

UNDERSTANDING WORKPLACE SPIRITUALITY IN HEALTH CARE SYSTEMS: PRACTICE AND CHALLENGES

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ABSTRACT

PURPOSE OF THE STUDY:

The purpose of this paper is to make an enquiry into workplace spirituality in health care systems. Based on a theoretical study of spirituality and its growing importance in health care systems; workplace spirituality is discussed with doctors and elements of spirituality which are applied in treating patients are identified. The study has also explored the individual level and system level challenges while practicing spirituality through the identified elements in the health care systems.

METHODOLOGY ADOPTED:

This is an inductive form of research which involved enquiry into the existing literature of spirituality and further records the focused discussions of doctors for capturing the idea of spirituality in health care systems, identification of elements of spirituality and implementation challenges of spiritual elements in health care systems.

FINDINGS:

The idea of spirituality in healthcare systems includes the trust and belief in supreme power, peace of mind, spiritual care and identifying spirituality as an asset. Gratitude and prayers, counseling, inclusion of the yogic techniques and investment of self in the work are identified as elements of spirituality in healthcare systems. Analysis of data also implied challenges in implementation of spirituality in health care systems.

PRACTICAL IMPLICATIONS:

The findings of the study have identified the elements of spirituality in health care systems not addressed in the previous research. The present study suggests to consider the emotional labor and stress of the doctors developed in the treatment process as the role of doctors is crucial in maintaining the integral health of patients. The implementation challenges of spiritual practices in health care systems are also discussed.

KEYWORDS

spirituality, workplace spirituality, spiritual care, counseling, trust and belief, gratitude.

INTRODUCTION

Workplace spirituality and organization spirituality is often used interchangeably. Organization started talking about and accepting spirituality as an important element for the functioning of organizations late in 1990's [1] and the inclusion was because of the change in business environment from stable operating conditions to dynamic situations which required a response other than status-quo. The culture of any organization defines the way in which things are done and the Organizational strategy defines the way in which things are planned [2]. Workplace spirituality is a more subtle term and is defined by different scholars in different ways. Prior to the 1990's the word spirituality was used in close confinement with religion. In the present scenario, spirituality is gaining importance in health, management, counseling, arts, nursing, education, business and psychotherapy [3]. This paper discusses workplace spirituality with reference to health care systems and the growing demand of spiritual care from health care providers while treating patients. Spiritual care given by doctors is an important element of workplace spirituality in health care systems [4]. The individual spirituality of doctors is addressed by individual ideas of spirituality which are practiced by doctors in treating patients. This paper explores the idea of spirituality, elements of spirituality and challenges for implementation of spirituality in health care systems.

LITERATURE REVIEW

Workplace spirituality is defined as the wholeness with which individuals integrate their spirituality with work [2] and can be studied at individual and organizational levels [5]. At the individual level, spirituality is related to the ultimate purpose of life of an individual and the ways in which individual live to fulfill the ultimate purpose [6]. The concept of spirituality is also related to meaningful work which is done in context of the external and internal environment of an organization and is supposed to bring nourishing affect in the inner life of people in the organization [7]. The inner life is nourished by meaningful work [8] and workplace spirituality affects many other dimensions of an organization [9]. Spirituality at workplace leads to high individual performance [8] and is found to be positively related to team performance [10]. A positive affect of workplace spirituality is seen on organizational performance [11], organizational commitment [13], job satisfaction [12] and team satisfaction [10].

With unpredictable working environments and increasing use of technology, the need of spirituality within the workplace has become more predominant [13] and is important in health care [14]. The concept of spirituality is more valued in health care systems [15] because patients suffer not only physically but also mentally and spiritually which should be addressed with elements of their care. Spiritual care involves the faith or spirituality of the patients being included by the doctors in treatment and helps in bringing person-centered approaches [16] in treating patients. There are certain barriers associated with giving spiritual care to patients suffering with terminal illness [17] and lack of spiritual care training is found to be the predominant barrier for nurses and doctors in imparting spiritual care to patients. Spiritual care training program for health care providers is effective in treating patients [18]. Different models have been proposed for integrating spiritual care in health care systems. Each person involved in treating the patients should address the physical, emotional, social and spiritual needs of the patients and such an approach of treating the patient as a whole person is the basis of whole person model of spiritual care [17]. The integration of spiritual care in health care systems is also essential to support patients with feelings like loss of hope, emotional and spiritual distress with this process of approaching the patient forming the basis of existential functioning model [17]. Conversely, an open pluralism view on spiritual care addresses the cultural and religious needs of the patients. Literature has shown that a body's stress responses are reduced for people who are involved in activities like prayers and other religious service activities [19].

METHODS

RESEARCH DESIGN AND DATA COLLECTION

The current study is an enquiry into which the previous theoretical concepts regarding workplace spirituality in health care systems is inferred. This is an inductive form of research. In order to reach to a conclusion; workplace spirituality is studied right from the beginning when the term spirituality was associated only with religion to the stage when organizations started including spirituality as an important construct for their functioning and accepted that spirituality within the workplace is needed with the change in the environment of the organization. In the context of understanding the plausible challenges of practicing spirituality in health care systems the focused discussion regarding the study was done with ten doctors.

The discussions helped in identifying the elements of spirituality in health care systems and understanding the challenges faced by doctors and staff while including spiritual approach in treating patients. Table 1 gives the profile of the ten respondents. In this study, the informed

oral consent was obtained from the participants prior to the participation in focused discussion. In this study, qualitative data in the form of recorded statements is presented in the result section without disclosing the identity of the respondents.

TABLE 1: PROFILE OF RESPONDENTS

Respondents (R)	Age (Years)	Experience (Years)	Medical Specialisation
Respondent 1	31	9	Dermatologist& Hair transplant
Respondent 2	31	5	Pediatrician
Respondent 3	50	22	Gynecologist
Respondent 4	29	3.5	Pediatrician
Respondent 5	38	11	Diabetologist
Respondent 6	40	10	Gastroenterologist
Respondent 7	44	12	Gynecologist
Respondent 8	41	10	Neurologist
Respondent 9	40	11	Cardiologist
Respondent 10	43	12.5	Neurosurgeon

The name of respondents and their association with hospitals is kept anonymous which supported the respondents to respond without any pressure. The statements of the discussion were recorded in written form. On an average the discussion lasted for two hours with each of the doctors individually. The concept of spirituality in health care systems was discussed personally with each of the doctors. The discussion was initiated by meeting one of the doctors personally for exploring the concept of spirituality in health care systems. The doctor was allowed to take the lead during the discussion to get an in-depth exploration of the topic. This also enhanced the process of capturing the concept of spirituality in health care systems as the doctor suggested the doctors associated with different health care systems which can be approached to make an enquiry into the subject. The study has taken in consideration to choose doctors from multiple specializations and from multiple hospitals so as to get a

clear idea of concept of spirituality in different health care systems. After the discussion the open ended questions were discussed with the doctors individually in written form making use of online resources. The discussion was done with all the doctors individually by one of the authors. The doctors were encouraged to share the individual experiences if they felt it necessary. The discussion was initiated with the exploration of the individual idea of spirituality and included the following themes.

Broad theme for the focused discussion

- What is your view of spirituality in health care systems?
- How do you apply spirituality in treating patients?
- What challenges do you face while applying spirituality in healthcare systems?
- What are the elements of spirituality according to you?

DATA ANALYSIS

The discussions of individual respondents were assembled together by two researchers. The statements conveying the same meaning were assigned to respective categories and the process was confirmed with the theoretical perspectives from the literature review. Both the researchers worked independently in analyzing the data and independently developed their own statements. The grouping of statements was done under three categories- 1) The idea of spirituality in health care systems, 2) Spirituality in practice and 3) Implementation challenges. The independent analysis was shared with the third researcher. The three researchers then discussed the independent sets of statements comparing them with theory and keeping track of any new parameter stated by the respondents. The data gathered and theory was continuously compared during the process of data collection and during the analysis.

Results

All the respondents agreed that spirituality in health care system is an important element and provided valuable and interesting insights on spirituality in healthcare systems. The insights emerged from the practical situations and experiences of the respondents who are active practitioners in health care systems. The findings are divided into three sections namely, 1) Idea of spirituality in health care systems, 2) Spirituality in practice and 3) Implementation challenges.

IDEA OF SPIRITUALITY IN HEALTH CARE SYSTEMS

Trust and belief in Superpower

80 % of doctors in this study voluntarily expressed that trust and belief in a superpower is a source of strength for doctors in dealing with critical situations. This is clear from the following statement:

"We also need support of super power (God) in critical situations and during health care." (R1)

Peace Of Mind

80% of doctors interviewed relate spirituality with peace of mind and emphasized the importance of maintaining a peaceful state of mind during the treatment process as the role of the doctors is very important in giving spiritual care to patients and treating the patients as a whole being. One of the findings from the analysis of data is recorded in the following statement:

"Peace of mind is also very important in maintaining brain equilibrium." (R1)

The above statement from the respondent makes the fact clear that the doctors who utilizes their skills to restore patients health [20] should have the essential tools for maintaining their own peace of mind. Thus, doctors relate spirituality with the peaceful state of their mind.

Spirituality as an asset:

40 % of doctors in this study considered spirituality as an asset and supportive for speedy recovery from illness. This is clear from the following responses:

"Spirituality is the biggest asset for everything and so is in health care system. There is a strong need for joining spirituality to health care system and its research." (R2)

"Spirituality will definitely help faster recovery from illness." (R5)

Care versus Spiritual Care

Physically and mentally distressing situations require the management of spiritual and religious beliefs of both patients and doctors [21] The analysis of data reveals that 60 percent of doctors were aware about maintaining their own individual spirituality and believes that spirituality is inherent in the nature of care. This is clear from the following statement:

"In my view any care needs spirituality within" (R4)

The element of care practiced by doctors complements the treatment approach. This is recorded in the following statement:

"When you care people as they are child of God, you are able to do justice to their treatment" (R4)

SPIRITUALITY IN PRACTICE

Based on the analysis of the study's data the following elements of spirituality are identified.

Gratitude and Prayers

90% of doctors voluntarily expressed prayers and gratitude as an important element of spirituality. Analysis of data shows that the practice of spirituality in health care systems includes the touch of supreme power as an imperative element. This is validated by the following statement:

"I always feel that everything is running by some supreme power and there is touch of God in everything. So while treating patients I always remember God every second and treat by taking name of my God. Beyond my

treatment; blessing and love of God which treat my patients." (R2)

Prayer is a way of practicing spirituality by the doctors while handling critical cases and surgeries. The application of spirituality is recorded in the following response.

"Taking the name of God before doing any big surgeries" (R10)

A review of the literature has shown theoretical validation about the role of prayer in reducing the stress response of any person. Prayers have been identified as the coping strategies for nurses in dealing with stress [19]. Analysis of data has also recorded prayer as a strong way and an imperative element while practicing spirituality in health care systems.

"I practice spirituality only by Prayers while treating patients" (R3)

The above statement shows that prayer alone has a strengthening effect that helps doctors in maintaining their spiritual state while treating patients. From analyzing the data prayer was also found as a source of strength and confidence for doctors while treating patients. This is recorded in the following statement:

"The confidence that the person will become alright. It comes to me through Prayers. And miracle happens. We do our best and leaving the rest on God." (R3)

Expressing gratitude is another element that is identified in data analysis as an important element in practicing spirituality in health care systems. This is recorded in the following statement:

"Gratitude to God for everything and taking care of everything." (R6)

Counseling

Data analysis implies counseling of patients as an imperative element of spirituality in health care systems. All the respondents voluntarily discussed the importance of counseling as an imperative element of spirituality. Counseling is a broad term which includes communication, listening and moving towards the approach of treating more than the biology of the person. Counseling is helpful not only in dealing with issues regarding diagnosis, treatment and care but also helpful in issues regarding

health awareness, patients perceptions, disease prevention and health promotion.[22]. The importance of counseling is clear from the following statement:

"Spirituality is everywhere- talking to patients, doing their work, feeling their and their families feelings. Find spiritual connection in everything." (R2)

"Counseling of patients is an important element of spirituality" (R7)

The above statement shows that counseling is required for both the patients and family members of the patients. Analyzing the study's data shows that confidence of a patient and family members is built through counseling.

Inclusion of Yogic techniques

Analysis of the data inferred that 40 % of respondents have discussed the inclusion of yoga techniques which is an imperative element of spirituality in the treatment process. There is a positive association of yoga practices with spirituality and yoga practices enhance different aspects of spirituality such as peace, compassion, faith, hope, meaning and purpose in life [23]

This is shown in the statement given below:

"Yoga, meditation, sitting quietly, relaxing with eyes closed are important elements of spirituality." (R5)

"I ask the patients practice yoga and meditation" (R5)

These statements validate the integral approach of healing body, mind and intellect.

Investment of self in the work- Evolution, Satisfaction and Love

40 % of doctors identified self evolution, satisfaction and love as an outcome of the fulfillment of their duty. The result of data analysis is shown in the following statement:

"Curing the ill patients gives you a sense of satisfaction and you move one step toward God." (R4)

The above statement is indicative of the satisfaction that comes when the respondent is able to fulfill the duty and explores evolution of the self which can be considered as an element of individual spirituality.

IMPLEMENTATION CHALLENGES

The implementation of spiritual practices in health care systems are affected by challenges both at the individual and the system levels.

Individual level challenges:

The individual level challenges identified in this study are 1) lack of spiritual connection, 2) limitations of doctors in treating terminal illness, 3) challenges faced in building confidence of patients and 4) reluctance of patients in adopting supportive techniques for treatment. The statements by respondents are stated in the following section.

The limitation of the doctors in treating terminal illness is recorded in the statement given below.

"Sometimes there are diseases which we can't help with, or give relief to patients" (R1)

"Sometimes mistakes do happen from us" (R1)

The demanding roles of doctors leave little room for mistakes and doctors have to handle a range of emotions while treating patients specially in critical cases and terminal illness. The emotional labour of people involved in health care processes can be very high and, as a result, doctors are faced with stress. The previous studies have noted positive correlation of emotional labour with emotional exhaustion, anxiety and physical and mental disorders.[24] The theoretical basis from the literature reviewed is more concerned with the spiritual approach which is patient centric. The previous studies have noted that spiritual care interventions which are patient centric help patients to adhere to healthy lifestyles [25] and keeping patients at the center of care in patient centric care models helps in supportive spiritual care interventions [26]. The stress and emotional labor of doctors should also be considered because patients look upon doctors for motivation and regaining health.

Another individual level challenge is the lack of the spiritual connection. This is given in the statement below:

"Challenges are that many people don't find spiritual connect with health systems, they think only work helps."(R2)

Another statement that infers the variation in the spiritual inclination and insights in doctors is given below:

"The inclination and insight towards spirituality is an individual factor. Some doctors are naturally inclined towards spirituality and takes own initiative to counsel the patients and family of patients." (R6)

Doctors also face challenges in building the confidence of patients which is an important factor for recovery. This is recorded in the statement given below:

"Challenges are faced in building confidence in patients which is the most important thing for recovery and to fight against illness. If person loses confidence no treatment is helpful." (R3)

The irregularity of patients in including the alternative techniques suggested by doctors is also one of the individual level challenges in implementing spirituality in health care systems.

"People don't practice yogic practices regularly this may be due to laziness or time constraints." (R5)

System level challenges:

At a system level implementation of spiritual practices is affected by following factors.

Limitations based on roles and work schedules

The doctors irrespective of having inclination and insights into spirituality stated the lack of required time to implement such practices as a result of hectic work schedules and stated they still try to include spiritual approaches in treatment, as they have spiritual insights within them before starting career as doctors. Because of difference in roles and work schedule some doctors include spiritual approach in treatment as a choice.

Patient to Doctor Ratio

When patients to doctor ratios are high then the doctors are unable to pay much attention to spiritual needs of each patients and it becomes a challenge to implement spiritual practice in health care systems.

Organized Department and Teams

The study found that most of the hospitals do not have dedicated departments or teams to manage the spiritual needs of the patients. Some medical colleges have departments for yoga and meditation for medical staffs and patients which provide facility to doctors and patients for coping stress and can act as a counseling point for patients. The doctors stated that the presence of these

facilities can help in effective time management by collecting the data of individual patients referring to which doctor can get in-hand ideas about the mental, emotional and spiritual state of patients and the data can be utilized to give the required spiritual intervention to patients.

The doctors stated that the presence of these facilities can help in time management by collecting the data of individual patients referring to which doctor can get in-hand ideas about the mental, emotional and spiritual state of patients and the data can be utilized to give the required spiritual intervention to patients. Some medical colleges have the departments for yoga and meditation for medical staffs and patients although there are very few of these services.

Routine of Doctors

The doctors interviewed work overtime and the working conditions and the demands for the availability of the doctors is uncertain which leads to lack of proper sleep and irregularity in the timings of the food. Doctors stated that they still try to make the routines regular. The previous studies have noted that short time frame of doctors to provide care is a barrier in imparting holistic care to patients. [27]

DISCUSSION

Individual spiritual insights of people have an impact on their organizational lives [28]. The study has found that the doctors have their own individual insights about spirituality which they inculcate during the process of treatment and interaction with the patients. Complementary alternative medicine like yoga and meditation is identified as an element of spirituality that can be included in the health care systems but the presence of separate departments is in few premium medical schools. Spiritual practices in health care systems are required not only for patients but also for doctors. The spiritual elements like prayers, counseling and gratitude are practiced by doctors during treatment of patients. The emotional labor and stress of doctors also need to be addressed which specify the need of separate departments for spiritual interventions in health care systems that collect the data from patients or the family members of patients that can be made available to doctor the communication and counseling provided by doctors and other medical staff to patients can be enhanced through this information. The other important issue to be discussed is that these departments can also impart training to doctors and other medical staffs to cater

to the spiritual need of patients as there can be differences in the religious and spiritual beliefs of patients and doctors. In addition to these, such departments should also provide modules of specific trainings for doctors and medical staff to maintain their own peaceful state of mind. This can be done by providing a variety of modules which the doctors can choose based on their requirements or religious and spiritual beliefs. For example, there are multiple options of mindfulness techniques which are practiced by different religions and are originated in different countries as well. Multiple options in modules related to spiritual interventions have to be included based on the interest and choice of doctors. This can lead to a better understanding of not only oneself but also the understanding of the beliefs of the others.

STRENGTHS

The study has identified the elements of spirituality in health care system, has noted the implementation challenges and has discussed the possible solutions.

LIMITATIONS

The study can be further expanded and carried out on a larger population of health care professionals.

CONCLUSION

The present study identified the important elements for implementing spirituality in health care systems. The neglected aspects of spirituality in previous research are also addressed. The study has also explored the individual and system level challenges in implementing spirituality in health care systems. Spiritual elements such as prayers give confidence to doctors and counseling as a spiritual element gives confidence to patients. Previous research had noted the patient centric approach of practice of spirituality, but this approach neglects the stress experienced by doctors. The present study also addresses this neglected factor of maintaining the peace of mind of doctors who are acting as a healing agent for patients. This can be achieved by separate departments of alternative therapies like yoga and meditation in hospitals which can act as departments of holistic health for both doctors and patients.

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the authors.

CONSENT FOR PUBLICATION

The authors hereby consent for publication of this work in this journal.

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