

OPINION

by Assoc. Prof. Tanya Alyosheva Vazova, PhD

Paisii Hilendarski University of Plovdiv, Professional Field 3.4. Social Activities

on a dissertation submitted for the award of the educational and scientific degree “Doctor” (PhD)

Field of Higher Education: 2. Humanities

Professional Field: 2.4. Religion and Theology

Doctoral Programme: Medicine, Psychology and Faith

Author: Veselina Petrova Boteva

Title: “Management of Healthcare Organisations – Goals, Functions, Methods and Spiritual Support. A Holistic Approach to Patients”

Scientific Supervisors: Assoc. Prof. Adriana Hristoslavova Lyubenova, PhD, and Assoc. Prof. Rusalena Veselinova Pendzhekova-Hristeva, PhD

1. General presentation of the procedure and the doctoral candidate

By Order No. RD-22-1539 of 29 July 2026 of the Rector of Paisii Hilendarski University of Plovdiv, I was appointed as an internal member of the scientific jury in the procedure for the defence of the dissertation of Veselina Petrova Boteva, an independent-study doctoral candidate at the Department of Theology, Faculty of Philosophy and History. For the preparation of this opinion, the following materials were submitted: the dissertation, appendices, abstract, order appointing the scientific jury, and the templates/rules for preparing an opinion. The public defence is scheduled for 21 October 2026.

2. Relevance of the topic

The dissertation addresses a current interdisciplinary issue: the place of spiritual support in healthcare and medico-social services and the possibilities for its organisational integration into the holistic model of care. The topic is significant for theology, social work, healthcare, and organisational management alike. The doctoral candidate substantiates its relevance by identifying a discrepancy between the stated spiritual and existential needs of service users and the limited institutional preparedness to recognise and meet those needs.

3. Knowledge of the problem

The dissertation demonstrates in-depth knowledge of the scholarly tradition and international practices in holistic, palliative, and spiritual care. Bulgarian and foreign-language sources, regulatory and strategic documents, professional standards, and instruments for spiritual assessment have been used. Models from different healthcare systems are compared, with particular attention paid to their applicability in the Bulgarian institutional and cultural context.

4. Research methodology

The methodological design is mixed and includes theoretical, comparative, documentary, and archival analysis, in-depth interviews, two survey studies (with 336 and 129 respondents), content analysis, and descriptive statistics. A particular strength is the triangulation of lived experience, professional opinion, and institutional documentation. The doctoral candidate appropriately identifies the limitations: lack of sample representativeness, geographical concentration, subjectivity of self-assessments, and time-bound findings. As a recommendation for future research, I would highlight the need for a broader multicentre sample, the use of validated scales, and a more in-depth statistical analysis of the relationships between indicators.

5. Characteristics and assessment of the dissertation and its contributions

The dissertation is structured into an introduction, three chapters, a conclusion, bibliography, and appendices. The theoretical and comparative analyses are followed by the author’s own empirical research and by an organisational and management model for institutionalising spiritual support. The principal contributions may be summarised as follows: interdisciplinary integration of theological, social, medical, and managerial perspectives; empirical identification of the gap between spiritual needs and institutional response; inclusion of archival analysis to provide a historical and organisational perspective; and formulation of a practical model involving regulatory partnership, internal rules, spiritual assessment and referral, staff training, and a coordination function

entitled “Spiritual Support Coordinator”. The contribution is predominantly applied-scientific and has potential for use in the development of policies, internal standards, and training programmes.

6. Assessment of the publications and the doctoral candidate’s personal contribution

Four publications on the dissertation topic from 2024–2025 have been presented, including works on hospital chapels, the holistic approach, the influence of clergy in palliative care, the integration of spirituality into healthcare practice, and the spiritual self-development of users of health and social services. Participation with distinction in an international competition in 2025 is also indicated. The thematic connection of the publications with the dissertation research demonstrates consistent dissemination and validation of the main propositions and results. The submitted work bears the characteristics of an independent scholarly contribution, from the research design and fieldwork to the analysis and the proposed organisational and management model.

7. Dissertation abstract

The dissertation abstract is consistent with the structure and main content of the dissertation. It presents the relevance, object and subject, aim and tasks, thesis, methodology, limitations, results from the three chapters, applied-scientific contributions, conclusion, and publications. It also accurately reflects the main parameters of the empirical research: 11 in-depth interviews and two survey studies involving 336 professionals and 129 users of healthcare and medico-social services. In my view, the abstract presents the principal results and contributions of the dissertation with sufficient clarity.

8. Recommendations for future use of the dissertation contributions and results

The proposed model has potential for pilot implementation in healthcare institutions, hospices, and residential social services. It would be appropriate to develop operationalised protocols for spiritual assessment and referral, training modules for medical and social professionals, and mechanisms for monitoring the effects on quality of life, satisfaction, and organisational quality. In practical implementation, it is important to guarantee voluntariness, equal respect for different beliefs, protection of personal data, and a clear boundary between professional spiritual support and any impermissible pressure on service users.

CONCLUSION

On the basis of the submitted dissertation, I assess the research as independent, topically relevant, and containing well-substantiated applied-scientific results. It demonstrates in-depth knowledge in the interdisciplinary field of theology, spiritual care, social and healthcare services, and shows the ability to conduct and interpret scholarly research independently. The methodological limitations identified are acknowledged by the author and do not invalidate the main conclusions; rather, they outline directions for subsequent verification and further development of the model. In view of the above, I give a positive assessment of the dissertation and propose that the esteemed scientific jury award Veselina Petrova Boteva the educational and scientific degree “Doctor” (PhD) in Field of Higher Education 2. Humanities, Professional Field 2.4. Religion and Theology, Doctoral Programme “Medicine, Psychology and Faith”.

30 September 2026

Opinion prepared by:
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