



PIM THE 14th National and THE 10th International 2024 Conference

“Harmony of Sustenance: Integrating Food, Health, and Wellness Across Lifetimes”

JUNE 13-14, 2024

PANYAPIWAT INSTITUTE OF MANAGEMENT

PROCEEDINGS

SCAN ME



Conference Website
<https://conference.pim.ac.th>



PROCEEDINGS

The 14th National and the 10th International PIM Conference 2024 “Harmony of Sustenance: Integrating Food, Health, and Wellness Across Lifetimes”

June 13-14, 2024

Panyapiwat Convention Hall
 Panyapiwat Institute of Management
 Chaengwatthana Rd., Nonthaburi, Thailand

Organized by

- Panyapiwat Institute of Management, Thailand
- Fudan University, School of Nursing, PR China
- International Islamic University Malaysia, Kulliyah of Nursing, Malaysia
- Jiujiang University, School of Nursing, PR China
- Kake Educational Institute, Japan
- Myanmar Noble University, Myanmar
- Nanjing Tech University Pujiang Institute, PR China
- National Taiwan Normal University, Taiwan
- National University of Singapore, Nursing, Singapore
- NHL Stenden University of applied sciences, Netherlands
- Shibaura Institute of Technology (SIT), Japan
- Tsinghua University, School of Social Sciences, PR China
- Tung Wah College, Hongkong
- Universitas Indonesia, Faculty of Nursing, Indonesia
- Xi’an Jiaotong University, School of Nursing, PR China
- Association of Council of Information Technology Deans, Thailand
- Association of Private Higher Education Institutions of Thailand, Thailand
- College of Asian Scholars, Thailand
- Kasetsart University, Faculty of Engineering at Sriracha, Thailand
- Naresuan University, Faculty of Nursing, Thailand
- Payap University, Thailand
- Prachachuen Research Network, Thailand
- Prince of Songkla University, Faculty of Nursing, Thailand
- Program Management Unit for Competitiveness (PMUC), Thailand

Published by Panyapiwat Institute of Management
 ISBN (e-book) 978-616-7851-22-8



Table of Contents

| | Page |
|--|------|
| The 14 th National and 10 th International PIM Conferences | 1 |
| Conference Program | 8 |
| List of Articles | |
| National Articles | 12 |
| International Articles | 22 |
| Full Papers | |
| National Conference | |
| N1 - การจัดการ (Management) | 56 |
| N2 - การจัดการโลจิสติกส์และโซ่อุปทาน (Logistics) | 222 |
| N3 - การพยาบาล (Nursing) | 251 |
| N4 - การศึกษา (Education) | 271 |
| N5 - บริหารธุรกิจ (Business) | 320 |
| N6 - วิทยาศาสตร์การอาหาร (Food Science) | 346 |
| N7 - วิศวกรรมศาสตร์และเทคโนโลยี (Engineering and Technology) | 379 |
| International Conference | |
| I1 - Agriculture | 467 |
| I2 - Business | 510 |
| I3 - Economics | 847 |
| I4 - Education | 895 |
| I5 - Engineering and Technology | 1230 |
| I6 - Food Science | 1363 |
| I7 - Health Science | 1374 |
| I8 - Liberal Arts | 1434 |
| I9 - Management | 1540 |
| I10 - Nursing | 2167 |
| I11 - Philosophy | 2173 |
| Appendixes | |
| • Announcement of the Administrative Committee of The 14 th National and 10 th International PIM Conferences | A1 |
| • Co-host | A19 |
| • List of Peer Reviewers (National Conference) | A23 |
| • List of Peer Reviewers (International Conference) | A24 |



EXPLORING THE EXPERIENCES OF HEALTHCARE WORKERS IN DELIVERING SPIRITUAL CARE TO PATIENTS IN SHARIAH COMPLIANCE HOSPITAL

Wan Hasliza Wan Mamat^{1*}, Nur Alia Hairulisa@Mohd Hairi², Nurasikin Mohamad Shariff³, Aminudin Che Ahmad⁴, Siti Nur Illiani Jaafar⁵, Machouche Salah⁶

^{1,2,3,5}Kulliyyah of Nursing, International Islamic University Malaysia, Malaysia.

²Kuantan Medical Centre, Pahang, Malaysia.

⁴Kulliyyah of Medicine, International Islamic University Malaysia, Malaysia

⁶University of Qatar, Qatar

*Corresponding Author: Wan Hasliza Wan Mamat, E-mail: whasliza@iium.edu.my

Abstract

Spiritual care is an integral component of healthcare workers' roles, encompassing the recognition and addressing of patients' spiritual needs, as well as providing support for their emotional and psychological well-being. Moreover, facilitating connections to resources or support systems that align with patients' beliefs and values is paramount. Despite its importance, there is currently a scarcity of literature on healthcare workers' experiences in delivering spiritual care. This study aimed to explore the experiences of healthcare workers in delivering spiritual care to patients in a hospital.

A qualitative study was conducted among healthcare workers at a Shari'ah Compliance Hospital in Malaysia. A semi-structured interview was used to collect data from May 2023 until November 2023. All interviews were recorded, transcribed, and analysed using thematic analysis.

Ten participants with diverse backgrounds agreed to take part in the study. Two main themes emerged from the analysis: 1) patient's response, and 2) spiritual concerns. The findings shed light on the varied experiences of healthcare workers when delivering spiritual care to patients within a hospital setting.

This study revealed that healthcare workers were going through different experiences in delivering spiritual care. These findings have important implications for healthcare practice, highlighting the need for ongoing education and training in spiritual care competencies for healthcare workers. Addressing the spiritual needs of patients is crucial for providing holistic and patient-centered care.

Keywords: Spiritual care, healthcare workers, experience, patients, hospital

Introduction

In the dynamic landscape of healthcare provision, the holistic well-being of patients is increasingly recognized as central to effective treatment and recovery. Beyond the realms of physical ailment, attention is turning towards addressing the spiritual dimensions of patient care, acknowledging its profound impact on healing processes. As healthcare systems strive to embrace a



patient-centred approach, the role of spiritual care emerges as a critical facet in fostering comprehensive healing experiences. It is not clearly stated in terms of how spiritual care links to recovery and healing process as well as holistic well-being. More explanation are needed and support evidences should be added.

Human is an all-connected and multi-being complex. Their spiritual, mental, and physical dimensions are all intertwined in order to function properly. Many hospitals are working hard today to understand and consider those links as well as their implications for the health services they deliver to patients. The more they consider those dimensions outside the human body, the more effective their treatments become.

During a catastrophic and serious health crisis, understanding and fostering spirituality of the patients become more crucial. Currently, a few Malaysia's hospitals open their doors to the world of human spirituality. However, such openness is still in its early stages. Even though Malaysia's health-care system is generally well-organized and efficient from the aspect of pharmaceutical medical preparation, but from the spiritual aspect of the patient, it is still not fully addressed (Bakar et al., 2020).

If spiritual care is necessary for catastrophic and serious health crisis NOT for simple curative diseases, the researchers should specifically state and shift the focus of this research to the specific groups rather than generally. Moreover, it would be the cost effective management for this group of patients rather than every inpatients.

Objectives

To explore the experiences among healthcare workers while providing spiritual care to the patients in the Shari'ah compliant hospital.

Literature Review

The concept of spirituality is diverse and can be understood in various ways depending on cultural, religious, and philosophical perspectives (de Brito Sena, 2021). While some people consider spirituality to be a fundamental aspect of human existence and advocate for its recognition as a basic need and human right, others may not share this view. Nolan, (2011) reported that it is hard to define spirituality and there was some debate about the complexity of the definition but after discussion and voting, agreement was reached on the following international definition of spirituality which: "Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices" (p. 86-89).

While spiritual care focused on the "whole person", that is by seeing clients for their needs for all, including the physical, psychological, social, and spiritual components (Kurniawati et al., 2018). Spiritual care implies that one tries to address patients' spiritual struggles, fears, and worries, to listen



to their spiritual needs, and to support their underlying spirituality, whatever this may mean to them (Bussing, 2021).

In order to deliver spiritual care, healthcare workers should identify patients' spiritual needs (Timmins & Caldeira, 2017). Caldeira et al. (2013) highlighted that spiritual care is a major part of the nurse's role. Clarification of this claim is needed. Many studies have recognized that spiritual distress can occur at any time during a patient's journey, and good nurses should be fully prepared to provide spiritual care whenever it is needed (Giske & Cone, 2015). Explanation is needed. Kurniawati et al. (2018) also reported that patients attended to by healthcare professionals for spiritual care were motivated to maintain a positive outlook and find meaning in their illness to enhance their quality of life. Egan et al. (2017) stated that nurses in various ward settings, including psychiatric, ICU, operating theatres, and medical/surgical wards, employ different methods and have varying experiences in delivering spiritual care to patients. Some methods of spiritual care delivered by nurses include opening windows to let in fresh air, aiming to improve not only patients' physical health but also their spiritual well-being (O'Brien et al., 2019).

Spiritual care is an important part of patient-centred care, and the focus on spiritual care in healthcare research has been growing through the past decades (Gijsberts et al., 2019; Harrad et al., 2019). Nurses offered their best in delivering spiritual care to the patients including promoting the purpose of life and increasing patients' belief in God (Azhari et al. 2017). Giske and Cone (2015) found that nurses applied various methods to approach patients and one of that is by identifying concerns and spiritual needs of the patients but at the same time respecting their privacy as spiritual concerns are quite sensitive and deeply personal to some people. Few studies reported that by talking and listening to patients will be able to create the basis of spiritual relationship between nurses and patients (Zumstein-Shaha et al., 2020; Walker & Breitsameter, 2017). Other than that, nurses help patients who had spiritual distress by taking care of them with compassion through their presence, which at least able to take away patients' fear of death, where this type of end-life-care not only a form expressiveness to listen and talk, but also has silence as a core element in spiritual care delivery (Walker & Breitsameter, 2017).

Shari'ah compliance hospital (SCH) is one in which the hospital's healthcare services are rendered in accordance with the Shari'ah principles and Islamic teachings (Masud et al., 2021). Al-Azmi (2022) reported that Sultan Ahmad Shah Medical Centre SASMEC@ IIUM started the operation and offered its service to the public since August 2016 and committed to bring experiences and expertise in providing healthcare services. SASMEC@IIUM has been recognized as a Shari'ah compliant hospital since December 2020. The scope of SASMEC@IIUM operation, primarily in providing healthcare services are all in accordance with the Shariah governance regulations including training in Medico-Fiqh, Ibadah, Muslim funeral management, Islamic spiritual care course and trainers training course to equip staff with awareness, knowledge, skills and appropriate values.

Methodology



Design and sample:

A qualitative study design was selected that enables an in-depth understanding through listening, interpreting, and retelling participants' experiences in a vicarious manner in order to engage the reader emotionally and intellectually (Glesne, 2015). The participants were recruited from one Shari'ah Compliant Hospital (SCH) located in East Coast Malaysia area using purposive sampling based on the following criteria: (1) Male/female; (2) Working in the hospital for at least 6 months; (3) 18 years old and above; and (4) able to speak Malay or English. The sample size of the study was determined by data saturation, and interviews were stopped when there was no new information contributed during the interview and no new codes could be produced (Guest, Bunce, and Johnson, 2006).

Ethical considerations:

Study participation was voluntary, and participants were assured of the right to withdraw at any point of the study with no consequences. Written consent was obtained from each participant prior to data collection. The interviews were recorded with participant's permission, and they were guaranteed confidentiality and anonymity of their data. Approval of ethics was obtained from the Kulliyah of Nursing Postgraduate and Research Committee (KNPGRC) and IIUM Research Ethics Committee.

Procedures:

Participants were recruited from May 2023 until November 2023. Before starting the interview, the researcher took time to build rapport with the participants. Later, interviews were conducted to gain the participants' responses using a piloted interview guide. Data were collected through face-to-face, informal and semi-structured interview. Besides note taking, voice recorders were used with permission to ensure all the information given by the interviewee was captured properly for transcribing and data analysis. All the interviews took place at the participants' office.

Data analysis:

Thematic analysis was applied to analyse the data. Thematic analysis is a form of pattern recognition within the data, with emerging themes becoming the categories for analysis (Fereday & Muir-Cochrane, 2006). The process involves a careful and focused review of the data and the researcher took a closer look at data and performed coding. Codes and the themes that are generated serve to integrate data gathered by different methods (Bowen, 2009). Firstly, the data from note-taking and the audio recording were properly and completely transcribed. The researcher went through the transcripts and actively observed meanings and patterns that appeared across the dataset. The second step involved generating initial codes that represent the meanings and patterns in the data. At this stage, a discussion was held among the research team, who were experts in qualitative research. Relevant excerpts were identified, and appropriate codes were applied. Excerpts that represent the same meaning were grouped under the same code. The fourth step involved examining all the codes to



look for potential themes. The themes were reviewed to ensure the fitness and relevance of all codes. The fifth step involved defining and naming the themes, followed by producing the report with a description of the findings and illustrative examples. NVivo software was used to categorise the data into appropriate themes to facilitate reporting.

Trustworthiness of data:

Dependability and confirmability can be achieved via an audit trail (Tobin & Begley, 2004). An audit trail was kept in this study to maintain track of the steps and/or changes throughout the processes of data collection, analysis, interpretation and writing up the findings. The researcher's observations on the research process, meetings with the participants, ideas, feelings, and interpretations were predominantly recorded in the research diary along with the audit trail. Moreover, discussion with research team, who were experts in qualitative research indirectly improve the rigour of the study.

Results

Throughout the period of data collection, a total of 10 participants agreed to participate and presented in this study. Background of the participants are summarised in Table 1.

Table :1 Demographic of the healthcare workers

| (10=n) Participant | |
|-----------------------------------|-----------------|
| Age | 24-41 |
| Gender | Male 3 |
| | Female 7 |
| Marital Status | Married 9 |
| | Single 1 |
| Position | Staff nurse 3 |
| | Sister/Matron 6 |
| | Doctor 1 |
| Working experience (years) | 3-7 years |

Two themes were identified related to the experiences of healthcare workers in delivering spiritual care, which are patients' response and spiritual concern.

a) Patients' response

Healthcare workers experienced different types of patients' responses towards their spiritual care. P1 and P5 shared their experience in receiving negative responses from patients.



P1 said:

The patients did not give any respond to me.

P5 said:

I asked a patient whether I can refer them to the Shari'ah compliance Department and he said 'I don't want to listen to any religious talk.

P6 also mentioned that she wants to deliver spiritual care but has been denied by patients.

P6 said:

I ask him (patient), "Do you want to pray?", as I know that he needs our help (to perform prayer). Then he scolds me back and says 'It's up to me whether I want to pray or not, we have our own grave.

Meanwhile, P2 and P7 received good responses from patients when they delivered the spiritual care.

P2 said:

Some of the patients look happy when I start conversation with them.

P7 said:

When they (patients) have high religious faith, they will be happy if we talk about spirituality with them. It is something that they prefer and they appreciate.

b) Spiritual concern

Healthcare workers identify different spiritual concerns in each patient that they take care of. Most of the concerns are regarding emotional support, family support and financial problems.

P2 said:

I think they really need emotional support.

P10 said:

Most of it is about their emotions. Sick people have fluctuating emotional status and most of them feel sad, stressed or the worst thing is depressed.

P5 shared her experience during pandemic Covid-19 where patients need their family members to express their feelings.

P5 said:



They just need someone to talk to outside, such as a family member.

P7 mentioned that financial problems also have been one of patients' concerns. Thus, they will help to solve it by referring to other related departments.

P7 said:

Financial problem might be their concern, we will refer these patients to social welfare.

Discussion

Healthcare workers were going through different experiences in delivering spiritual care, ranging from negative to positive, reflect the diverse needs, beliefs, and preferences of patients when it comes to addressing their spiritual well-being alongside their physical health concerns. These experiences can be described through patients' responses toward their care. Some of the healthcare workers received good responses where patients feel happy and appreciated when their spiritual needs have been taken care of. The positive responses reported by P2 and P7 demonstrate the potential for meaningful engagement and connection when patients feel comfortable discussing spirituality with their healthcare providers. P2's observation of patients appearing happy during spiritual conversations underscores the therapeutic value of addressing spiritual concerns alongside medical treatment. Similarly, P7's experience highlights the role of religious faith in shaping patients' preferences for spiritual care and their appreciation for healthcare providers who acknowledge and honor those beliefs. Many patients accept spiritual care from healthcare workers and react positively (Abdullah, 2017; Baharuddin & Nurumal, 2022).

However, there are also unfavorable responses from patients where healthcare workers are being scolded or ignored as evidenced by the negative responses reported by P1, P5, and P6. Patients may exhibit reluctance or resistance towards discussions about spirituality for a variety of reasons, including personal beliefs, cultural background, or past experiences. P5's encounter with a patient who explicitly rejected religious talk highlights the importance of respecting patients' autonomy and preferences, even if they diverge from the healthcare provider's intentions. Some healthcare workers tried to deliver spiritual care but have been declined by patients themselves or been asked to not interfere with their spirituality (Azhari et al., 2017; Zumstein-Shaha et al., 2020).

The findings reveal that emotional support is a primary spiritual concern among patients, as noted by P2 and P10. Patients undergoing medical treatment often experience a range of emotions, including sadness, stress, and depression, which can significantly impact their overall well-being and coping mechanisms. While the role of family support emerges as another key spiritual concern, particularly highlighted by P5's experience during the Covid-19 pandemic. Patients may yearn for the presence and companionship of their loved ones to express their feelings, share their fears, and seek reassurance. In addition to emotional and familial concerns, financial problems represent a significant spiritual concern among patients, as mentioned by P7. Illness and medical treatment can place a heavy financial burden on patients and their families, leading to stress, anxiety, and uncertainty about the future. These are usual type of spiritual needs among patients and nurses will help them by provide any solution such as ensuring patients' family presence (Karimollahi et al., 2017), using audio Quranic recitations to help patients remain calm (Baharuddin & Nurumal, 2022) and refer organization for patients who have financial problems (Arrey et al., 2016).



One limitation of the current study is that all participants were recruited from one hospital only. However, the rich depth of data obtained made up for the shortcoming of this study during the face-to-face interview. Future studies should consider recruiting healthcare workers from various hospital in Malaysia, either public, private, or teaching hospitals that practiced Shari'ah compliance in their practice.

Conclusion

The experiences of healthcare workers with patients' responses to spiritual care underscore the complexity and importance of addressing spiritual concerns within healthcare settings. By adopting a patient-centered approach, fostering cultural and religious sensitivity, and recognizing the therapeutic value of spiritual support, healthcare providers can better meet the diverse needs of their patients and enhance the quality of care delivery.

These findings have important implications for healthcare practice, highlighting the need for ongoing education and training in spiritual care competencies for healthcare workers. By enhancing their understanding of diverse spiritual beliefs and practices, healthcare providers can better support patients in addressing their spiritual needs alongside their medical care, ultimately promoting holistic well-being and patient-centred outcomes.

-According to this study's results, I wonder whether spiritual care in researchers' perspectives similar to the participants'. In addition, it seemed like scope of spiritual support was not clearly presented. Besides, it was used interchangeable with psychological, emotional, and financial support in this study. Spiritual support is complex. It may not similar among people with different cultures, beliefs, and religions. The concept should be defined crystally clear at the first step of conducting this research, otherwise, the conclusion might be deviated and cannot be implemented to improve spiritual care.

Acknowledgements:

We thank all the participants for their involvement in this study.

Declaration of conflict interest:

The authors have no conflicts of interest to disclose.

Funders:

This research was supported by Ministry of Education (MOE) through Fundamental Research Grant Scheme (FRGS/1/2022/SKK07/UIAM/02/4)

References

Abdullah, I. Z. (2017). Pola Bimbingan Islami Terhadap Pasien Rawat Inap. *Universitas Islam Negeri Ar-Raniry, Banda Aceh*.



- Al-Azmi, A. R. . (2022). Comprehensive Dual Certification of ISO 9001:2015 and MS 1900:2014 to SASMEC @IIUM: A Beginning of a Long Journey as Shariah Compliant Hospital. *Revelation and Science*, 12(1), 1-6.
- Arrey, A. E., Bilsen, J., Lacor, P., & Deschepper, R. (2016). Spirituality/religiosity: A cultural and psychological resource among Sub-Saharan African migrant women with HIV/AIDS in Belgium. *PloS one*, 11(7), e0159488.
- Azhari, M. F. (2017). Nurses' experiences in providing spiritual care for patients in Islamic hospital Banjarmasin. *Dinamika Kesehatan: Jurnal Kebidanan Dan Keperawatan*, 8(2), 473-482.
- Baharudin, A. A., & Nurumal , M. S. (2022). An Intensive Care Nurse Narrative of Spiritual Care During COVID-19. *International Journal Of Care Scholars*, 5(2), 112–117. <https://doi.org/10.31436/ijcs.v5i2.259>
- Bakar, M. Z. A., Ashaari, M. F., Jalil, S. J. A., & bin Muhamad, N. (2020). Bimbingan Spiritual Di Hospital Mesra Ibadah (HMI) di Malaysia: Kajian Kes. *Borneo International Journal of Islamic Studies (BIJIS)*, 67-81.
- Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, 9(2), 27–40. doi:10.3316/qrj0902027
- Büssing, A. (2021). The spiritual needs questionnaire in research and clinical application: A summary of findings. *Journal of religion and health*, 60(5), 3732-3748.
- Caldeira, S., Carvalho, E. C., & Vieira, M. (2013). Spiritual distress-proposing a new definition and defining characteristics. *International journal of nursing knowledge*, 24(2), 77–84. <https://doi.org/10.1111/j.2047-3095.2013.01234.x>
- de Brito Sena, M. A., Damiano, R. F., Lucchetti, G., & Peres, M. F. P. (2021). Defining spirituality in healthcare: A systematic review and conceptual framework. *Frontiers in Psychology*, 12, 756080.
- Egan, R., Llewellyn, R., Cox, B., MacLeod, R., McSherry, W., & Austin, P. (2017). New Zealand nurses' perceptions of spirituality and spiritual care: qualitative findings from a national survey. *Religions*, 8(5), 79.
- Fereday, J. & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80–92. Retrieved 12 January 2009, from http://www.ualberta.ca/~iiqm/backissues/5_1/pdf/fereday.pdf
- Gijsberts, M. J. H., Liefbroer, A. I., Otten, R., & Olsman, E. (2019). Spiritual care in palliative care: a systematic review of the recent European literature. *Medical Sciences*, 7(2), 25.
- Giske, T., & Cone, P. H. (2015). Discerning the healing path--how nurses assist patient spirituality in diverse health care settings. *Journal of clinical nursing*, 24(19-20), 2926–2935. <https://doi.org/10.1111/jocn.12907>



- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, 18(1), 59-82.
- Karimollahi, M., Abedi, H., & Yousefy, A. (2017). Self-Preservation in Both Sides: Pathology of Spiritual Care in Iran. *Journal of Religion and Health*, 56(1), 77–88.
- Kurniawati, H., Retnowati, S., Riyono, B., & Widyawati, W. (2018). Literature review of spiritual care in Islamic cultural perspective. *IBDA: Jurnal Kajian Islam Dan Budaya*, 16(2), 350-368.
- Masud, I., Halim, S. A., Shafi, S. M., Ramli, N. A. A., Awang, M. Z., & Subhan, I. A. (2021). What Is Ibadah Friendly Hospital. *Journal of the British Islamic Medical Association*, 7(3), 53-60.
- Nolan, S., Saltmarsh, P., & Leget, C. J. W. (2011). Spiritual care in palliative care: Working towards an EAPC task force. *European Journal of Palliative Care*, 86-89.
- O'Brien, M. R., Kinloch, K., Groves, K. E., & Jack, B. A. (2019). Meeting patients' spiritual needs during end-of-life care: A qualitative study of nurses' and healthcare professionals' perceptions of spiritual care training. *Journal of Clinical Nursing*, 28(1-2), 182-189.
- Rachel, H., Chiara, C., Robert, K., & Francesco, S. (2019). Spiritual care in nursing: an overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta Bio Medica: Atenei Parmensis*, 90(Suppl 4), 44.
- Timmins, F., & Caldeira, S. (2017). Assessing the spiritual needs of patients. *Nursing Standard (2014+)*, 31(29), 47.
- Tobin, G. A., & Begley, C. M. (2004). Methodological rigour within a qualitative framework. *Journal of advanced nursing*, 48(4), 388-396.
- Walker, A., & Breitsameter, C. (2017). The provision of spiritual care in hospices: A study in four hospices in North Rhine-Westphalia. *Journal of Religion and Health*, 56, 2237-2250.
- Zumstein-Shaha, M., Ferrell, B., & Economou, D. (2020). Nurses' response to spiritual needs of cancer patients. *European Journal of Oncology Nursing*, 48, 101792.