that reason, the researcher went to the location where a high-density population is found at a given time. Convenience sampling was used because the researcher collected data based on the inclusion sample it was the easiest for the researcher to access and collect data. This is why convenience sampling was the best way to sample participants (Etikan, 2016).

3.4.3: Inclusion and exclusion criteria

Inclusion Criteria:

- Participants both men and women aged over 18 years.
- Participants who took rehabilitation service from the in-patient unit of CRP and returned to their community.

Exclusion Criteria:

- Participants who had a significant brain injury or cognitive impairment.
- Participants who did not receive rehabilitation services from the in-patient unit of CRP.
- Participants who did not receive phone calls.

3.4.4: Sample size

We estimated sample size using the Cochran formula n= $\frac{Z^2pq}{d^2}$ (as the sample population and population portion are unknown)

n = sample size

Z= the standard normal deviation usually set at 1.96

P= 0.5; though the prevalence of SCI in BD is yield, the quantity of persons with SCI is considered as 50% of the total amount of persons with a disability (10%) in Bangladesh.

q= 1-p

d= 0.05; degree of accuracy required (level of significance/ margin of error)

According to the equation, the sample will be 387 participants.

3.5 Ethical Consideration

All ethics were followed by the ethical principles the World Medical Association (WMA) created for medical research (World Medical Association, 2022).

3.5.1 Clearance from IRB

Ethical clearance was sought from the Institutional Review Board (IRB) explaining the purpose of the research, through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The ethical clearance number is CRP/BHPI/IRB/10/2023/758 (See Appendix A for more details).

3.5.2 Consent from the Participants

The student researcher explained the study's aim, objectives, and purpose to the participants through an information sheet (See Appendix B for more details). The participants, who felt willing interest to participate in the study, had their data collected. Written consent (See Appendix B for more details) was obtained from the participants during the face-to-face survey.

3.5.3 Right of refusal to participate or withdraw:

In this study, participants had complete freedom to choose whether to participate or not. The withdrawal form (See Appendix B for more details) was attached with the consent form so that the participants were able to withdraw their participation within 2 weeks from the time of the data.

3.5.4 Unequal relationship:

The student researcher did not have any unequal or powerful relationship with the participants.

3.5.5: Risk and beneficence:

The participants did not have any risk and did not get any benefit from this research.

3.5.6 Confidentiality:

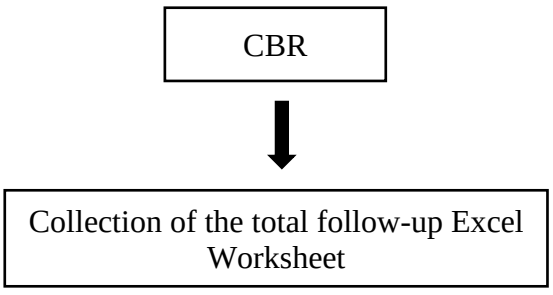
The information provided by the participants will remain confidential. Their name and identity were not disclosed to anyone except for the supervisor and it was stated on the information sheet. The participants were informed that their identity remained confidential for future uses, such as report writing, publications, conferences, or any other written materials and verbal discussion.

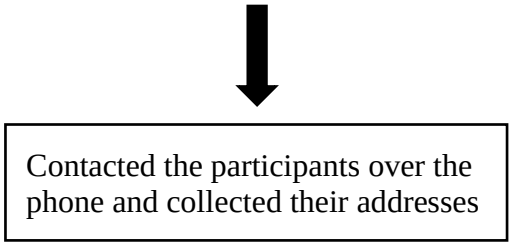
3.6 Data Collection Process

3.6.1 Participant recruitment

Figure 3.4.6

Overview of participant recruitment process





Note. Participants were recruited from the CBR (Community Based Rehabilitation) department, CRP, Savar, Dhaka. With the help of data given by the CBR department, the Researcher contacted the participants over the phone who met inclusion and exclusion criteria and collected their addresses to go there.

3.6.2 Data Collection Method

The data was collected through a face-to-face survey. The student researcher was physically present to ask the survey questions and to help the respondents if they faced any kind of problem understanding the question with their response to the face-to-face survey. Face-to-face data maintained the quality of data and decreased the potential biases. Face-to-face surveys also relatively faced difficult problems such as surveyors had to provide more explanation, check to see if the respondent's response corresponded with the questions, and encourage the respondents to answer all the questions (Everitt & Howell, 2005).

3.6.3 Data Collection Instruments

There were many spirituality and religiosity scales available, such as – 'The FACIT-SP-12 scale', 'Spiritual well-being (SWB) scale', The Spiritual Attitude and Involvement List (SAIL) scale, and 'Benefit through Religiosity/Spirituality Scale (BENEFIT)'. Among these scales, the Spiritual Attitude and Involvement List (SAIL) scale (see appendix C for more details) was best suited for measuring spirituality

because it was used to investigate spirituality among people from different religious and secular backgrounds and measures spirituality as a universal human experience (De Jager Meezenbroek et al., 2012a, 2012b). Other scales had some limitations because these scales did not measure spirituality as a universal experience and they were not suitable for non-religious people. The SAIL scale contained 26 items and represents seven subscales such as Meaningfulness, Trust, Acceptance, Caring for others, Connectedness with nature, Transcendent Experiences, and Spiritual Activities. Each item was scored on a range from 1 to 6. Sum scores were obtained by calculating the mean score on the items of each subscale (De Jager Meezenbroek et al., 2012).

3.6.4 Field Test

The researcher did the pre-test of the survey questionnaire from 2 participants. While taking their data, the researcher identified some issues that were difficult for the participants to answer easily. The researcher conducted supervision from the research supervisor and finally the researcher changed the asking pattern to make it easy to answer according to the participant's overview. After that, the data were collected from every participant by asking the questions in the same pattern.

3.7 Data Management and Analysis

Descriptive statistics was used to analyze the data by using the Statistical Package for Social Science (SPSS) v20. Fisher exact test was done to find out the association between the level of spiritual attitude and involvement and socio-demographic factors like age, sex, religion, types of injury, job status, marital status, educational qualification, living area, and duration of time since injury.

3.8 Quality Control and Quality Assurance

The five stages of data cycle management were followed properly to ensure data quality and safety in this study. 101 people with SCI participated. The question was given to

them in paper document format with spaces for answers. All the documents were photocopied for further safety. Then, their data was translated into formal English and entered into the system. The data collection from participants and the data entry process were not biased. All the data was initially stored in the SPSS for analysis. These were also stored in the Google Drive storage system. The cloud system is well protected by strong passwords on Google securities. The proper use of the data was ensured. Any unauthorized access never occurred. All the data was used as it is. Student researchers were conclusions of every data use and their analysis. Neither data modification nor data exploitation was done. All the data in Google Drive is achieved. The student researcher and the supervisor believe in data archiving for future research works. The student researcher and the responsible supervisor agreed upon the data destruction after five years. These data may not be relevant after this period. For proper data safety and valuation, all the data used in this research will be destroyed (The 5 stages of Data LifeCycle Management - Data integrity, n.d.).

CHAPTER IV: RESULTS

This Chapter presents the findings of the study. The study's findings are presented in tables focusing on the socio-demographic information and spiritual attitude and involvement of people with SCI.

4.1 Socio demographics characteristics

Table 1

Socio-demographic characteristics [Table 4.1 extends from pages 24-25]

Variable	Category	n=101	Percentage
Age	Median age 38.00 years, Interquartile Range (IQR): (27.50-48.00)		
	Maximum age	76	
	Minimum age	18	
Sex	Female	26	25.7
	Male	75	74.3
Religion	Muslim	93	92.1
	Hindu	6	5.9
	Christian	2	2.0
Types of injury	Tetraplegic	40	39.6
	Paraplegic	61	63.4
Job-status	Employee	18	17.8
	Businessman	25	24.8
	Student	6	5.9
	Housewife	7	6.9
	Unemployment	40	39.6
	Auto driver	1	1.0
	Farmer	2	2.0
	Tailoring	1	1.0
	Teacher	1	1.0
Marital status	Unmarried	33	32.7
	Married	60	59.4
	Separated	6	5.9
	Widow	2	2.0
Educational Qualification	Illiterate	6	5.9
	Signature only	26	25.7
	Primary	27	26.7
	Secondary	12	11.9
	Higher Secondary	16	15.8

	Graduation	14	13.9
Living area	Rural	37	36.6
	Urban	64	63.4
Duration of time since injury	Duration of injury in years Median - 9.00, IQR (4.00 - 15.00) Maximum time of injury 30 years Minimum time of injury 1 year		

Table 1 shows an overview of socio-demographic information on people with spinal cord injuries living in the community. The socio-demographic status included the participant's age, sex, religion, occupational status, marital status, educational qualification, living area, time of injury, and types of injury. Due to the non-normal distribution of the data, the participant's age-related median score of 38 (IQR 27.50 - 48.00) years was reported. Of the 101 participants, 75 (74.3%) were male, 26 (25.7%) were female. It suggested that there were a smaller number of women participants was found. Compared to other religions, there were more Muslims present in this study (93 Muslim (92.1%), 6 Hindu (5.9%), and 2 Christian (2.0%)). In this study, 54.5% (n=55) were paraplegic and 45.5% (n=46) were tetraplegic.

Table 1 also shows the occupational status of the participants. 18 (17.8%) people with SCI worked as an employee in many organizations. 25 (24.8%) people with SCI started their own business, 5.9% (n=6) and 6.9% (n=7) people with SCI continued their work as a student and housewife respectively. The findings of the study also suggested that 40 people among the total participants with SCI were unemployed (39.6%).

The marital status of the participants was unmarried (n=33), married (n=60), separated (n=6), and widow (n=2). Most of the participants (26.7%) in this study completed their education at the primary level, 25.7% of participants could do signature

only, 11.9% completed their study at the secondary level, and 15.8 % completed it at higher secondary. Among the participants, 13.9 % completed their graduation and 5.9% are illiterate. Table 4.1 also shows that participants of city people (n=64) were higher than village people (n=37). Here, the median score of the duration of time since injury was 9 (IQR 4.00 - 15.00) was reported because the data was not normally distributed. Here, the maximum and minimum time after the injury was 30 years and 1 year.

4.2 Overview of the level of sum scores

Table 2

level of sum scores

Level of Sum score	**Percentage**	**Level of spiritual attitude and involvement**
7.00 to 18.99	2% (n=2)	Lower level of spiritual attitude and involvement
19.00 to 30.99	37.6% (n=38)	Moderate level of spiritual attitude and involvement
31.00 to 42.00	60.4% (n=61)	Higher level of spiritual attitude and involvement

Table 2 provides information on the distribution of respondents based on their level of spiritual attitude and involvement, as measured by a sum score. The Sum score ranges from 7.00 to 42.00, with lower scores indicating a lower level of spiritual attitude and involvement, and higher scores indicating a higher level.

In summary, most respondents (60.4%) exhibited a higher level of spiritual attitude and involvement, followed by those with a moderate level (37.6%), while only a small proportion (2%) fell into the lower-level category.

4.3 Overview of the score of subscales

Table 3

Scores of subscales

Subscale	Mean (SD)	Median with IQR
Meaningfulness		4.6667 (3.33 - 5.67)
Trust		4.7500 (4.25 - 5.25)
Acceptance		5.0000 (4.50 - 5.25)
Caring for others		4.7500 (3.62 - 5.50)
Connectedness with Nature		5.0000 (4.00 - 5.50)
Transcendent Experience	4.4257 (±0.79229)	
Spiritual Activities	4.2054 (±1.00958)	

Table 3 provides a comprehensive overview of various dimensions of spirituality, including the mean/median scores. In certain subscales when the data is not normally distributed, it is counted in the median format.

Meaningfulness: The important part of life that integrates one's meaning, harmony, reason, and significance into one's existence is referred to as meaningfulness in spirituality. This helps one live a profound life. In spirituality, "meaningfulness" refers to a sense of value, significance, and purpose that comes from existential experiences and helps guard against general mental discomfort in times of crisis (Holyoke & El-mallah, 2019).Individuals generally perceived their lives as meaningful with a median score of 4.6667 (IQR 3.33 - 5.67). This suggests a profound sense of purpose or significance in their existence.

Trust: Within the context of spirituality, trust is defined as both self-efficacy and belief in a higher power or heavenly entity (Lopez & Losada, 2012). In spirituality, trust is said as having faith and being prepared to follow through on words, deeds, and intentions; this promotes knowledge exchange and active participation in the workplace

(Khan, 2022). A median score of 4.7500 (IQR 4.25 - 5.25) suggested a high level of trust in themselves, others, or some higher power. This could reflect a fundamental belief in the reliability or benevolence of the universe.

Acceptance: In spirituality, acceptance is allowing the presence and full experience of the present moment, cultivating self-control, detachment, and indifference to pleasure and sorrow, and accepting experiences as they are. It also means connecting oneself with one's spiritual practices and beliefs, accepting life as it comes, finding peace amid hardship, and enjoying life's circumstances without struggle (Abdullah, 2022). Scoring an average of 5.00 (IQR 4.50 - 5.25) indicated a high degree of acceptance of oneself or life circumstances. This suggested an ability to accept situations without resistance or judgment.

Caring for others: Caring for others in spirituality involves loving and serving others, promoting peace and justice, and sharing the good news through words and actions, as guided by God's calling (Sansoni J, 2001). Respondents demonstrated a strong inclination towards compassion and empathy with an average score of 4.7500 (IQR 3.62 - 5.50). This indicated a genuine concern for the well-being of others.

Connectedness with Nature: In spirituality, the term "connectedness with nature" describes a strong connection or tie that people have with the natural world, which is typified by a sense of harmony, interconnectedness, and unity between oneself and the larger environment. This connection can also inspire a sense of responsibility and stewardship toward the Earth and its ecosystems, motivating individuals to live more sustainably and harmoniously with the environment (Capaldi, Dopko, & Zelenski, 2014). A mean score of 5.00 (IQR 4.00 - 5.50) reflected a high level of connectedness

or appreciation for nature. This suggested a sense of harmony with the natural world and a recognition of its importance.

Transcendent Experience: Transcendent experiences can occur through various means, including meditation, prayer, religious rituals, nature immersion, artistic creation, near-death experiences, and psychedelic substances, among others. While the specific nature and interpretation of transcendent experiences can vary widely across cultures, religions, and individuals, they often play a significant role in spiritual growth, personal development, and the search for meaning and purpose in life (Williams & Thompson, 2023). The mean Scoring of 4.4257 (±0.79229) indicated that individuals had experienced some degree of transcendent or mystical phenomena. This could include moments of awe, inspiration, or spiritual insight beyond ordinary perception.

Spiritual Activities: "Spiritual activities" in spirituality refer to practices, rituals, or experiences that individuals engage in to nurture and deepen their spiritual beliefs, connection with the divine, inner peace, and understanding of the sacred or transcendent aspects of life. These activities can vary widely across different religious and cultural traditions but often aim to cultivate spiritual growth, mindfulness, and a sense of purpose or meaning in life (Smith & Jones, 2020).

With a mean score of 4.2054 (±1.00958), respondents engaged in various spiritual practices or rituals to varying degrees. This could include meditation, prayer, or participation in religious ceremonies.

Examples of spiritual activities may include:

- Meditation and mindfulness practices
- Prayer and worship ceremonies

- Rituals and sacraments specific to religious traditions (e.g., baptism, communion)
- Spiritual retreats and pilgrimages
- Reading and studying sacred texts or spiritual literature
- Contemplative practices such as yoga, tai chi, or qigong
- Engaging in acts of compassion, charity, and service to others
- Nature immersion and eco-spirituality practices
- Spiritual counseling or guidance with spiritual leaders or mentors
- Expressive arts therapies like music, dance, and art as forms of spiritual expression

These spiritual activities are often seen as pathways to experiencing a deeper connection with oneself, others, and the divine or universal consciousness, fostering personal growth, healing, and a greater sense of well-being and interconnectedness (Williams & Johnson, 2021).

4.4 The association of spiritual attitude and involvement with socio-demographic factors

Table 4

The association of spiritual attitude and involvement with socio-demographic factors like age, sex, religion, types of injury, Job status, marital status, educational qualification, living area, and duration of time since injury. [Table 4 extends from pages 31-33]

Demographic variables	Level of spiritual attitude and Involvement			Fisher Exact Sig. Value
	Lower	**Moderate**	**Severe**	
	Percentage (%)			
Age				0.13
18-27 y	4.0 %	28.0 %	68.0 %	
28-37 y	4.0 %	20.0 %	76.0 %	
38-47 y	0.0 %	36.0 %	64.0 %	
48-57 y	0.0 %	50.0 %	50.0 %	
58-67 y	0.0 %	88.9 %	11.1 %	
68-77 y	0.0 %	66.7 %	33.3 %	
Sex				0.715
Female	3.8 %	38.5 %	57.7 %	
Male	1.3 %	37.3 %	61.3 5%	
Religion				0.59
Islam	1.1 %	37.6 %	61.3 %	
Hindu	0.0 %	33.9 %	66.7 %	
Christian	5 0.0 %	50.0 %	0.0 %	
Types of injury				0.844
Tetraplegic	2.5 %	40.0 %	57.5 %	
Paraplegic	1.6 %	36.1 %	62.3 %	

Demographic Variables	**Level of spiritual attitude and involvement**			**Fisher Exact Sig. Value**
	Lower	**Moderate**	**Severe**	
	Percentage (%)			
Occupational status				0.708
Employment	0.0 %	5.6 %	94.4 %	
Businessman	0.0 %	16.0 %	84.0 %	
Student	0.0 %	33.3 %	66.7 %	
Housewife	0.0 %	14.3 %	85.7 %	
Unemployment	5.0 %	75.0 %	20.0 %	
Auto-driver	0.0 %	0.0 %	100.0 %	
Farmer	0.0 %	0.0 %	100.0 %	
Tailor	0.0 %	0.0 %	100.0 %	
Teacher	0.0 %	0.0 %	100.0 %	
Marital status				0.120
Unmarried	6.1 %	30.3 %	63.6 %	
Married	0.0 %	41.7 %	58.3 %	
Separated	0.0 %	16.7 %	83.3 %	
Widow	0.0 %	100.0 %	0.0 %	
Educational Qualification				0.83
Illiterate	0.0 %	83.3 %	16.7 %	
Signature only	0.0 %	50.0 %	50.0 %	
Primary	3.7 %	37.0 %	59.3 %	
Secondary	0.0 %	25.0 %	75.0 %	
Higher Secondary	0.0 %	31.2 %	68.8 %	
Graduation	7.1 %	14.3 %	78.6 %	
Living area				0.645
Rural	0.0 %	35.1 %	64.9 %	
Urban	3.1 %	39.1 %	57.8 %	

Duration of time since injury				0.175
1-10 y	3.2 %	42.9 %	54.0 %	
11-20 y	0.0 %	20.0 %	80.0 %	
21- 30 y	0.0 %	46.2 %	53.8 %	

Fisher's exact significant value and significant was taken as $p < 0.05$

The association between the level of spiritual attitude and involvement and socio-demographic factors is presented in Table 4. In Table 4, there was relatively no association between age and spiritual attitude and involvement as the p-value is 0.13. Participants aged 18-27 years had 4.0% lower, 28.0% moderate, and 68.0% higher levels of spiritual attitude and involvement. Participants aged 28-37 years had 4.0% lower, 20.0% moderate, and 76.0% higher levels. Participants aged 38-47 years had 36.0% moderate and 64.0% lower levels. Participants aged 48-57 years had 50.0% moderate and higher levels. Participants aged 58-67 years had 88.9% moderate and 11.1% higher levels. Finally, participants aged 68-77 years had 66.7% moderate level and 33.3% spiritual attitude and involvement. There was no association between religion and spiritual attitude and involvement because of the lower p-value (0.59). According to this study, in the Islamic faith, 1.1% of individuals had a lower level of spiritual attitude and involvement, while 37.6% had a moderate level, and 61.3% had a higher level. In the Hindu faith, 33.9% of individuals had a moderate level of spiritual attitude and involvement, while 66.7% had a higher level. Finally, for Christians, 50% of individuals had a lower or moderate level of spiritual attitude and involvement.

On the other hand, there was no association found between the level of spiritual attitude and involvement and socio-demographic factors like sex, types of injury, Job

status, marital status, educational qualification, living area, and duration of time since injury.

It had been observed that women had a lower level (3.8%) of spiritual attitude and involvement, while men had a lower level of 1.3%. At a moderate level, women had a 38.5% involvement, whereas men had a 37.3% involvement. Surprisingly, men had a higher level (61.3%) of spiritual attitude and involvement compared to women's 57.7%.

In individuals with tetraplegia, 2.5% had a lower level, 40% had a moderate level, and 57.5% had a lower level of spiritual attitude and involvement. On the other hand, of individuals with paraplegia, 1.6% had a lower level, 36.1% had a moderate level, and 62.3% had a higher level of spiritual attitude and involvement. Participants who were married had a moderate level of spiritual attitude and involvement (41.7 %) than those who were unmarried (30.3 %). Unmarried people had a higher level of spiritual attitude and involvement (63.6 %) than married people (30.3 %). Unmarried participants had a 6.1 % lower level of spiritual attitude and involvement. Participants who were separated 16.7 % had moderate levels and 83.3 % had higher level of spiritual attitude and involvement. Participants who were widow had a 100.0 % moderate level of spiritual attitude and involvement. The participants who were employed, businessmen, students, housewives, auto drivers, farmers, tailors, and teachers had no lower level of spiritual attitude and involvement but had a significant percentage of higher and moderate levels of spirituality. The unemployed participants had a 5 % lower, 75% moderate, and 20% higher level of spirituality. So, it can be said participants who performed any job or work had higher levels of spiritual attitude and involvement than the unemployed participants. In Table 4 of educational qualification,

illiterate participants had 83.3 % moderate level and 16.7 % higher level, participants who could signature only had 50.0 % moderate level and 50.0 % had a higher level, participants who passed primary had 3.7 % lower, 37.0 % moderate level and 59.3 % had higher level, participants who passed secondary had 25.0 % had moderate level and 75.0 % had a higher level, participants who passed higher secondary had 31.2 % moderate level and 68.8 % had higher level and, those who completed their education had 7.1 % lower level, 14.3 % moderate level and, 78.6 % had a higher level of spiritual attitude and involvement. Rural people had a lower (0.0 %) level of spiritual attitude and involvement than urban people (3.1 %). Urban people had a moderate level (39.1 %) of spiritual attitude and involvement than rural people (64.9 %). Rural people had a higher level of spiritual attitude and involvement (64.9 %) than urban people (57.8 %).

In Table 4, participants who had injury between 1 to 10 years had a 3.2 % lower, 42.9% moderate level and 54.0 % had a higher level, who had injury between 11 to 20 years had a 20.0 % moderate level and 80.0 % higher level and, participants who had injury between 21 to 30 years had 46.2 % moderate level and 53.8 % higher level of spiritual attitude and involvement.

CHAPTER V: DISCUSSION

This study aimed to identify the spiritual attitude and involvement of people with SCI who took rehabilitation services from the Centre for the Rehabilitation of the Paralysed (CRP) and now live in the community. It was a face-to-face survey conducted in the community with 101 persons with SCI. This study showed how an Individual with chronic illness could cope with their illness through spiritual attitude and involvement.

In this study, the median age of the participants was 38.00 (IQR 27.50 – 48.00) years among the participants 101 and it was not matched with other studies, whereas in other studies, the mean age of participants was 41.2±13.8 years the participants of 204 (Wilson et al., 2017) and 58.23±9.37 years among the participants of 293 (Ginting, 2015).

Most studies showed that among the number of participants, men were higher than women (Ginting, 2015; Rahnama et al., 2015; Wilson et al., 2017). The percentage of men and women in this study was 69.3% and 30.7%. Here the differences were also seen. In this study, the researcher took participants from various professions. Among all the professions, the rate of unemployment was 39.3% and the occupational status rate (employee, businessman, housewife, student, tailor, farmer, auto-driver, teacher) was 60.7%. In different studies, it was seen that the unemployment rate was higher than the employment rate. Such as the unemployment rate of 14.1 % and the unemployed rate of 85.9 % among 213 participants (Hajiaghababaei et al., 2018; Rahnama et al., 2015), employment of 5.6 % and unemployed 94.4 % (Aktürk & Aktürk, 2020). One interesting finding in the socio-demographic characteristics of this study showed that the type of injury or level of injury was 39.6 % tetraplegic and 63.4 % paraplegic which

was a variation from other studies. Such as 28.1 % tetraplegic and 71.9 % Paraplegic (Hajiaghababaei et al., 2018), 65.6 % tetraplegic and 34.4 % paraplegic (Xue et al., 2016). Other studies showed that people with paraplegia were larger than people with tetraplegia and it was 52.0% paraplegic and 48.0% tetraplegic (Wilson et al., 2017). It was difficult to explain the reason behind this inconsistency, however, it could be the result of variations in the histories of accidents in different geographical locations of the world.

In this study, the marital status of the participants was unmarried 32.7 %, married 59.4%, Separated 5.9 %, Widow 2.0 %. However, compared to other studies, the marital status was different. Such as 68.8 % married and 31.2 % Single (Aktürk & Aktürk, 2020), 61.0 % married, 39.0 % single (Yıldırım Üşenmez et al., 2022) and, single, 53.1 % married, 10.3 % divorced (Rahnama et al., 2015). The religion of the participants was Muslim, Hindu, and Christian in this study. However, in other studies, it was different because of the different geographical locations of the world. In a Columbian study, the religion of the participants was 54.8 % Protestant, 19.9% Christian, 16.3 % catholic, 1.8 % other religion, and 7.2 % did not believe and maintain religion (Campbell et al., 2010), In another study, the religious status of the participants was Buddhist 85.2 %, Hindu 6.6 %, Catholic 4.9 %, Muslim 3.3 % (Xue et al., 2016). In this study, the median score of the duration of time since injury was 9.00 (IQR 4.00 – 15.00) years. But in other studies, the mean score of the time since injury was 4.05±5.02 years (Rahnama et al., 2015) and 4.0±5.0 (Hajiaghababaei et al., 2018).

The first objective was to identify the lower, moderate, and higher levels of spiritual attitude and involvement of people with SCI living in the community. It was found that 2 % had a lower level of spiritual attitude and involvement, 37.6 % had a moderate level of spiritual attitude, and 60.4 % had a higher level of spiritual attitude

and involvement. This study was carried out in a community, although many other studies concerning spirituality and SCI were carried out in inpatient or outpatient facilities or hospitals (Hajiaghababaei et al., 2018; Siddall et al., 2017; Wilson et al., 2017; Xue et al., 2016). This was due to a lack of collection of the patient's proper address or phone number or also it might be a bit hazardous for the researcher to implement the study in the community.

Another objective was to identify the level of individual aspects of spiritual attitude and involvement of people with SCI living in the community. The study found that the median score for Meaningfulness was 4.67 (IQR 3.33 - 5.67) in this instance, while in another study, the mean score was 4.72 ± 0.87; the median score for trust was 4.75 (IQR 4.25 - 5.25); however, in a different study, the mean score was 4.87±0.69; the score for the Acceptance subscale was 5.00 (IQR 4.50 - 5.25); in a different study, the score was 4.89±0.71; the median score for Caring for Others was 4.75 (IQR 3.62 - 5.50); and in another study, the score was 4.95±0.73. The median score for connectedness with nature was 5.00 (IQR 4.00 - 5.50); in another study, the score was 4.99±0.90. Transcendental experience and spiritual activity had mean scores of 4.42±0.80 and 4.2±1.1, respectively, although, in another study, the mean scores were 3.48 ±1.1 and 4.69±0.99. The name of the study that was compared was Spirituality and Negative Emotions in Individuals With Coronary Heart Disease with the participants of 293 individuals in Indonesia (Ginting, 2015).

This study only measured the level of spiritual attitude and involvement and different dimensions of the spirituality of people with SCI living in the community and did not measure with other variables. However, in the other studies that were conducted in a particular region, spirituality was measured along with other variables such as quality of life, mental and physical health, hope, and resilience and adjustment

(Ginting, 2015; Hajiaghababaei et al., 2018; Siddall et al., 2017; Taylor et al., 2015; Xue et al., 2016; Yıldırım Üşenmez et al., 2022). The SAIL scale was used to measure spirituality in this study. However, other studies examining spirituality and chronic illnesses, such as SCI, cancer, and kidney disease, have employed a variety of spirituality scales, including the FACIT-SP-12 scale, the SWB (Spiritual Well-Being) scale, the Brief Multidimensional Measure of Religiousness/Spirituality, and the Benefit through Religiosity/Spirituality Scale (BENEFIT) (Aktürk & Aktürk, 2020; Campbell et al., 2010; Hajiaghababaei et al., 2018; Siddall et al., 2017; Wilson et al., 2017; Xue et al., 2016).

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Strengths

- It was ok to utilize and translate the Spiritual Attitude and Involvement List (SAIL) scale, which had a high degree of validity and reliability
- To ensure the quality of life, five stages of data cycle management had been followed. The data collection from participants and the data entry process was non-biased.
- Data was collected in the face-to-face survey method and stored in the cloud system with strong password-protected goggle security.
- There was no unauthorized access without the student researcher and the responsible supervisor. All data was used as it is. No modifications or exploitation was done.
- Studies conducted in communities were uncommon; hospitals hosted the majority of the research on spirituality and SCI was done earlier. Therefore, what spiritual attitudes and involvement people with SCI had when they returned to the community was now known.

6.1.2 Limitation

- There was a small group of participants
- It was unable to include a large number of community people, due to the short time frame for data collecting.
- There were lots of invalid phone numbers which restricted the to reach the overall phone calls

- Some participants did not receive phone calls despite several attempts made

6.2 Practice Implication

6.2.1 Recommendation for Future Practice

- In this study, health professionals will have a better understanding of the spiritual attitude and involvement of people with SCI living in the community, as well as knowing the dimensions of spirituality. This result's results indicate the level of spiritual attitude and involvement of people is pretty good. Many people with SCI suffer from depression and anxiety, and many of them commit suicide and make suicidal attempts at the time of their admission to the hospital because of a lack of finding meaning and purpose in their lives and disappointment. Like other rehabilitation programs of SCI Such as community reintegration programs and vocational training programs, a spiritual rehabilitation program should be addressed in rehabilitation-based institutions.
- Therefore, occupational therapists should incorporate spirituality into rehabilitation in light of the evidence showing that higher levels of spiritual well-being, including a sense of meaning and purpose, are "protective" against increased psychological distress. So, it is the responsibility of occupational therapists to integrate spiritual well-being assessments into standard clinical evaluation procedures. Occupational therapists should develop treatment plans that address spiritual meaning and purpose concerns. During early rehabilitation, it will help a person with SCI develop resilience and adjust to the existence of their disability.
- Social workers, policymakers, community people, and local leaders should make an accessible environment for religious and spiritual practice and spiritual care programs for people with SCI to cope with their illness and support their family members.

- There is a lot of research being done in numerous regions of the world, but not many studies have been found that address spirituality and SCI in South Asia. Thus, this research will aid in the researcher's comprehension of the spiritual outlook and engagement of Bangladeshi community members suffering from long-term conditions like SCI. Additionally, the future researcher will understand the components of spirituality as well as its deeper meaning.

6.2.2 Recommendations for Future Research

- Explore further research on spirituality in a Qualitative approach
- A study can be done to identify the association between resilience and spirituality after a chronic trauma or illness
- A study can be conducted about the strategy and technique to increase spiritual belief and health in rehabilitation service
- Another study can be carried out about the healthcare perspective of how spirituality can be used in rehabilitation services.

6.3 Conclusion

The purpose of the study is to identify the spiritual attitude and involvement of people with SCI living in the community. This study shows how an individual with a chronic illness like SCI to find meaning and purpose can cope with their illness through spiritual attitude and involvement. In this research, it measures various dimensions of spirituality. Among those aspects of spirituality, the Acceptance and connectedness with nature subscales have the highest score, and spiritual activities subscales have the lowest score. In research findings, it is seen that more than half of the population have a higher level of spiritual attitude and involvement and least have moderate and lower levels of spiritual attitude and involvement. Healthcare professionals should incorporate spirituality into their rehabilitation program by assessing spiritual distress

and strength through evaluation procedures, planning treatment approaches, and therefore organizing a spiritual care training program before returning to the community after taking rehabilitation services. Because of the disability and environmental barrier, people with SCI could not participate in spiritual activities. It is therefore important for community members, social workers, and family members to consider and take the required actions to engage in spiritual activities for individuals with SCI after their return to the community.

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APPENDICES

Appendix A: Ethical Approval Form

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref. CRP-BHPI/IRB/10/2023/758 Date: 18·10·2023

To
Marjia Rahman Moury
4th Year, B.Sc. in Occupational Therapy
Session: 2018-2019; Student ID: 122180331
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Spiritual attitude and involvement of people with spinal cord injury living in the Community: A Cross-sectional Study"** by the ethics committee.

Dear Marjia Rahman Moury, Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Arifa Jahan Ema as thesis supervisor. The following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form

The purpose of the study is to Identify spiritual attitude and involvement of people with spinal cord injury living in the community. The study involves the use of the spiritual attitude and involvement list (SAIL) scale to measure the spiritual attitude and involvement of people with Spinal cord injury. It may take about 10 to 15 minutes to fill in the questionnaire for the collection of specimens and there is no likelihood of any harm to the participants and no economic benefits for the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol, and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, the World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor
Project & Course Coordinator
Dept. of Rehabilitation Science
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Member Secretary
Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
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E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Appendix B: Information sheet, Consent form & Withdrawal form

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Tel- 02-7745464, Fax: 02-7745069

Participants Information and Consent sheet

Research Title: Spiritual attitude and involvement of people with SCI living in the Community: A Cross-sectional Study

Name of researcher: Marjia Rahman Moury, 4th year, B.Sc. in Occupational Therapy, Roll:
40.

Supervisor: Arifa Jahan Ema, Lecturer, Occupational Therapy Department, Course CoOrdinator, M.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka.

I am Marjia Rahman Moury, and I want to invite you to participate in the research. Before making the decision, you must know why this research is being done and how you relate to it. Please take time to read the given information. If you face any problem after reading or need more information, you can ask me.

Background and Aim of this research.

I am Marjia Rahman Moury, studying B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of the Centre for The Rehabilitation of Paralysed. As a part of the B.Sc. course curriculum, I am going to conduct a research activity under the lecture on occupational therapy Arifa Jahan Ema. The topic of the research is the spiritual attitude and involvement of people with SCI living in the Community

The aim of this study is to identify spiritual attitude and involvement of people with spinal cord injury living in the community.

What to do to participate in the study?

As I will find out the Spiritual attitude and involvement of people with spinal cord injury living in the community, I will use the Spiritual Attitude and Involvement List (SAIL).

All the questions included in the scales of participants should be answered. Time will be taken for 2025 minutes.

Why are you invited to participate?

As my research topic is Spiritual attitude and involvement of people with SCI living in the Community: A Cross-sectional Study, I will invite the spinal cord injury patients who took inpatient rehabilitation services from CRP and now live in the community.

Will you have to participate?

Participation in the research is completely voluntary. Before participation consent should be taken from participation. After the participants participate, they will be accounted for answering all the questions. Participants will be given a consent withdrawal paper so that they can cancel their participation according to their wishes within two weeks after conducting the survey.

What are the possible risks and opportunities of participation?

There is no direct opportunity for this participation which means participation will not get any financial opportunity. Apart from this, there is no negative question in the scale. Therefore, there is no physical or mental risk to the participants. Furthermore, by participating in this study I will know the level of spiritual attitude and involvement of people with spinal cord injury which will help occupational therapists to know their spiritual needs and beliefs, and how they cope with their illness through spirituality.

Will the participation be confidential?

The researcher will strictly maintain the secrecy of the research. The names of the participants will be cited only in the consent paper. To maintain the secrecy of the participants code will be maintained in the question paper of participants. Only the related researcher and supervisor will be able to know about it directly. Information paper will be locked in a drawer and the preservation of electronics will be in the occultation therapist unit of BHPI and the personal laptop of the researcher.

What will be the result of the research?

Through this research, we can understand how patients cope with difficult situations with belief and maintenance of spirituality so that we can add spirituality to the

rehabilitation of patients and encourage professional health workers in further research and other work on spirituality.

Information about promotional results

The results of this research will be published and presented through print media, electronic/social media, conferences, and criticism.

If you have any questions you can contact through the given address

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Bangladesh Health Professions Institute (BHPI)

B.Sc. in Occupational Therapy

Session: 2018-19,

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Consent Form

I am Marjia Rahman Moury, studying B.Sc. in occupational therapy at Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of the Centre for the Rehabilitation of Paralysed (CRP). As a part of the B.Sc. course curriculum, I am going to conduct a research activity under the lecturer of occupational therapy Arifa Jahan Ema. The topic of the research is Spiritual Attitude and Involvement of people with Spinal Cord Injury in the Community. This study aims to identify the spiritual attitude and involvement of people with spinal cord injury in the community.

Please read the following statement and put tik (√) on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the abovenamed study.

I confirm that I have read and understood the participant information sheet for the study or that it has been explained to me and I have had the opportunity to ask questions……. ……Yes/No

I have satisfactory answers to my questions regarding with this study ……Yes/No

I understand that participation in the study is voluntary and that I am free end my involvement till October, or request that the data collected in the study be destroyed without giving a reason ……. Yes/No

However, all personal details will be treated as highly confidential. I have permitted

the investigator and supervisor to access my recorded information……...Yes/No

I have sufficient time to come to my decision about participation…… Yes/No

I agree to take part in the above study ……. Yes/No

Participant's signature ……Date…….

Withdrawal Form

(Applicable only for voluntary withdrawal)

Reason for withdrawal (optional):

……
……
……
……
……
……..

Whether permission to previous information is used?

Yes/No

Participant's Name:

Date:

তথ্যপত্র

শিরোনাম: মেরুরন্ধে আমালগাছে ব্যর্ভিসের আধ্যাত্বি জাভা বিষয়ক অর্থবিনি সম্পর্কিত গবেষণা

গবেষকের নাম: মার্জিয়া রহমান মোরি এই বর্ষ, অকুপেশনাল থেরাপি বিভাগ

তত্বাবধায়কঃ আরিফা জাহান ইমা, প্রভাষক, অকুপেশনাল পেজন্সি বিজ্ঞাগ, কোর্স কোর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ খেলষ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই। সাভার, ঢাকা

আমি মার্জিয়া রহমান ঘৌরি, আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে নেই। আপনি সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি আপনার সাথে কীভাবে সম্পর্কিত নিম্নলিখিত তথ্য পড়ার জন্য দয়া করে সময় নিন। আপনার পড়ার পর বুঝতে কোনো প্রকার সমস্যা হলে বা আপনি আরও কথা চাইলে প্রশ্ন করতে পারেন।

আমার পরিচয় এবং এই গবেষনার উদ্দেশ্য

আমি মার্জিয়া রহমান মৌরি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই) বি.এস.সি ইন অকুপেশনাল থেরাপিতে অধ্যয়নরত, যা ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের সাথে অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের (সিআরপি) এর একটি একাডেমিক ইনস্টিটিউট। আমি বর্তমানে অকুপেশনাল থেরাপির উপর আমার স্নাতক অধ্যয়ন করছি। বি.এস.সি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপি বিভাগের প্রভাষক আরিফা জাহান ইমা এর তত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয় হল মেরুরঞ্জে আঘাতপ্রাপ্ত ব্যক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলী সম্পর্কে জানা।

গবেষনায় অংশগ্রহণ করতে হলে কী কী করতে হবে?

যেহেতু আমি মেরুরন্ধে আঘাতপ্রাপ্ত ব্যক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলি সম্পর্কিত গবেষণা করবো সেহেতু আমি আধ্যাত্যিকতা বিষয়ক স্কেল ব্যবহার করবো। অংশগ্রহণকারীদের প্রশ্নাবলীতে অন্তর্ভুক্ত সমস্ত প্রশ্নের উত্তর দিতে হবে। প্রশ্নের উত্তর দিতে ১০-১৫ মিনিট সময় লাগবে।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আমার গবেষনার বিষয় হল সমাজে মেরুরন্ধে আঘাতপ্রাপ্ত ব্যক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলী সম্পর্কে অনুসন্ধান করা তাই যারা সি আর পি থেকে থেকে পুনর্বাসন সেবা নিয়েছে এবং সমাজে ফিরে গিয়েছে তারাই এই গবেষণার অন্তর্ভুক্ত হবেন।

আপনাকে কি অংশগ্রহণ করতে হবে?

গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাধর্মী। অংশগ্রহণের আগে অংশগ্রহণকারীর কাছ থেকে সম্মতি নেওয়া হবে। অংশগ্রহণকারীর অংশগ্রহনের পর প্রশ্নপত্রের সকল প্রশ্নের উত্তর দিতে বাধ্য থাকবেন। অংশগ্রহণকারীদের সম্মতি প্রত্যাহার ফর্ম দেওয়া হবে যাতে অংশগ্রহণকারী জরিপ পরিচালনার পর দুই সপ্তাহের মধ্যে তাদের ইচ্ছা অনুযায়ী তাদের অংশগ্রহণ বাতিল করতে পারে

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

এই গবেষণায় অংশগ্রহণের জন্য সরাসরি কোনো সুবিধা নেই অর্থাৎ অংশগ্রহণকারী কোনো আর্থিক সুবিধা পাবেন না। এছাড়াও, জরিপ প্রশ্নাবলী ফর্মে কোন নেতিবাচক প্রশ্ন নেই। সুতরাং, অংশগ্রহণকারীদের কোন শারীরিক বা মানসিক ঝুঁকি নেই। অধিকন্তু, এই অধ্যয়নে আপনার অংশগ্রহণের মাধ্যমে, এটা জানা যাবে মেরুরজ্জে আঘাতপ্রাপ্ত ব্যক্তিদের আধ্যাত্বিকতা বিষয়ক বিশ্বাস, প্রয়োজনীতা ও খারাপ সময়ে আধ্যাত্বিকতা কিভাবে মানিয়ে চলতে সাহায্য করে।

অংশগ্রহণ কি গোপনীয় হবে?

গবেষক কঠোরভাবে সমস্ত তথ্যের গোপনীয়তা বজায় রাখবেন। অংশগ্রহণকারীদের নাম শুধু মাত্র সম্মতি পত্রে রেখা করা থাকবে। অংশগ্রহণকারীদের গোপনীয়তা বজায় রাখতে প্রশ্নাবলীতে সমস্ত অংশগ্রহণকারীদের জন্য কোড নম্বর ব্যবহার করা হবে। শুধু মাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। তথা পর একটি লক করা ড্রয়ারে রাখা হবে এবং তথ্যের ইলেক্ট্রনিকস সংরক্ষণ বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগী এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংগ্রহ করা হবে।

গবেষণার ফলে কি হবে?

এই গবেষণার মাধ্যম কিভাবে মেরুরজ্জে আঘাতপ্রাপ্ত ব্যক্তিরা আধ্যাত্বিকতার মনোভাব দিয়ে কঠিন পরিস্থিতি মোকাবেলা করতে পারে সে সম্পর্কে জানতে পারবো যাতে মেরুরজ্জে আঘাতপ্রাপ্ত ব্যক্তিদের পুনর্বাসনে আমরা আধ্যাত্বিকতার বিষয়গুলো যোগ করতে পারি এবং আধ্যাত্বিকতা বিষয়ক পরবর্তী গবেষণা ও অন্যান্য কাজে পেশাগত স্বাস্থ্যকর্মীদের উৎসাহ করতে পারবো।

গবেষণার প্রচারমূলক ফলাফল

এই গবেষণা প্রকল্পের ফলাফলগুলো প্রিন্ট মিডিয়া, ইলেকট্রিক/সামাজিক যোগাযোগ মাধ্যম, সম্মেলন, আলোচনা ও সমালোচানার মাধ্যমে জার্নাল এর মতো ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে

আপনার যদি কোন প্রশ্ন থাকে তাহলে আপনি নিম্নলিখিত ঠিকানায় যোগাযোগ করতে পারেন:

গবেষক:

মার্জিয়া রহমান মৌরি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

বিএসসি ইন অকুপেশনাল থেরাপি

সেশনঃ ২০১৮-১৯

সাভার, ঢাকা

ইমেইলঃ marjiarahmanmoury0007@gmail.com

যোগাযোগের নম্বরঃ০১৭১৯৫৯৯১৩৫

তত্ত্বাবধায়কঃ

আরিফা জাহান ইমা,

প্রভাষক, অকুপেশনাল থেরাপি বিভাগ,

কোর্স কোওর্ডিনেটর, এমএসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই) সাভার, ঢাকা।

ইমেইলঃ arifajemaotbhpi@gmail.com

যোগাযোগের নম্বরঃ ০১৭৫৩৯৭৯০৪

সম্মতি পত্র

আমি মার্জিয়া রহমান মৌরি, ঢাকা বিশ্ববিদালয়ের চিকিৎসা অনুবাদের অন্তর্ভুক্ত পক্ষাঘাত প্রাপ্তদের পুনর্বাসনকেন্দ্র (সিআরপি) সাভার, ঢাকা, এর একাডেমিক ইনস্টিটিউট কংলাদেশ হেলথ প্রফেসনস ইনস্টিটিউট (বিএইচপিআই) এ অধ্যয়নরত ৪র্থ বর্ষের ছাত্রী। বিএসসি ইন অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আছি অকুপেশনাল থেরাপির একজন প্রভাষক আরিফা জাহান ইমা ম্যাডাম এর অধীনে একটি গবেষনা পরিচালনা করতে যাচ্ছি। গবেষনার বিষয় **মেরুরজ্জুতে আঘাতপ্রাপ্ত বক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলি সম্পর্কিত গবেষণা।** গবেষনার উদ্দেশ্য মেরুরজের আঘাতপ্রাপ্ত বাক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলী সম্পর্কে জানা

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলো পড়ুন এবং হ্যাঁ বা না-তে টিক দিন যাতে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পারেন এবং আপনি উপরোক্ত গবেষণায় অংশ নিতে সম্মত হন।

আমি নিশ্চিত করছি যে, আমি গবেষণায় অংশগ্রহণকারীদের তথ্য পত্রটি পড়েছি এবং এর লক্ষ্য ও উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবগত। এটি আমাকে ব্যাখ্যা করা হয়েছে এবং আমি প্রশ্ন করার সুযোগ পেয়েছি।

……হ্যাঁ/না।

এই গবেষণার সাথে সম্পর্কিত প্রশ্নের আমার সন্তোষজনক উত্তর আছে।

……হ্যাঁ/না।

আমি বুঝতে পেরেছি যে, গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাকৃত এবং আমি জানুয়ারি পর্যন্ত আমার সম্পৃক্ততা বাতিল করতে পারব, অথবা অনুরোধ করছি যে অধ্যয়নে সংগৃহীত ডেটা কোনো কারণ না জানিয়ে বাতিল করা যাবে।

……..হ্যাঁ/না।

তবে, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি গবেষক এবং সুপারভাইজারকে আমার তথ্য ব্যবহার করার অনুমতি দিচ্ছি।

……হ্যাঁ/না।

অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য যথেষ্ট সময় পেয়েছি

……হ্যাঁ/না।

আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মত

.....হ্যাঁ/না।

অংশগ্রহণকারীর নাম.....তারিখ.....

অংশগ্রহণকারীর স্বাক্ষর.....তারিখ.....

গবেষকের স্বাক্ষর..... তারিখ.....

প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

গবেষনার শিরনাম: মেরুরজ্জে আঘাতপ্রাপ্ত ব্যক্তিদের আধ্যাত্বিকতা বিষয়ক কার্যাবলি সম্পর্কিত গবেষণা।

গবেষক: মার্জিয়া রহমান মৌরি, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ

আমি (অংশগ্রহণকারী), আমার অংশগ্রহণ থেকে উদ্ভূত ডেটা ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে চাই।

প্রত্যাহারের কারণ.....

অংশগ্রহনকারীর নাম.....

অংশগ্রহনকারীর স্বাক্ষর.....তারিখ.....

গবেষকের স্বাক্ষর..... তারিখ.....

Appendix C: Questionnaire

SPIRITUAL ATTITUDE AND INVOLVEMENT LIST (SAIL)

- Please, **circle** the answer that is most applicable to you
- There are no 'right' or 'wrong' answers
- Your first reaction is often the best; do not think too long about your answer

We realise that some questions may be difficult to answer for you, for instance because you have never thought about it before. Yet it is of utmost importance that you **answer every question**.

To what extent do the following statements **generally** apply to you?
(Not just now, but most of the time)

		not at all	hardly at all	some-what	to a reason-able degree	to a high degree	to a very high degree
1.	I approach the world with trust	1	2	3	4	5	6
2.	It is important to me that I can do things for others	1	2	3	4	5	6
3.	In difficult times, I maintain my inner peace	1	2	3	4	5	6
4.	I know what my position is in life	1	2	3	4	5	6
5.	The beauty of nature moves me	1	2	3	4	5	6
6.	I accept that I am not in full control of the course of my life	1	2	3	4	5	6
7.	I am receptive to other people's suffering	1	2	3	4	5	6
8.	I accept that I am not able to influence everything	1	2	3	4	5	6
9.	Whatever happens, I am able to cope with life	1	2	3	4	5	6
10.	There is a God or higher power in my life that gives me guidance	1	2	3	4	5	6
11.	I am aware that each life has its own tragedy	1	2	3	4	5	6
12.	I experience the things I do as meaningful	1	2	3	4	5	6
13.	I try to take life as it comes	1	2	3	4	5	6

	not at all	hardly at all	some-what	to a reason-able degree	to a high degree	to a very high degree
14. When I am in nature, I feel a sense of connection	1	2	3	4	5	6
15. I accept that life will inevitably sometimes bring me pain	1	2	3	4	5	6
16. I try to make a meaningful contribution to society	1	2	3	4	5	6
17. My life has meaning and purpose	1	2	3	4	5	6
18. I want to mean something to others	1	2	3	4	5	6

	never	seldom	some-times	regular-ly	often	very often
19. I have had experiences during which the nature of reality became apparent to me	1	2	3	4	5	6
20. I have had experiences in which I seemed to merge with a power or force greater than myself	1	2	3	4	5	6
21. I have had experiences in which all things seemed to be part of a greater whole	1	2	3	4	5	6
22. I talk about spiritual themes with others (themes such as the meaning in life, death or religion)	1	2	3	4	5	6
23. I have had experiences where everything seemed perfect	1	2	3	4	5	6
24. I meditate or pray, or take time in other ways to find inner peace	1	2	3	4	5	6
25. I have had experiences where I seemed to rise above myself	1	2	3	4	5	6
26. I attend sessions, workshops, etc. that are focused on spirituality or religion	1	2	3	4	5	6

August, 2008 Eltica de Jager Meezenbroek, Bert Garssen and Machteld van den Berg. Helen Dowling Institute, care for cancer, hdi@hdi.nl, postbox 85061, 3508 AB, Utrecht, The Netherlands, www.hdi.nl.

Calculation of sum scores

Table Items per subscale

Subscale	Items
Meaningfulness	4, 12, 17
Trust	1, 3, 9, 13
Acceptance	6, 8, 11, 15
Caring for Others	2, 7, 16, 18
Connectedness with Nature	5, 14
Transcendent Experiences	19, 20, 21, 23, 25
Spiritual Activities	10, 22, 24, 26

The 26 items of the SAIL represent seven subscales, see Table. Each item is scored on a range from 1 to 6. Sumscores are obtained by calculating the mean score on the items of each subscale.

অনিপের প্রশ্ন

১। আপনার নাম ?

_____ ।

২। আপনার বয়স ?

..... বছর

৩। আপনার লিঙ্গ ?

I. নারী
II. পুরুষ

৪। আপনার ধর্ম?

I. ইসলাম
II. হিন্দু
III. খ্রিষ্টান
IV. বৌদ্ধ
V. অন্যান্য(.....)

৫। আপনার পেশাগত যোগ্যতা ?

I. চাকুরীজীবি
II. ব্যবসায়ী
III. শিক্ষার্থী
IV. গৃহিনী
V. বেকার
VI. অন্যান্য (.....)

৬। আপনার বৈবাহিক অবস্থা ?

I. অবিবাহিত
II. বিবাহিত
III. বিবাহবিচ্ছেদ
IV. বিধবা

৭। আপনার শিক্ষাগত যোগ্যতা ?

I. নিরক্ষর
II. সাক্ষরজ্ঞান
III. প্রাইমারি

IV. হাইস্কুল

V. কলেজ

VI. ইউনিভার্সিটি

৮। আপনার বসবাসের এলাকা ?

I. গ্রাম
II. শহর

৯। আঘাতের সময়কাল?

.....বছর.....মাস

১০। আপনার প্রতিবন্ধকতার ধরণ ?

I. চারটি অঙ্গের পক্ষাঘাত
II. দুইটি অঙ্গের পক্ষাঘাত

Spiritual Attitude and Involvement List (SAIL)

- অনুগ্রহ করে আপনার জন্য সবচেয়ে সুযোজ্য যে উত্তরটি সেটিতে গোল দিন
- এখানে কোনো সঠিক বা ভুল উত্তর নেই
- আপনার প্রথম প্রতিক্রিয়াটি/চিন্তাটি হয়তো ঠিক,আপনার উত্তর সম্পর্কে খুব দীর্ঘ চিন্তা করবেন না।

আমরা বুঝতে পেরেছি যে কিছু প্রশ্নের উত্তর দেওয়া আপনার পক্ষে কঠিন হতে পারে, যেহেতু এটি সম্পর্কে আগে কখনোও ভাবেননি। তবুও আপনার প্রতিটি প্রশ্নের উত্তর দেওয়া অত্যন্ত গুরুত্বপূর্ন।

নিচের লেখাগুলো আপনার ক্ষেত্রে কতটা প্রযোজ্য? (শুধু এখন না, বেশিরভাগ সময়ের জন্য)

	একদমই না	খুবই কম	কিছুটা	মাঝেমধ্যে	প্রায় সব-সময়	সব-সময়
১।আমি বিশ্বাসের সাথে সামনে এগিয়ে যাই।	১	২	৩	৪	৫	৬
২। অন্যের জন্য কাজ করতে পারাটা আমার কাছে গুরুত্বপূর্ণ।	১	২	৩	৪	৫	৬
৩। খারাপ সময় গুলোতে আমি মন থেকে শান্ত থাকি।	১	২	৩	৪	৫	৬
৪। আমি আমার অবস্থা সম্পর্কে অবগত।	১	২	৩	৪	৫	৬
৫। প্রাকৃতিক সৌন্দর্য্য আমাকে মোহিত করে।	১	২	৩	৪	৫	৬
৬। আমি মেনে নিয়েছি যে, আমার জীবনের সকল কিছুর নিয়ন্ত্রন আমার হাতে নেই।	১	২	৩	৪	৫	৬
৭। অন্যের দুঃখ-দুর্দশা আমাকে ব্যাথিত করে।	১	২	৩	৪	৫	৬
৮। আমি মেনে নিয়েছি যে, আমি সব কিছুকে প্রভাবিত করতে পারবো না।	১	২	৩	৪	৫	৬
৯।সামনে যাই আসুক না কেন আমি জীবনের সাথে মানিয়ে চলবো।	১	২	৩	৪	৫	৬

	একদমই না	খুবই কম	কিছুটা	মাঝেমধ্যে	প্রায় সব সময়	সব সময়
১০। সৃষ্টিকর্তা বা সর্বশক্তিমান যিনি আছেন তিনি আমাকে সঠিক পথ প্রদর্শন করেন।	১	২	৩	৪	৫	৬
১১।আমি সাধারণভাবেই বিশ্বাস করি যে, প্রত্যেকের জীবনেই কোনো না কোনো কঠিন সময় থাকে।	১	২	৩	৪	৫	৬
১২।আমি এমন কিছুরই অভিজ্ঞতা অর্জনের চেষ্টা করি যা আমার কাছে গুরুত্বপূর্ণ।	১	২	৩	৪	৫	৬
১৩।জীবন যেমনই হোক না কেনো, আমি মানিয়ে চলার চেষ্টা করি।	১	২	৩	৪	৫	৬
১৪।যখনই আমি প্রকৃতির কাছে যাই, তখনই আমি প্রকৃতির সাথে এক অবিচ্ছিন্ন সংযোগ অনুভব করি।	১	২	৩	৪	৫	৬
১৫।আমি বিশ্বাস করি যে, জীবন অনিবার্যভাবে বেদনা নিয়ে আসে।	১	২	৩	৪	৫	৬
১৬।আমি সমাজের জন্য অর্থপূর্ণ কিছু করার চেষ্টা করি।	১	২	৩	৪	৫	৬
১৭।আমার জীবনের লক্ষ্য ও উদ্দেশ্য রয়েছে।	১	২	৩	৪	৫	৬
১৮।আমি মানুষের জীবনেও মূল্যবান হতে চাই।	১	২	৩	৪	৫	৬

	কখনোই না	হঠাৎ	কখনো কখনো	নিয়মিত	প্রায়	প্রায় সব সময়
১৯। আমার কঠিন বাস্তবতার সম্মুখীন হওয়ার অভিজ্ঞতা আছে।	১	২	৩	৪	৫	৬
২০।আমার এমন অভিজ্ঞতা হয়েছে যেটা আমাকে মহান সৃষ্টিকর্তার আরও কাছাকাছি নিয়ে গিয়েছে।	১	২	৩	৪	৫	৬
২১। আমার এমন অভিজ্ঞতা হয়েছে যখন মনে হয়েছে সকল কিছুই কোনো বড় কিছুর অংশ।	১	২	৩	৪	৫	৬
২২।আমি অন্যদের সাথে আধ্যাত্মিক বিষয় নিয়ে কথা বলি। (যেমনঃ জীবন, মৃর্ত্যু ও ধর্মের কথা।)	১	২	৩	৪	৫	৬
২৩।আমি এমন অভিজ্ঞতার সম্মুখীন হয়েছিলাম যেখানে সকল কিছুই যথাযথ মনে হয়েছিলো	১	২	৩	৪	৫	৬
২৪।আমি ধ্যান, প্রার্থনা অথবা এমন কিছু করি যা আমাকে মানসিক প্রশান্তি দেয়।	১	২	৩	৪	৫	৬
২৫।আমি এমন অভিজ্ঞতার সম্মুখীণ হয়েছি যা আমাকে অতীতের চেয়ে আরো শক্ত মানুষে রুপান্তর করেছে।	১	২	৩	৪	৫	৬
২৬।আমি ধার্মিক এবং আধ্যাত্মিক বৈঠক ও কর্মশালাতে যোগদান করি।	১	২	৩	৪	৫	৬

Appendix D: Supervision Contact Shedule

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact: face to face or electronic and guidance record

Title of thesis: Spiritual Attitude and Involvement of People with Spinal Cord Injury (SCI) living in the community : A cross-sectional study

Name of student: Marzia Rahman Mourry

Name and designation of thesis supervisor: Arifa Jahan Ema
Assistant Professor & Coordinator (HSC in Occupational Therapy)

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	BHPI	3 About the research topic	1 hour	Overall good ~~and unstable~~	Mourry	Ema
2	09.08.23	BHPI	Keywords and literature	1 hour	Good Finding keywords	Mourry	Ema
3	14.08.23	BHPI	Scales	30 min	Clearly understood	Mourry	Ema

4	09.09.23	BHPI	~~Literature matrix~~, scale	2 hours	Reading a literature of SMIL scale	Mourry	Ajma
5	10.09.23	BHPI	scale selection and consultation and Research Methodology	45 minutes	translating scale and updating Methodology	Mourry	Ajma
6	13.09.23	BHPI	Checking translation of Bangla and guidance about literature review	45 minutes	~~Ready for~~ Proposal ready	Mourry	Ajma
7	19.09.23	BHPI	Check literature review and Methodology	20 minutes	Presentation. submit	Mourry	Ajma
8	21.09.23	BHPI	Checking and feedback research proposal	1 hour	Correction of research proposal	Mourry	Ajma
9	15.10.23	BHPI	Checking Literature review and scale correction	30 minute	scale finalisation and freild test	Mourry	Ajma
10	7.12.24	BHPI	Reporting data collection ~~and~~	30 minute	Methodology submission and Homework	Mourry	Ajma
11	8.12.24	BHPI	Submitted methodology and homework	10 minutes	Analysis ~~checking~~ learning	Mourry	Ajma
12	11.12.23	BHPI	Learning analysis	10 minutes	Checking Analysis	Mourry	Ajma
13	13.12.24	BHPI	Checked socio-demographic analysis	15 minutes	Introduction submission	Mourry	Ajma
14	~~17.12.23~~ 17.01.24	BHPI	Disscussed about analysis	15 minutes	Analysis submission	Mourry	Ajma

15	19.1.24	BHPI	Checking analysis, discussion & result	1 hour	Draft + submission	Mourq	Ayna
16	31.1.24	BHPI	Connecting 1st draft and discussing about analysis	2 hours	2nd draft submission	Mourq	Ayna
17	11.02.24	BHPI	Checking Results results and gave feedback	30 minutes	Correction of results and write discussion	Mourq	Ayna
18	12.03.24	BHPI	Checking discussion and conclusion	1 hour	Connection of whole thesis draft	Mourq	Ayna
19	21.03.24	BHPI	Checking Whole thesis draft	~~30 minutes~~ 2 hours	Connection of Introduction	Mourq	Ayna
20	31-03-24	BHPI	Checking whole thesis draft	12 hours	Connection of whole thesis	Mourq	Ayna
21	16.03.24	BHPI	Get feedback on overall final draft	1 hour	Connection of some changes and APA style	Mourq	Ayna
22							
23							
24							
25							