

REVIEW

By prof. Stoyan Iliev Chilikov, Department of Theology, Faculty of Philosophy and History of PU
“Paisii Hilendarski”

of the dissertational work for the fulfillment of the requirements for the degree of “**doctor**”

Field of higher education 2. Humanitarian sciences

Academic major 2.4. Religion and Theology

Doctoral program Medicine, psychology, and faith

Author: Veselina Petrova Boteva

Title: *Management of Healthcare Organizations – Goals, Functions, Methods and Spiritual Support. A Holistic Approach to Patients*

Academic Supervisors: Assoc. Prof. Dr. Adriana Lyubenova and Assoc. Prof. Dr. Rusalena Pendzhekova

1. General Description of the Submitted Materials

By Order No. RD-22-1539/28 July 2026 of the Rector of Plovdiv University “Paisii Hilendarski” (PU), I was appointed a member of the academic jury for the procedure concerning the defense of the dissertation entitled “*Management of Healthcare Organizations – Goals, Functions, Methods and Spiritual Support. A Holistic Approach to Patients*”, submitted for the award of the educational and scientific degree “Doctor” in Field of Higher Education 2. Humanities, Professional Field 2.4. Religion and Theology, Doctoral Programme “Medicine, Psychology and Faith”. The author of the dissertation is Veselina Petrova Boteva, a doctoral student under an individual study arrangement at the Department of Theology of the Faculty of Philosophy and History at PU, under the academic supervision of Assoc. Prof. Dr. Adriana Lyubenova and Assoc. Prof. Dr. Rusalena Pendzhekova of PU.

The set of materials submitted by Veselina Petrova Boteva in hard copy complies with Article 36(1) of the Regulations for the Development of the Academic Staff of Plovdiv University and includes the following documents:

- an application to the Rector of PU for the opening of the procedure for the defense of a dissertation;
- a curriculum vitae in European format;
- minutes of the Department Council concerning the report on readiness to initiate the procedure and the preliminary discussion of the dissertation;
- the dissertation;
- the author’s abstract;
- a list of scholarly publications related to the dissertation topic;
- copies of the scholarly publications;
- a list of identified citations;

- a declaration of originality and authenticity of the submitted documents.

The doctoral candidate has submitted five publications, one of which is forthcoming. Four publications are accepted for the purposes of the review.

2. Brief Biographical Information about the Doctoral Candidate

Veselina Petrova Boteva has pursued a professional career directly related to the subject matter of the dissertation. She completed a Bachelor's degree in "Social Work and Management" at Plovdiv University "Paisii Hilendarski", a Master's degree in Economics at the D. A. Tsenov Academy of Economics in Svishtov, and a Master's degree in Health Management at the Medical University of Plovdiv. From 2024 to 2026, she was a doctoral student at Plovdiv University.

Her professional career began in the social assistance system, and since 2012 she has served as Director of the Social Policy Directorate of the Municipality of Plovdiv. She has participated in the management of a number of projects involving social services, deinstitutionalization, patronage care, and municipal capacity building, as well as in national working groups concerned with standards, legislation, and strategies in the social sphere. This practical experience explains the choice of topic and represents an important resource in the formulation of the proposed applied model.

3. Relevance of the Topic and Appropriateness of the Aims and Objectives

The topic is relevant both from a scholarly and a social and practical perspective. Population ageing, the increasing prevalence of chronic diseases, the development of palliative and long-term care, and the continuing institutional dependence of vulnerable groups raise the question of whether medical and social assistance perceive a person solely as the bearer of a clinical or administrative need, or also as a human being who experiences illness through fear, hope, faith, loneliness, and the search for meaning.

From a theological perspective, the topic is significant because it concerns the social and pastoral mission of the Church in an environment in which access to a member of the clergy cannot depend solely on an occasional initiative. At the same time, the dissertation appropriately connects spiritual support with voluntariness, freedom of conscience, the autonomy of healthcare and social institutions, and the need for professional coordination.

The aim—to analyze the need for an integrated model combining medical sciences, social work, and spiritual support and to substantiate the institutional inclusion of spiritual care—is clearly formulated. The seven objectives cover the theoretical, comparative, empirical, and applied dimensions of the problem. They are proportionate to the scope of the dissertation and are pursued consistently throughout the study.

4. Knowledge of the Problem

Ms. Veselina Petrova Boteva demonstrates knowledge of the principal international models of spiritual care, including the FICA, HOPE, SDAT, and FACIT-Sp instruments, as well as practices of hospital chaplaincy and the development from a biomedical model towards biopsychosocial and biopsychosocial-spiritual models. Practices in the United States, the United Kingdom, Germany, and Romania are examined, while the Bulgarian situation is situated within a normative, organizational, and pastoral context.

The bibliographic corpus is extensive and interdisciplinary. The author does not limit herself to a review of the literature, but uses scholarly sources to establish criteria for evaluating Bulgarian practice. The theological literature is represented more modestly than the management, medical, and social-science literature, which is understandable in view of the applied focus of the dissertation. Accordingly, I would characterize the stated theological contribution primarily as a contribution to applied social and pastoral theology and to its dialogue with medicine and social work.

5. Research Methodology

The study employs a mixed-methods approach. The theoretical part includes analysis and synthesis of scholarly literature, as well as historical, comparative, systemic, and structural-functional analysis. The empirical component comprises 11 in-depth interviews, a survey of 336 professionals and employees, and a second survey involving 129 users of healthcare and health and social care services in five organizations. These are supplemented by documentary and archival analysis of records relating to some of the institutions under study.

The questionnaires were developed with reference to international instruments and discussed with the academic supervisors and experts in sociology. Quantitative data were processed using descriptive statistics, while the interviews were analyzed through content and thematic analysis. The combination of the perspectives of professionals and service users is convincing and makes it possible to identify the discrepancy between expressed spiritual needs and the institutional forms available to address them.

The author correctly identifies the limitations of the study: its lack of representativeness for the country as a whole, regional concentration, dependence on self-reported data and socially desirable responses, and the time-specific nature of the data. The methodology is appropriate for identifying attitudes, deficiencies, and practical needs. In further development of the research, it would be useful to distinguish even more clearly between established associations and possible causal relationships between spiritual support and specific medical or psycho-emotional outcomes.

6. Characterization and Evaluation of the Dissertation

The dissertation comprises 207 pages and contains an introduction, three chapters, a conclusion, a bibliography, and appendices. It includes 3 tables, 17 figures, and 8 appendices; the scholarly apparatus comprises 266 footnotes. The bibliography contains 124 sources—36 in Cyrillic and 88 in Latin script—alongside regulatory documents, electronic resources, and scholarly publications.

The introduction clearly defines the object, subject matter, aim, objectives, thesis, methods, and limitations of the study. The central thesis is that spiritual support is an organic element of holistic care. This thesis is defensible if the term “organic element” is understood as an institutionally accessible option corresponding to the patient’s freely expressed needs, rather than as a mandatory religious intervention.

The first chapter examines the management of healthcare and health and social care organizations, their goals, functions, structures, and professional competencies. Its strength lies in the fact that it does not leave spiritual care at the level of general aspirations, but connects it with training, protocols, teamwork, ethics, law, and financing. In some places the exposition is more descriptive than necessary and could be condensed, but it provides the necessary managerial framework.

The second chapter presents the holistic model and international practices. Particularly useful is the comparative material, which demonstrates that hospital chaplaincy and spiritual counseling can be organized without conflating the respective competencies of physicians, psychologists, social workers, and clergy. The analysis of Romania is relevant to both the Orthodox and the regional context. Here, however, it would be important to distinguish more clearly among three levels: general existential support, religious care in accordance with the patient's beliefs, and specifically Orthodox pastoral and sacramental care.

The third chapter is the most independent part of the dissertation. The interviews and surveys demonstrate a significant need for conversation, inner peace, discussion of the meaning of life, and access to a member of the clergy. According to the data presented, 70.54% of service users express a need for conversation, 45.74% wish to talk about the meaning of life, and 41.86% indicate, to varying degrees, that they have no one with whom to discuss their fears. At the same time, Orthodox chapels or prayer spaces are absent in 86.1% of the health and social care services and 70.6% of the healthcare institutions surveyed. These findings support the conclusion that there is an institutional gap, although they do not, in themselves, establish the therapeutic effect of any particular form of spiritual care.

The proposed organizational and managerial model provides a logical conclusion to the study. Its elements include regulatory partnership, internal rules, access to spiritual support, training, a referral mechanism, voluntary forms of participation, and the function of a "spiritual support coordinator". The latter proposal is practical because it does not necessarily require the creation of a new staff position, but it raises questions concerning qualifications, professional boundaries, confidentiality, and quality control, which merit further development.

Overall, the structure is coherent and the thesis receives sufficient substantiation at the level of interdisciplinary and applied research. The language is clear, although some repetitions and several overly categorical formulations occur. The scholarly apparatus is substantial, but greater bibliographic and linguistic consistency would improve the final version of the text.

7. Contributions and Significance of the Study for Science and Practice

The subject of the research is suitable for doctoral study and is highly relevant. The author has reviewed a very substantial body of literature and has succeeded in analyzing it and formulating appropriate conclusions from her research.

I accept the general direction of the stated contributions, while formulating them in the following, more precise manner:

- An interdisciplinary framework has been systematized, linking the management of healthcare and social care organizations, holistic care, and spiritual support within the Bulgarian institutional context.
- Original empirical data from professionals and service users have been collected and analyzed, revealing both existing spiritual needs and a deficit of sustainable organizational practices for recognizing and addressing them.
- A comparative review of international models of spiritual care and chaplaincy has been conducted with a view to their possible adaptation to Bulgarian conditions.
- A concrete organizational and managerial model has been proposed, including a coordination function for spiritual support, referral mechanisms, training, and interinstitutional cooperation.

- An applied theological perspective on the social and pastoral mission of the Orthodox Church among the sick, elderly, and persons with disabilities has been developed, with explicit respect for voluntariness and patient autonomy.

The greatest value of the study is its scientific and applied character. The dissertation may serve as a basis for pilot programmes, internal standards, staff training, and the development of clearer forms of cooperation among healthcare institutions, social services, and religious communities.

8. Evaluation of the Publications Related to the Dissertation

The author's abstract lists five independent publications related to the dissertation topic: four published texts from 2024–2025 and one paper forthcoming. In this review, I examine three of the published works. They make it possible to assess not only their formal thematic relevance, but also the manner in which particular aspects of the dissertation topic were developed in advance and presented to a scholarly audience.

The article *“Hospital Chapels as a Focal Point for Works of Mercy in Healthcare Institutions”* has clear documentary and applied value. The author identifies and describes ten Eastern Orthodox chapels in healthcare institutions in the territory of Plovdiv, indicating their location, ownership, mode of operation, name, year of construction, and architectural condition. In this way, the article brings together concrete material that would otherwise remain dispersed among administrative records and local sources. The publication connects the existence of a prayer space with the possibility of more sustainable pastoral presence, voluntary service, and works of mercy. Historical and cultural parallels with the monastic tradition of healthcare and the image of the physician in Christian culture broaden the perspective. In a possible future revision, this rich material could be brought into even closer connection with the central theme of contemporary spiritual care in healthcare institutions.

The study *“Analysis of Data from Empirical Research on the Influence of the Clergy on the Emotional State of Patients Receiving Palliative Care”* constitutes an analytical review of published international empirical studies and clinical guidelines. One of its strengths is the use of authoritative literature in the fields of palliative medicine, psychosocial support, and spiritual care, including research on meaning, spiritual distress, the role of chaplains, and multidisciplinary teams. The text clearly demonstrates why the spiritual dimension should not remain outside palliative care and provides the theoretical foundation for the relevant sections of the dissertation. For greater methodological precision, it would be useful in a future publication to explicitly indicate the nature of the selection of the studies reviewed and to formulate the conclusions as being supported by the available data, without attributing to them a stronger degree of causal certainty than the review format permits.

The most conceptually developed of the three is the article *“Integration of Spirituality into Healthcare Practice – Philosophical and Ethical Dimensions”*. It places the problem within a broader anthropological and ethical framework: the meaning of suffering, the relationship between the biological and the transcendent, the role of the physician, patient freedom and dignity, professional burnout, and the spiritual resilience of healthcare professionals. Particularly valuable is the treatment of spiritual care as an element not only of professional culture but also of institutional support for healthcare workers themselves. The text employs the principles of autonomy, beneficence, justice, and veracity and demonstrates an ability to establish a dialogue among theological sensitivity, philosophical anthropology, and medical ethics. The theological dimension is predominantly general-Christian and anthropological, which corresponds to the interdisciplinary aim of the study.

The three publications reviewed do not mechanically duplicate the dissertation, but perform different functions in its preparation: the first provides specific documentary material from Bulgarian practice, the second systematizes international empirical data on palliative care, and the third develops the philosophical and ethical framework. Taken together, they demonstrate a consistent development of the topic and genuine preliminary testing of its principal ideas. The two additional publications listed in the author's abstract further complement this thematic field by addressing the holistic approach and the spiritual needs of service users. All publications are single-authored, which makes the doctoral candidate's personal contribution clearly identifiable. With regard to the text designated as forthcoming, the final procedural assessment should take into account the certificate of acceptance, if such documentation is required.

9. Personal Contribution of the Doctoral Candidate

The submitted materials support the conclusion that the research concept, the collection and processing of empirical data, the comparative analysis, and the proposed applied model are the result of Veselina Boteva's individual work under the academic supervision of the supervisors indicated above. The single-authored nature of the publications and the direct connection between the research and the doctoral candidate's long-standing professional experience further support this assessment.

10. Author's Abstract

The author's abstract accurately reflects the structure, methodology, principal results, and contributions of the dissertation. It presents the composition of the samples, key quantitative data, the model for institutionalizing spiritual support, and the publications. Its length is proportionate, and the exposition enables the reader to gain a clear understanding of the study.

In some places, the formulations of the contributions in the author's abstract are more categorical than the descriptive character of the data permits; however, this does not compromise its correspondence with the dissertation.

The doctoral candidate has fulfilled the minimum scientometric requirements under Article 2b, paragraphs 2 and 3 of the Law on the Development of the Academic Staff in the Republic of Bulgaria and meets the minimum requirements for the acquisition of the educational and scientific degree "Doctor" in Professional Field 2.4. Religion and Theology. I consider the data provided by Veselina Petrova Boteva in the relevant statement to be accurate.

11. Critical Remarks and Recommendations

The following remarks do not call into question the overall positive assessment. Rather, they constitute recommendations for future development and for the possible publication of the study as a monograph.

- It would be useful to distinguish even more consistently among the concepts of "spirituality", "spiritual support", "religious care", "chaplaincy", and "Orthodox pastoral care". The universal human need for conversation and meaning may have a religious dimension without necessarily being reducible to it. Such a distinction would also strengthen the ethical foundation of the proposed model.
- The descriptive statistics and the nature of the samples convincingly outline attitudes and needs within the groups studied. When formulating some of the conclusions, expressions such as "the managerial significance is substantiated" or "the data support the need" could

be preferred where the direct causal influence on treatment, adaptation, or emotional state has not been investigated.

- In the qualitative study, information saturation is claimed for the 11 interviews. A more detailed presentation of the coding process, the derivation of themes, and the criterion used to establish saturation would make the analytical path from individual testimonies to general conclusions even more transparent.
- The archival component is interesting and broadens the empirical basis of the study. In interpreting it, it should be borne in mind that the absence of spiritual care from administrative documents provides reliable evidence of a lack of formalization, whereas informal pastoral practices may have existed without leaving a documentary trace.
- The theological dimension could be further developed through a clearer examination of the boundaries between pastoral care and psychological assistance, the sacramental life of the Church, freedom of conscience, and care for patients belonging to other religious denominations or having no religious affiliation. This would complement the interdisciplinary model and highlight the distinctive place of pastoral care within it.
- In preparing the study for publication, it would be useful to standardize the bibliographic descriptions, reduce certain repetitions, and undertake further linguistic editing. These remarks do not affect the scholarly value of the research.

12. Personal Impressions

I do not know the doctoral candidate personally, and my assessment is based on the submitted materials. These materials create the impression of an author with extensive practical experience who has an in-depth understanding of social services and managerial constraints and who seeks to translate moral concern for the suffering person into the language of applicable organizational solutions. It is precisely this connection between professional experience and the research task that lends the study its persuasiveness.

13. Recommendations for the Future Use of the Contributions and Results of the Dissertation

I recommend that the proposed model initially be piloted in a limited number of institutions differing in type—a university hospital, a hospice, a residential care service, and a home for elderly people. The pilot implementation should include clear criteria for expressing a need for spiritual support, protection of personal data and confidentiality, training and supervision of the coordinator, a referral protocol, and evaluation indicators from the perspectives of patients, staff, and clergy.

A subsequent comparative study across regions and religious denominations would also be useful, as would a follow-up study conducted before and after the introduction of a specific practice. This would make it possible to move from identifying needs to evaluating effectiveness without conflating spiritual, psychological, and clinical outcomes.

From a theological perspective, the development of a training programme for clergy serving in hospital and social-care settings, in dialogue with medical ethics, psychology, and law, would be a promising direction.

Conclusion

The dissertation of Veselina Petrova Boteva contains scholarly and scientifically applied results making an original contribution to the interdisciplinary study of spiritual support in healthcare and

health and social care organizations. The study demonstrates an in-depth knowledge of the problem, the ability to conduct independent empirical research, and the capacity to translate the results into a concrete organizational and managerial model.

The recommendations presented concern primarily the further refinement of terminology, the formulation of statistical conclusions, and a more detailed theological differentiation. They may prove useful in the future publication and practical piloting of the model and do not alter my high assessment of the work accomplished.

I consider that the dissertation meets the requirements of the Law on the Development of the Academic Staff in the Republic of Bulgaria, the Regulations for its implementation, and the applicable regulations of Plovdiv University “Paisii Hilendarski”. Veselina Petrova Boteva demonstrates theoretical knowledge and the ability to conduct independent scholarly research within the Doctoral Programme “Medicine, Psychology and Faith”.

In view of the above, I give a **positive assessment** of the dissertation and recommend that the distinguished academic jury award Veselina Petrova Boteva the educational and scientific degree **“Doctor”** in Field of Higher Education 2. Humanities, Professional Field 2.4. Religion and Theology, Doctoral Programme “Medicine, Psychology and Faith”.

2 September 2026

Reviewer:

(signature)

(prof. Stoyan Chilikov)