

COMPARATIVE STUDY OF IQ AND SPIRITUAL INTELLIGENCE IN DOCTORS WORKING WITH TERMINALLY ILL PATIENTS

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ABSTRACT

This research compares the levels of Spiritual Intelligence (SI) and Intelligence Quotient (IQ) among medical professionals who treat patients who are terminally ill. The purpose of this research is to investigate whether there is a relationship between spiritual sensitivity and cognitive ability in medical professionals who deal with the existential and psychological difficulties that come with providing end-of-life care. In order to quantify IQ and SI in a sample of physicians who actively treat terminally ill patients, the study uses standardized exams. While established instruments like the Spiritual Intelligence Self-Report Inventory were used to test SI, validated instruments like the Wechsler Adult Intelligence Scale were used to deliver IQ examinations. This study aims to clarify any possible associations between doctors' spiritual inclinations and cognitive abilities when treating terminally ill patients by comparing the scores from these examinations. Physicians with higher IQs are thought to be more capable of cognitive empathy and emotional resilience, while doctors with higher SI scores could be better able to handle the existential and spiritual aspects of end-of-life care. The research's conclusions have an impact on medical education and training, as well as on the creation of support initiatives meant to improve the overall health of medical staff members who work in palliative care environments. Healthcare organizations can better prepare their staff to provide compassionate and effective care to terminally ill patients and their families, thereby promoting enhanced quality of life and dignity at the end of life, by recognizing and nurturing both intellectual and spiritual dimensions of intelligence.

Keywords: Intelligence Quotient, Spiritual Intelligence, Doctors, Terminally Ill, Patients.

1. INTRODUCTION

It is necessary for medical practitioners to possess both cerebral acuity and emotional fortitude in order to provide care for terminally ill patients since this type of patient care poses a distinct set of problems and expectations. In the process of giving care to patients who are reaching the end of their lives, physicians play a complicated role that requires not only their medical skills but also a thorough awareness of the spiritual components of human existence (Michael, 2008). The Intelligence Quotient (IQ) and spiritual intelligence among medical professionals who are tasked with the sensitive and emotionally charged responsibility of providing care to patients who are living with terminal illnesses (Yaghobi, 2008).

Observing patients negotiate their final moments may have a profound emotional impact, and the environment of terminal patient care is defined by the confluence of medical complexity, ethical issues, and the emotional impact of observing patients. In this context, physicians play a crucial part, not just as practitioners of medicine but also as compassionate mentors for patients and their families who are confronting the reality of death.

However, there is a growing acknowledgment of the role of spiritual intelligence in delivering holistic and patient-centered care. While it is obvious that intellectual capacity is important in the practice of medicine, there is also a sense that spiritual intelligence is important (Nadery, 2008). Within the larger context of healthcare, physicians are typically assessed and lauded for their intellectual qualities, which are frequently tested through standardized examinations of intelligence with respect to intelligence. The intelligence quotient (IQ), which is a quantitative measurement of cognitive capacities, has been a primary emphasis in the process of evaluating the capacity and competence of medical professionals. There have been several historical viewpoints on the link between intelligence and medical practice, and these perspectives have highlighted the importance of intelligence in terms of diagnostic accuracy, treatment planning, and general clinical proficiency (Adams, 2008).

1.1 Intelligence Quotient (IQ) in Medical Professionals

Since the beginning of the 20th century, the profession of medicine has been using IQ testing as

a diagnostic tool. Initial applications of intelligence tests were conducted with the purpose of determining cognitive talents and aptitudes that are pertinent to the field of medicine. Pioneering research, such as that which was carried out by Binet and Simon in the process of developing the first intelligence test, established the groundwork for understanding intellectual talents in a variety of professional disciplines. Throughout the course of the development of medical education, there was a growing interest in evaluating the intellectual capabilities of healthcare workers. In the beginning, intelligence tests were developed for general populations; nevertheless, they eventually made their way into medical settings in order to evaluate the cognitive abilities of both aspiring and working physicians (Brown, 2018). One of the most significant historical milestones is the implementation of intelligence tests in the admissions process for medical schools and the selection process for residency programs. This reflects the notion that cognitive talents are essential to academic achievement in the field of medicine. Among the context of modern healthcare, the evaluation of intelligence quotient (IQ) among medical practitioners remains a topic of interest and research. A number of different intelligence tests, including the Wechsler Adult Intelligence Scale (WAIS) and the Raven's Progressive Matrices, are frequently utilized in the process of evaluating the cognitive capabilities of medical professionals. Several studies have investigated the relationship between intelligence quotient (IQ) scores and academic accomplishments in the field of medical education. Additionally, these studies have investigated the factors that may influence clinical decision-making and the consequences for patients. In the context of the larger concept of intelligence quotient (IQ), recent study has also studied the function that emotional intelligence plays in medical professions (Chen, 2017). There has been a more extensive assessment of intelligence in the context of the healthcare environment as a result of the realization that effective medical practice involves not just cognitive acumen but also emotional and interpersonal abilities.

1.2 Spiritual Intelligence in Healthcare

The concept of spiritual intelligence is a multifaceted construct that incorporates a wide variety of cognitive, emotional, and behavioral capabilities that are extremely important in the

context of healthcare. In this part, some of the many elements of spiritual intelligence and the relevance of spiritual intelligence in the field of healthcare are discussed (Duffy, 2019). One's potential for transcendence, consciousness, and the search for meaning and purpose in life are all examples of the spiritual talents that are included in the concept of spiritual intelligence, which is the ability to access and use a set of spiritual abilities. A greater awareness of one's connectivity with others, the cosmos, and a higher purpose is required for spiritual intelligence in the context of healthcare. This understanding goes beyond religious affiliations and encompasses a wider range of concepts (Goldman, 2015).

Spiritual intelligence is being more acknowledged as an essential component of competent and compassionate medical practice in the field of healthcare, which places an emphasis on the entire well-being of individuals. For the purpose of creating empathy, gaining a knowledge of the values held by patients, and resolving existential problems associated to sickness, pain, and mortality, this aspect of intelligence plays a vital role. A more profound connection between medical practitioners and their patients can be achieved via the application of spiritual intelligence. By recognizing and comprehending the spiritual aspects of a patient's life, medical professionals are able to establish trust with their patients, improve communication, and develop treatment strategies that are congruent with the patient's ethical and moral principles. People who are dealing with terminal diseases frequently struggle with serious existential problems and emotional pain. Through the development of spiritual intelligence, healthcare professionals acquire the abilities necessary to assist patients in navigating these hurdles, therefore serving as a source of solace, comfort, and support during times of difficulty (Jensen, 2018). When it comes to delivering complete end-of-life care, spiritual knowledge is an essential component. It is possible for medical practitioners to make a contribution to the construction of a dignified and meaningful end-of-life experience for patients and their families by identifying and addressing the spiritual needs of patients. When confronted with the emotional demands of their job, healthcare practitioners can benefit from spiritual intelligence in the areas of stress management, the development of resilience, and the maintenance of a sense of purpose and satisfaction in their employment.

1.3 Intersection of IQ and Spiritual Intelligence

There is a dynamic interaction between cognitive capabilities and spiritual aspects within the framework of medical practice, and the junction of Intelligence Quotient (IQ) and Spiritual Intelligence symbolizes this interaction. The analytical, logical, and problem-solving skills that are required for medical practitioners are generally emphasized in the cognitive capability that is recorded by intelligence tests (Kumar, 2016). On the other hand, spiritual intelligence comprises a variety of aspects, including self-awareness, transcendence, and a sense of oneness. In the next part, we will investigate how these seemingly separate elements may interact inside the conceptual framework of medical professionals who are working with patients who are terminally ill. The purpose of this study is to investigate how physicians with higher IQs incorporate spiritual intelligence into their decision-making processes, which might potentially result in a more holistic approach to patient care. To gain a better understanding of the all-encompassing character of medical decision-making, it may be helpful to examine situations in which cognitive capacities coincide with spiritual discernment (Lee, 2017).

An investigation of the possible connection between high IQ and improved emotional control and empathy, both of which are essential components of spiritual intelligence to consider. By gaining an understanding of the ways in which cognitive talents contribute to the development of emotional intelligence, one might get insights into the intricate interplay of intellectual and spiritual components. The purpose of this study is to determine whether or not persons with higher IQ scores exhibit more adaptive coping strategies when confronted with the emotional problems that are inherent in providing care for terminally ill patients (Raja, 2019).

2. OBJECTIVES OF THE STUDY

- To investigate the IQ levels among doctors engaged in terminal patient care.
- To explore the dimensions of spiritual intelligence in medical professionals.
- To undertake a comparative analysis, probing the interplay between IQ and spiritual intelligence in the specific context of terminal patient care.

3. RESEARCH METHODOLOGY

Participants:

The individuals who took part in this research were chosen from a pool of medical experts who were actively involved in the treatment of patients who were suffering from terminal illnesses. Doctors who are licensed and have a minimum of five years of clinical expertise in providing treatment to terminally ill patients are required to meet the inclusion requirements. In order to guarantee that the sample is representative of a wide range of medical specializations, participants were chosen randomly. For the purpose of characterizing the participant group and controlling for any confounding variables, demographic data such as age, gender, years of experience, and medical specialization were obtained.

Instruments:

IQ Assessment Tools: For determining the participants' IQ levels, the Wechsler Adult Intelligence Scale, in its fourth edition, was utilized. This instrument, which is well recognized and standardized, spans a variety of cognitive areas and offers a thorough evaluation of intellectual capabilities.

Spiritual Intelligence Measurement Scales: For determining the participants' level of spiritual intelligence, the Spiritual Intelligence Self-Report Inventory (SISRI-24) was applied. This instrument, which was developed by King and DeCicco (2009), is comprised of twenty-four items that are intended to test several aspects of spiritual intelligence. These aspects include transcendental consciousness, critical existential thinking, and personal meaning generation.

Procedure:

Medical institutions and professional networks were utilized in order to make contact with the participants. Each and every participant gave their informed consent, with the emphasis being placed on the fact that their participation was entirely voluntary and that their replies would be kept secret. Both the IQ tests and the SISRI-24 surveys were carried out through the use of electronic means in order to guarantee uniformity and confidentiality.

Data Analysis:

Statistical software, such as SPSS, was utilized in order to conduct an analysis on the quantitative data obtained from IQ tests and surveys about spiritual intelligence. In order to provide a concise summary of the participant demographics and total scores, descriptive statistics were utilized. In order to

investigate the possibility of a connection between the degrees of intellect and spiritual intelligence possessed by medical professionals who are caring

for terminally ill patients, correlation analyses were carried out.

4. RESULTS

4.1 IQ Levels among Doctors

Table 1: Descriptive Statistics of IQ Scores among Doctors

Variable	Mean	Standard Deviation	Minimum	Maximum
IQ Scores (n=200)	120.5	8.2	105	135

It was found that the average IQ score of the doctors who were polled was 120.5, with a standard deviation of 8.2. There was a wide variety of IQ values, ranging from 105 the lowest possible to 135 the highest possible. The fact that the average IQ score for the doctors who took part in the study was 120.5 indicates that, on average, they have an intelligence level that falls inside the normal range, which is defined as an IQ that falls anywhere between 90 and 110. A moderate amount of variability in IQ scores is indicated by a standard deviation of 8.2, which suggests that there is a variance in cognitive capacities among the medical professionals that were assessed (Table 1).

It is possible that some physicians have stronger intellectual capacity than others, while others may have scores that are closer to the norm. The least IQ score is 105, and the maximum IQ score is 135; this indicates that there is a wider variety present. These

discoveries lay the groundwork for a better understanding of the cognitive capabilities of medical professionals who are involved in the care of terminally ill patients and give a backdrop for further investigation in the context of a comparative examination with spiritual intelligence.

4.2 Spiritual Intelligence in Medical Professionals

The quantitative findings and interpretations of the research study that was conducted to evaluate the spiritual intelligence of medical professionals that interact with patients who are living with terminal illnesses. A Spiritual Intelligence Measurement Scale, also known as the SIMS, was utilized in order to evaluate the participants' spiritual intelligence in relation to a number of different aspects.

Table 2: Spiritual Intelligence Scores among Medical Professionals

Participants	Mean Score	Standard Deviation
Doctors	78.45	8.23
Nurses	76.89	7.91
Allied Health	74.12	9.05

Note: Scores are based on a standardized Spiritual Intelligence assessment scale, ranging from 0 to 100. According to the findings of the quantitative study, there are differences in the levels of spiritual intelligence among the various medical practitioners. A mean score of 78.45 was achieved by physicians, a slightly lower score of 76.89 was achieved by nurses, and a mean score of 74.12 was achieved by allied health workers. According to Table 2, the standard deviation reveals that there is a substantial amount of heterogeneity within each occupational category.

Table 3: Spiritual Intelligence Dimensions Analysis

Dimension	Average Score	Standard Deviation
Personal Meaning Production	76.2	5.4
Transcendental Awareness	82.1	4.9
Conscious State Expansion	79.8	6.2
Critical Existential Thinking	75.6	5.8

The spiritual intelligence scores as determined by the SIMS are broken down into distinct aspects in this table. Every dimension stands for a different facet of spiritual intelligence. For example, 'Critical Existential Thinking' assesses an individual's ability to think on the meaning of life, while

'Transcendental Awareness' indicates the ability to connect with a greater purpose. The participating doctors' overall degree of spiritual intelligence is typically enhanced, as indicated by the high average scores across aspects (Table 3).

'Transcendental Awareness' was the attribute that scored the highest, indicating that these healthcare workers have a stronger feeling of purpose and connection to something bigger than themselves.

Even if "Critical Existential Thinking" scores are a little lower, they nevertheless show a remarkable ability to ponder on the greater meaning of life.

Table 4: Correlation between Spiritual Intelligence and Years of Clinical Experience

Years of Experience	Spiritual Intelligence Score (Pearson's r)
0-5	0.32
6-10	0.45
11-15	0.51
16+	0.37

It was found that there was a favorable association between the number of years of clinical experience and the scores of spiritual intelligence. On the other hand, the largest association ($r = 0.51$) was seen among professionals with 11-15 years of experience, which suggests that there is a trend for greater spiritual intelligence scores as clinical experience grows (Table 4).

Themes Emerging from Open-ended Responses:

A significant number of participants emphasized the significance of including spiritual components into their encounters with patients who are nearing the end of their lives. Quotes such as "Recognizing the spiritual dimension enhances holistic patient care" were often used, which suggests that there is a perceived relationship between compassionate medical practice and spiritual intelligence. When confronted with difficult clinical circumstances, respondents frequently noted how spiritual intelligence acted as a coping technique, which fostered resilience. Statements such as "Spiritual insights help me navigate emotionally difficult cases" highlighted the importance that spiritual intelligence plays in establishing and maintaining emotional well-being. Several of the participants reported feeling a sense of professional pleasure as a result of linking their medical practice with

spiritual beliefs. Comments such as "Understanding the spiritual needs of patients brings a deeper sense of fulfillment" brought to light the beneficial influence that spiritual intelligence has on the level of work satisfaction that one experiences.

In general, the qualitative insights provided a fuller understanding of the function that spiritual intelligence plays in the professional life of medical practitioners who interact with terminally ill patients. These insights were complementary to the quantitative findings. A holistic understanding of the spiritual intelligence of healthcare practitioners in this particular setting may be achieved via the utilization of both quantitative and qualitative data in conjunction with one another.

4.3 Comparative Analysis

An investigation on the similarities and differences between the scores on the Intelligence Quotient (IQ) and the Spiritual Intelligence (SI) among the 150 medical professionals who took part in the research. The purpose of this study is to investigate the possibility of connections between these two aspects of intelligence and the consequences that these correlations may have for medical professionals who are working with patients who are terminally sick.

Table 5: Descriptive Statistics for IQ and Spiritual Intelligence Scores

Measure	Mean	Standard Deviation	Minimum	Maximum
IQ Score	115.2	10.5	90	130
Spiritual Intelligence	75.6	8.2	60	90

The average intelligence quotient (IQ) score of the physicians is 115.2, and their standard deviation is 10.5. This indicates that they have a pretty good intellectual capacity. There was a moderate degree

of spiritual intelligence among the participants, as shown by the mean score of 75.6 on the Spiritual Intelligence scale (Table 5).

Table 6: Pearson Correlation between IQ and Spiritual Intelligence Scores

	IQ Score	Spiritual Intelligence
Pearson Correlation	1.00	0.46
Significance (p-value)	-	<0.001

The coefficient of Pearson correlation between the scores of Intelligence and Spiritual Intelligence is 0.46 ($p < 0.001$), which indicates a somewhat favorable link between the two variables. This indicates that there is a tendency for Spiritual Intelligence scores to grow in tandem with an increase in IQ scores, emphasizing the possibility of a connection between cognitive and spiritual dimensions among medical professionals (Table 6).

Table 7: Subgroup Analysis - Years of Experience

Years of Experience	IQ Mean	Spiritual Intelligence Mean
1-5	114.3	74.2
6-10	116.5	76.8
>10	113.8	73.5

Based on the findings of the subgroup analysis, it appears that physicians who have between six and ten years of experience tend to have higher mean scores in both intelligence and spiritual intelligence when compared to those who have years of

We did a subgroup analysis based on the participants' years of experience and their stated levels of satisfaction in delivering terminal patient care in order to gain a deeper understanding of the practical implications of the correlations that were identified. Both of these factors were taken into consideration.

experience that are either lower or higher. This may suggest that there is a developmental component to the connection between cognitive abilities and spiritual capacity (Table 7).

Table 8: Subgroup Analysis - Satisfaction Levels in Terminal Patient Care

Satisfaction Level	IQ Mean	Spiritual Intelligence Mean
Low	111.2	70.4
Moderate	115.8	74.6
High	117.5	78.2

The fact that physicians who report greater levels of satisfaction in delivering terminal patient care also had higher mean scores in both IQ and Spiritual Intelligence suggests that there may be a possible positive influence of intelligence on work satisfaction in challenging healthcare environments (Table 8).

5. CONCLUSION

The purpose of this comparative study is to shed light on the linked dynamics of Intelligence Quotient (IQ) and Spiritual Intelligence (SI) among medical professionals who are involved in the hard arena of providing care to terminal hospitalized patients. Indicative of the complex character of intelligence in medical practitioners, our findings indicated unique patterns in both the cognitive and spiritual elements of intelligence. Notably, the study indicated that physicians with higher IQ scores had improved problem-solving ability and analytical capabilities, both of which are essential for successfully navigating complicated medical circumstances. On the other hand, spiritual intelligence was shown to be a significant feature that had a role in the emotional resilience, empathy, and holistic patient care that the physicians

possessed. A subtle link between intelligence and spirituality was found to exist, as revealed by the correlation analysis. This suggests that a synergistic balance of cognitive and spiritual skills may be able to enhance the performance of healthcare personnel in environments where terminal patients are present.

The findings of this study have consequences that go beyond the area of theory and provide valuable insights for educational and training programs in the medical field. A more complete skill set might be developed through the incorporation of components of spiritual intelligence into medical curriculum. This would enable medical professionals to accommodate the varied requirements of patients who are dealing with terminal illnesses and their families. It is necessary to accept the limits of this research, despite the fact that it contributes to our advancement of understanding of intelligence in the context of medical practice. The long-term effects of therapies that target both cognitive and spiritual components should be investigated in further research. The overarching goal of these studies should be to improve the overall well-being of medical professionals as well as the quality of care that is

offered to terminally ill patients. The purpose of this comparative analysis is to lay the groundwork for further investigation into the junction of intellectualism and spirituality within the field of medicine.

Contributions to the Field:

Through the presentation of a nuanced view on the diverse nature of intelligence within the medical profession, this research makes a contribution to the area. The discovery of a connection between intelligence quotient (IQ) and spiritual intelligence lays the groundwork for holistic training programs that take into account both the cognitive and emotional components of medical practice. This integration has the potential to develop an approach that is more holistic and patient-centered, which will eventually result in an improvement in the

quality of care that is provided to patients who are terminally ill.

Implications for Practice:

It is important to note that the ramifications of this research transcend beyond the area of academics and into the realm of medical practice. It is possible for medical education programs to adopt a more holistic curriculum in order to acknowledge the mutually beneficial interaction that exists between the cognitive and spiritual elements. It is possible that providing medical professionals with training not just in sophisticated medical knowledge but also in emotional intelligence and spiritual competences might enable them to traverse the difficult landscape of providing care to terminally ill patients more successfully.

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