



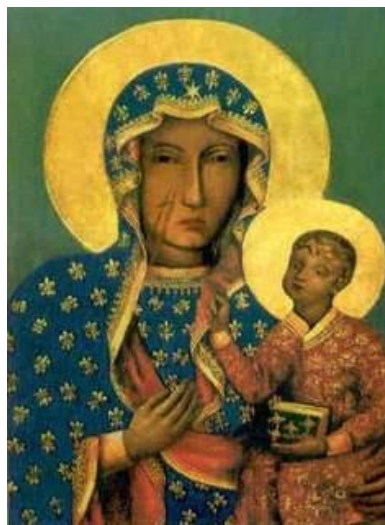
National Chaplain of Hospices

Who Should Do What? Improving End-of-Life-Care in Poland

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Thousand years of spirituality and tolerance tradition in Poland

Ecumenism and tolerance: Christians, Jews, Muslims



Pastoral Care in Poland after Second World War

1945-1989: chaplains were formally „illegal” in the state owned health and social care system in Poland; they were attending the patients despite the difficulties of the regime; their role was „in extremis only” in health/social institutions

1981: „post-solidarity” instruction of Ministry of Health about religious rights of patients of health and social care

1993: Concordat between the Holy See and Poland and next instructions regarding assistance of chaplains

1999: Gdansk, First International Health Care Chaplaincy Conference with lecturers from Italy, Germany and the US

2009: Cracow; beginning of the post-graduates school for health care chaplains and lay pastoral assistants by OH

2011: Post-graduate school for hospital/hospice/nursing home chaplains and lay pastoral assistants: PSOD, Cracow

POLSKA



An unique and interesting result of Solidarity Movement was the emergence of the modern hospice movement in Poland

1978: Lectures of C. Saunders in Poland: Krakow, Warsaw, Gdansk,

1978 – 1989: many physicians, nurses and students had opportunity to visit, study and work in St. Christopher's as volunteers

1980-1981... *Solidarność* – Solidarity Movement with over 10 million members (1/4 of whole nation, more than 50% of adults involved)

1981... Krakow - first hospice house in Poland, which has been constructed for 15 years, but the team have made a lot of social education



Solidarity fighting for freedom (1982-1989) in Gdansk, doctors, nurses, social workers and volunteers gathered in Church and have started hospice home care

1983: Gdansk - first home care hospice in Poland (by the catholic parish) – it became a model for creating more than 100 home care programs in Poland, based on the voluntary work of physicians, nurses, chaplains, and others. (Prof. Penson, President Lech Walesa, Rev. Dutkiewicz)

1984: Poznan - first university department of palliative care in Poland (prof. J. Luczak)

1987: John Paul II in Poland: "I think with appreciation of Hospice" – promotion of Hospice Movement among bishops in Poland

1994: Warsaw – first Children Hospice in Poland



1989- 2004 the development of hospice care in Poland

It takes into account religious and spiritual needs of various religions, as well as and non believers



Most hospices have been created with great support of the Catholic Church and based fully on voluntary service of medical and non-medical staff.

Most of hospice chaplains have sought further education, doing post-graduate training in spirituality and psychology; most of them lecture, participate in conferences and cooperate with caring teams.

Hospice chaplaincy became matter of choice while other chaplaincy jobs were not always desired by catholic clergy or became second or third activity of busy parish priests.



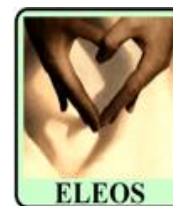
2004... The development of hospice- palliative care in Poland

Promotion of teamwork (with professionals&volunteers) and spiritual care

Promotion of comprehensive end-of-life care is needed with special emphasis on spiritual needs of patients and their relatives. Hospice-palliative care experience could be replicated and transferred to other areas of healthcare and social work.

The involvement of faith communities could help remedy the growing demographical problem in Poland, one of the fastest ageing countries in Europe.

We launched this program in 2011 with Caritas, Diakonia, Eleos (ecumenical).





Since 2009: the initiative to create postgraduate studies for chaplains and lay pastoral assistants in Poland

In 2009 hospice-palliative care team members have been invited by St. John of God Order in Poland to start pastoral team work including religious and spiritual care in health and social care institutions.

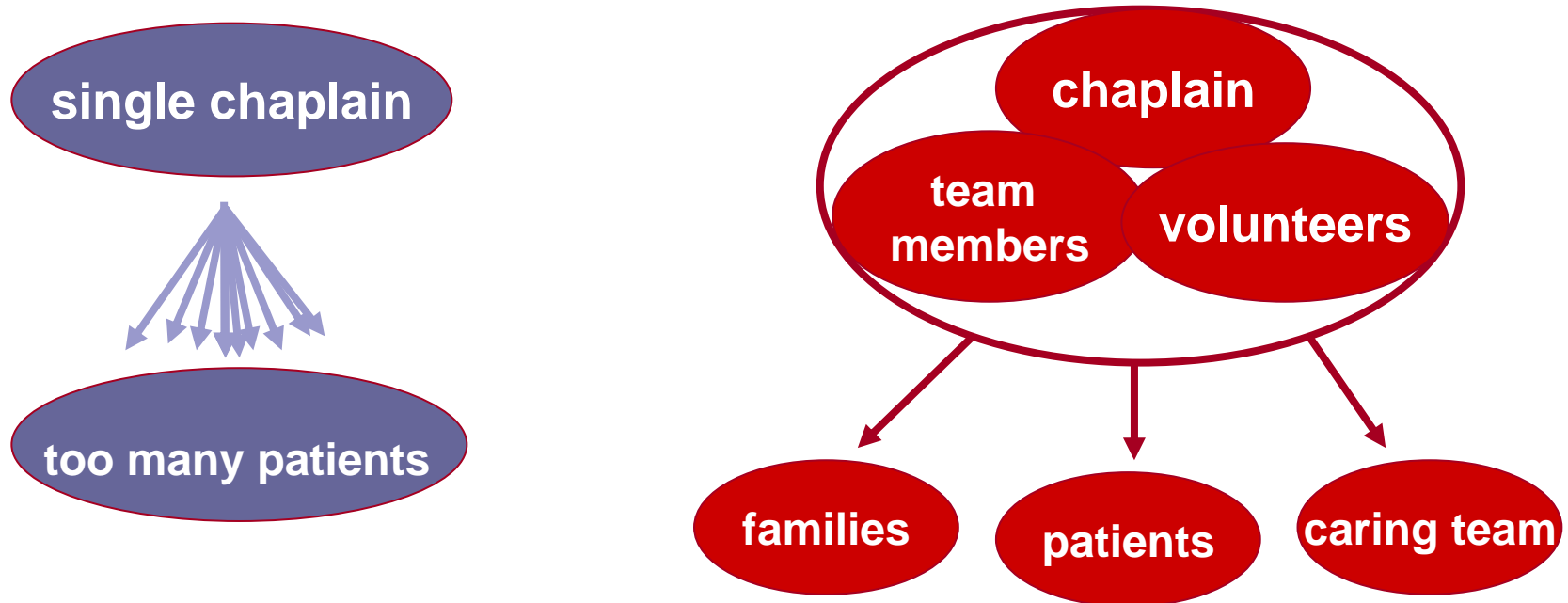
In 2011 first edition of postgraduate training for future chaplains and pastoral assistants in Poland had been launched.

First students consisted of ordained priests, religious men and women and lay people - mostly women. First group of 40 students finished "St. John of God School" in 2013.



Spiritual - Religious needs

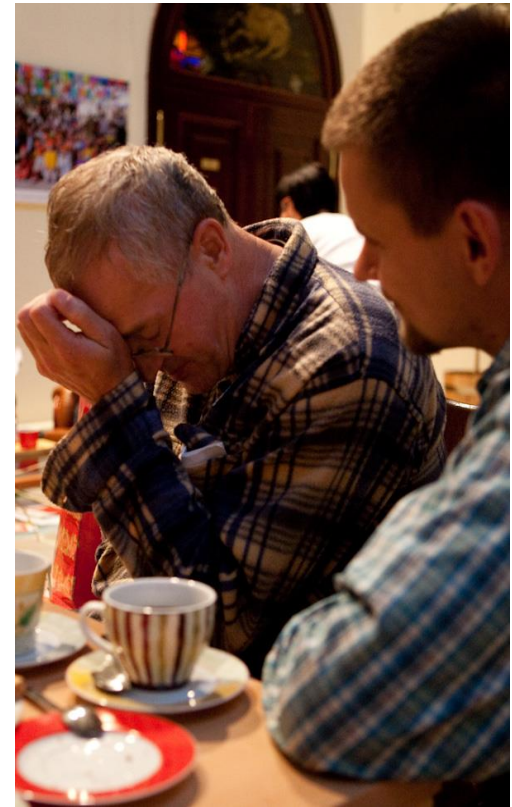
From action of solitary chaplain (sacraments) to perform team care with the participation of ordained and lay people (sacraments, dialogue, ecumenism)



Team care for the spiritual-religious and emotional needs of the patients, their families and the entire caring team

Why we should include Spirituality into Religious Pastoral Care?

- 1970's:** spirituality as a subject for discussion came back thanks to palliative – hospice care (total pain – total suffering)
- 1990's:** first discussions and publications about spirituality in social care in US
- 2000...:** spirituality lectured in 80% medical schools in US and Europe
- 2013:** above 1000 scientific publications and research on spirituality in health care and about 100 articles on spirituality in social care
- POLAND:** there are no comprehensive studies on spirituality in health/social care in Polish language



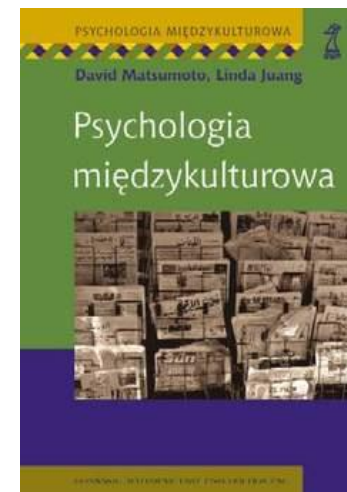
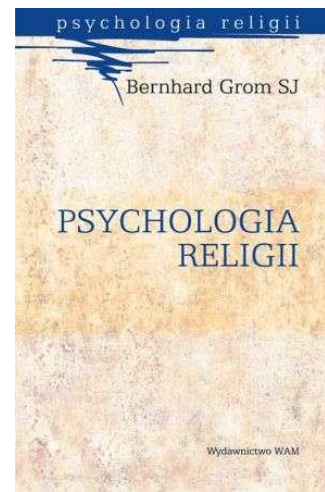
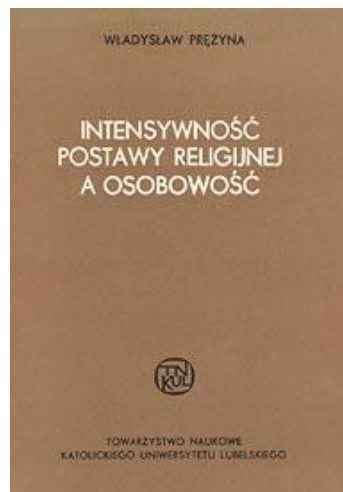
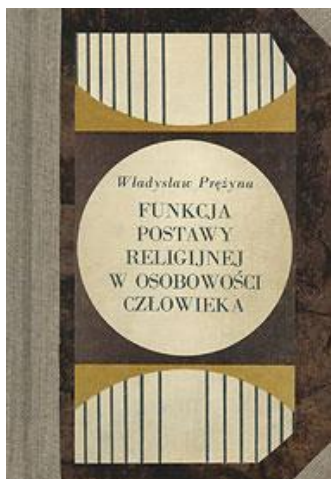
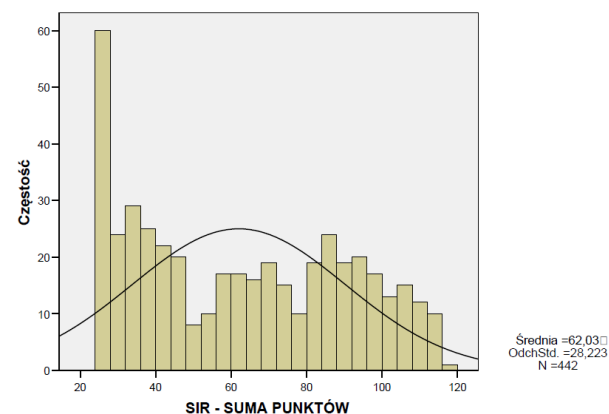
Religious needs of patients in Poland are mostly researched by experts of psychology of religion (KUL-Lublin, UJ-Cracow)

The Intensity of the Religious Attitude Scale (W. Prężyna),
Religious Crisis Scale (W. Prężyna)

The Centrality of the Religious Attitude Scale (W. Prężyna)

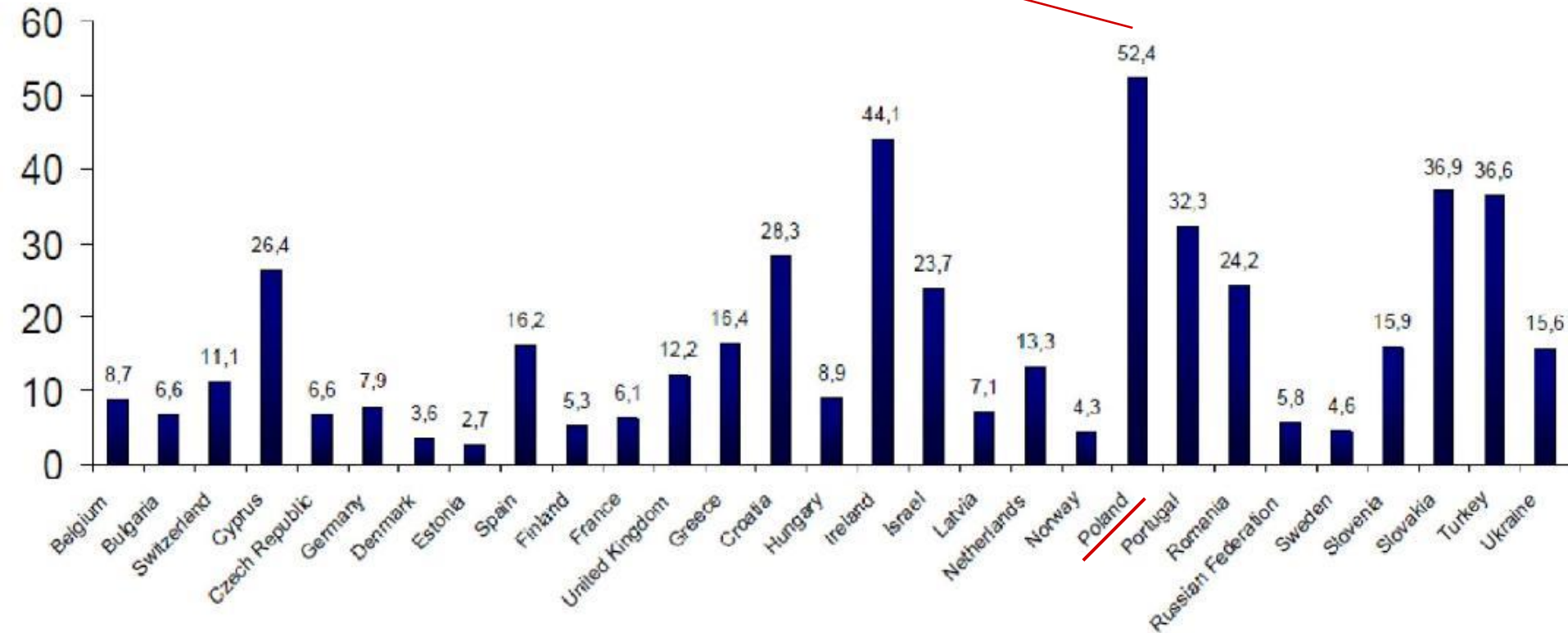
Individual Religiosity Scale (Socha, Latała - 2009)
Scale measures the Catholic religious orthodoxy, as the degree of convergence of religious beliefs of a patient with "ecclesiastical" and "moral,, models of religiosity

ROZKŁAD WYNIKÓW SUROWYCH W SKALI INDYWIDUALNEJ RELIGIJNOŚCI
N = 420



Why we should include Spirituality into Religious Pastoral Care?

2010: Europeans participating weekly in church services
Poland scored the highest (52.4%) among 29 European countries

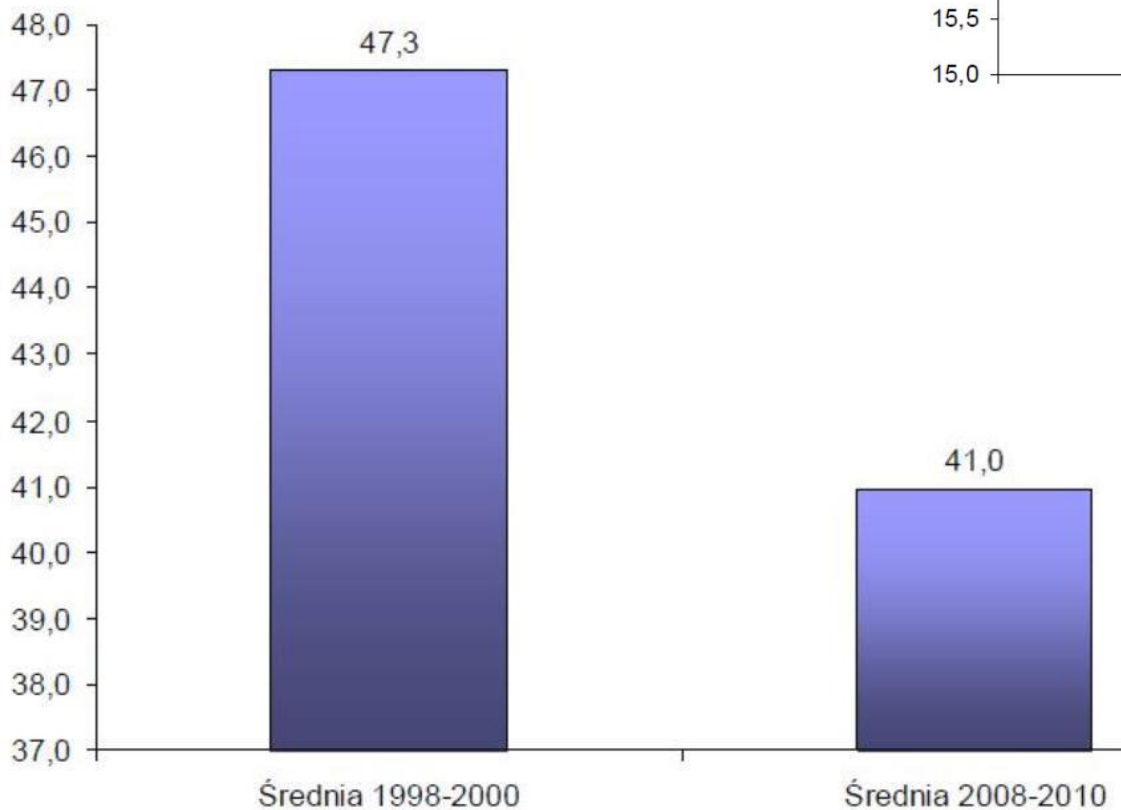


Catholic „Dominicantes” and „Communicantes” in 1980 – 2010 Poland

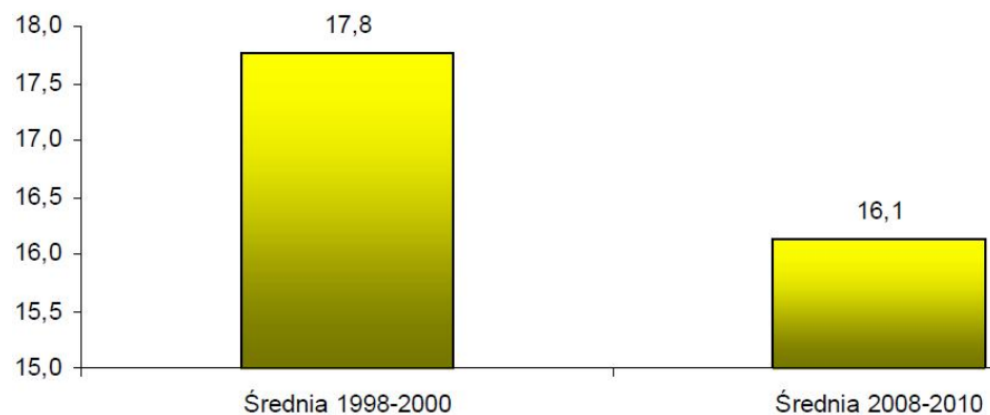


Why we should include Spirituality into Religious Pastoral Care?

Trend dominicantes

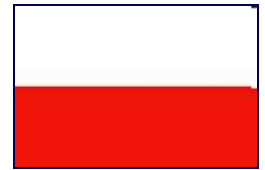


Trend communicantes



"Spiritual and Religious Needs of Chronically Ill Patients in Poland. Validation of the Polish Version of the SpREUK Questionnaire"

Arndt Büssing Witten/Herdecke University Germany
Janusz Surzykiewicz, UKSW Warsaw, Poland;
(+)Kazimierz Franczak, UKSW Warsaw, Poland
Piotr Krakowiak, UMK Torun, Poland

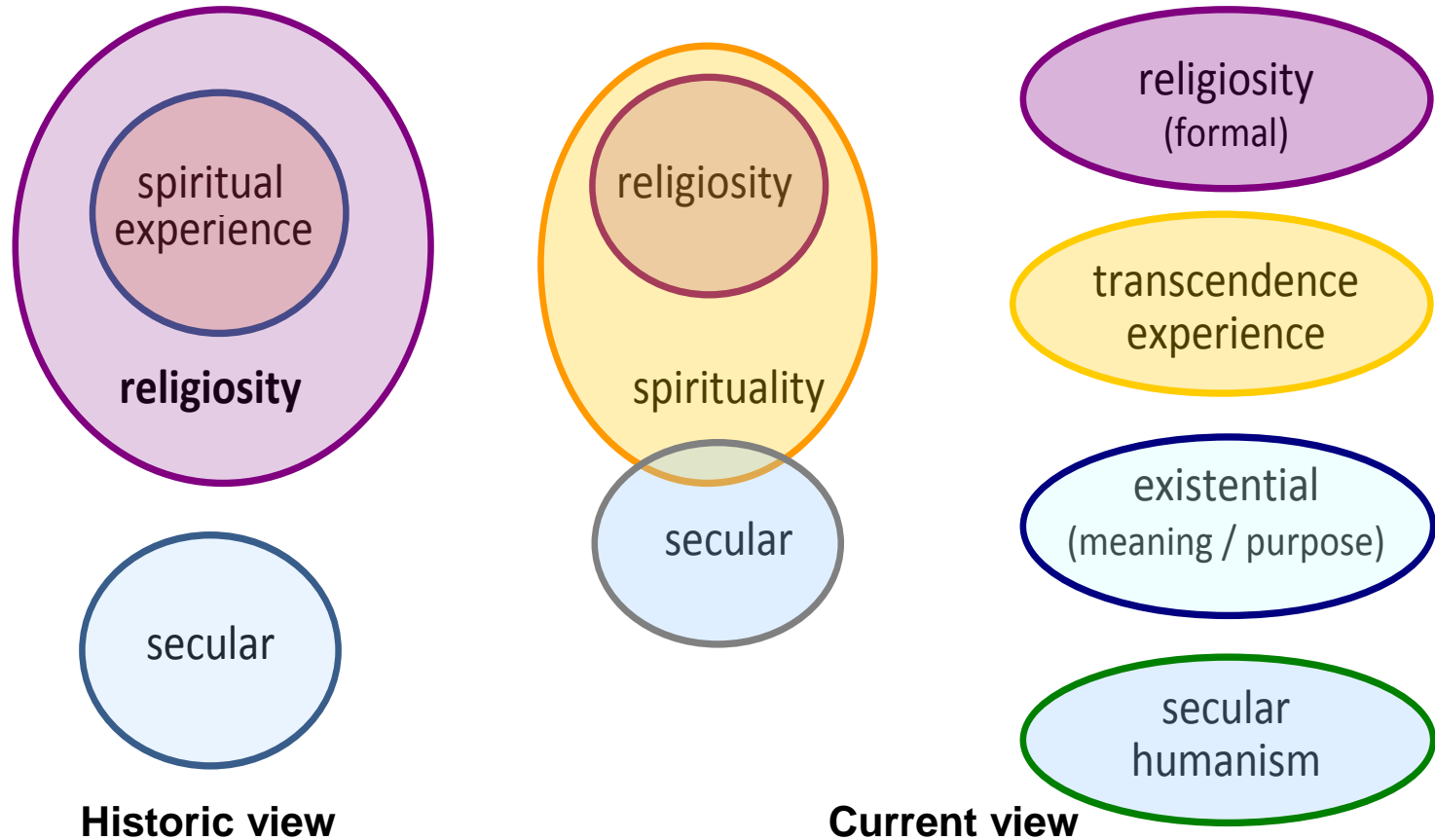


Since 2010 the common initiatives of Pontifical Council from Vatican and universities from Germany and Poland have resulted in international conference in Warsaw.

One of the results was launching common research regarding religious and spiritual needs of patients towards end-of-life in Germany and Poland. Project has been prepared by prof. Arndt Büssing from Germany and was based on the *SpREUK Questionnaire*.



What are we talking about? Spirituality versus Religiosity?



Koenig (2008) raised concerns about measuring spirituality in research: Spirituality was traditionally “a subset of deeply religious people”, while today it is “including religion but expanding beyond it”. Spirituality is often understood today as a broader and also changing concept which may overlap with secular concepts such as humanism, existentialism, and probably also with specific esoteric views (Zwingmann, Klein, Büssing, 2011).

"Spiritual and Religious Needs of Chronically Ill Patients in Poland. Validation of the Polish Version of the SpREUK Questionnaire"

275 patients **from Poland:**

26% women, 74% men

Various diseases: 35% cancer, 16% diabetes, 10% chronic pain diseases, 39% other (diabetes, hypertension, MS, etc.)

Denomination: 100% Catholics;

78% R+S+, 7% as R+S-, 2% as R-S+, 13% R-S-



848 **German** patients with chronic diseases:

73% women, 27% men;

Various diseases: 56% chronic pain diseases, 20% cancer, 23% other

Denomination: 81% Christian denomination, 3% other, 16% none;

23% R+S+, 34% as R+S-, 8% as R-S+, 35% R-S-



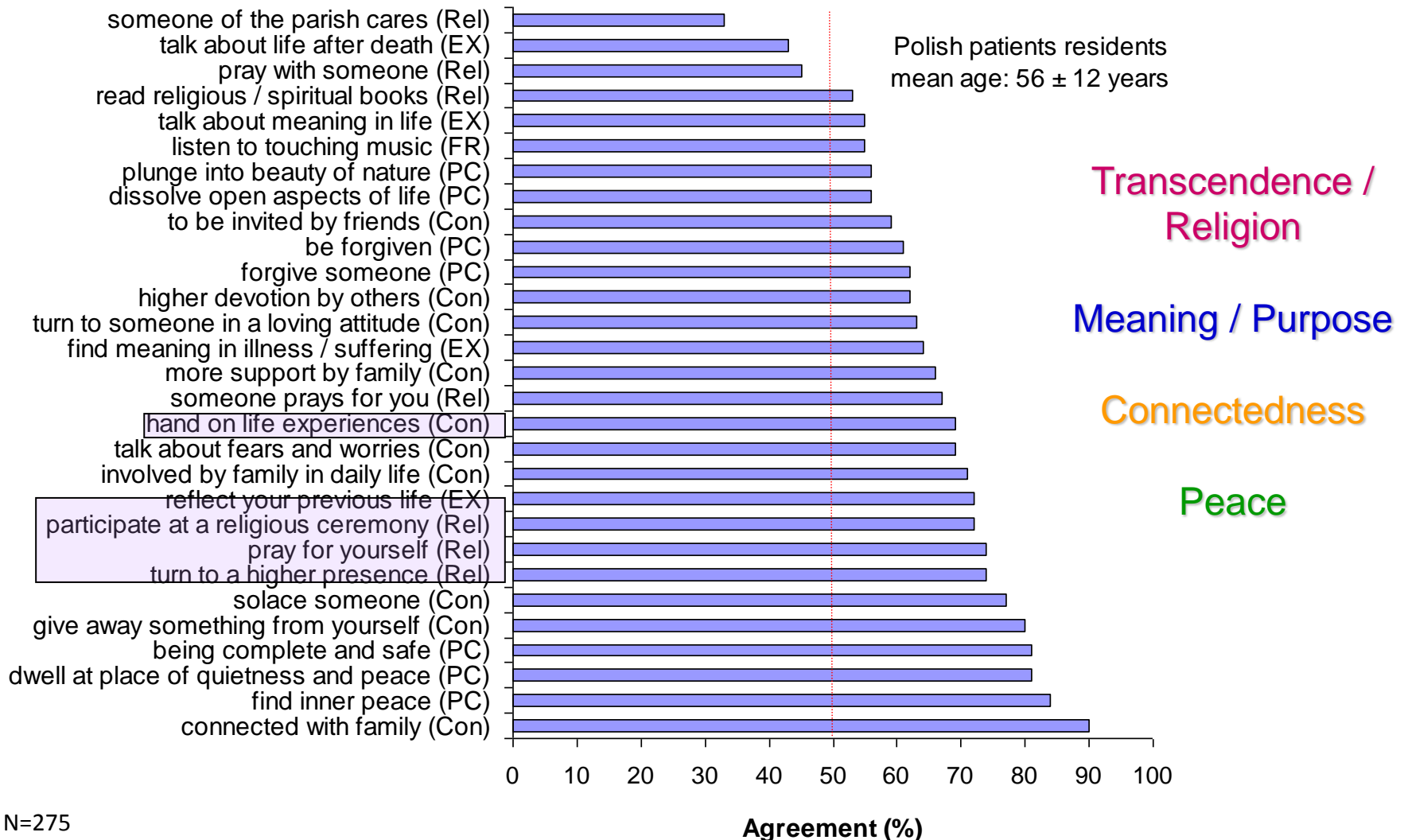
When focussing on cancer patients only, both populations do not differ strongly.

Differentiate specific beliefs (cognition/emotion) and practices (action)

1. Beliefs, attitudes and convictions
 - religious (specific beliefs, i.e., God; resurrection, rebirth)
 - secular (philosophy, humanism, rationalism / scientism)
2. Well-being
 - religious (faith)
 - secular (existential / peace)
3. Practices:
 - private / organized
 - reactive / interventional
 - religious (praying, church attendance)
 - spiritual (mindfulness-based meditation)
 - secular (loving kindness, reactive hedonism)

Psychosocial and spiritual needs of Polish patients with chronic diseases

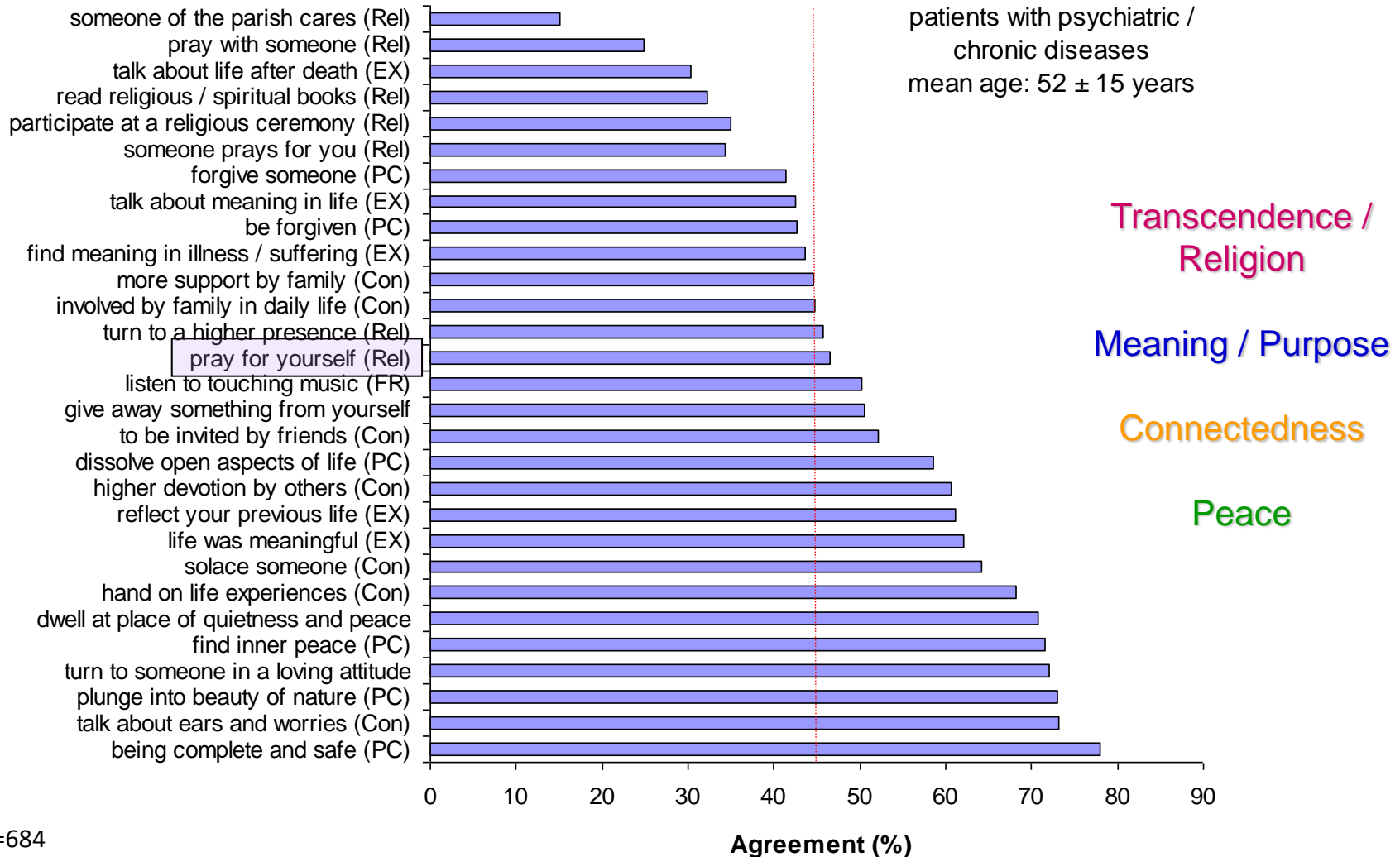
☒ *Spiritual Needs Questionnaire (SpNQ)*



Psychosocial and spiritual needs of German patients with chronic diseases



☒ *Spiritual Needs Questionnaire (SpNQ)*



2013: Prof. Christina Puchalski in Poland

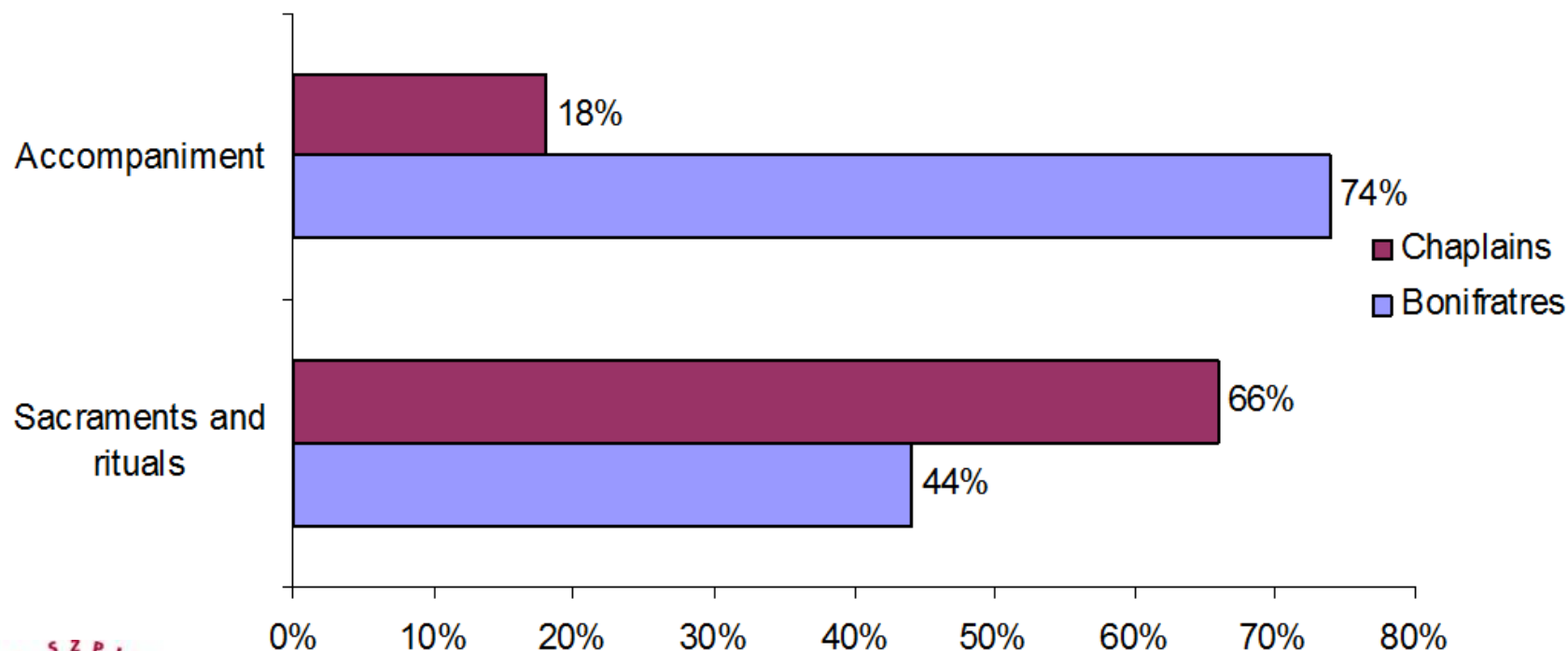
In 2013 the nationwide conference for physicians was held in Warsaw, with more than 3000 participants. Key-note speaker for this event was the world expert of spirituality in health care, Prof. Christina M. Puchalski.

Her lecture and presentation of the *FICA Spiritual Assessment Tool* have raised interest among physicians, nurses and chaplains.



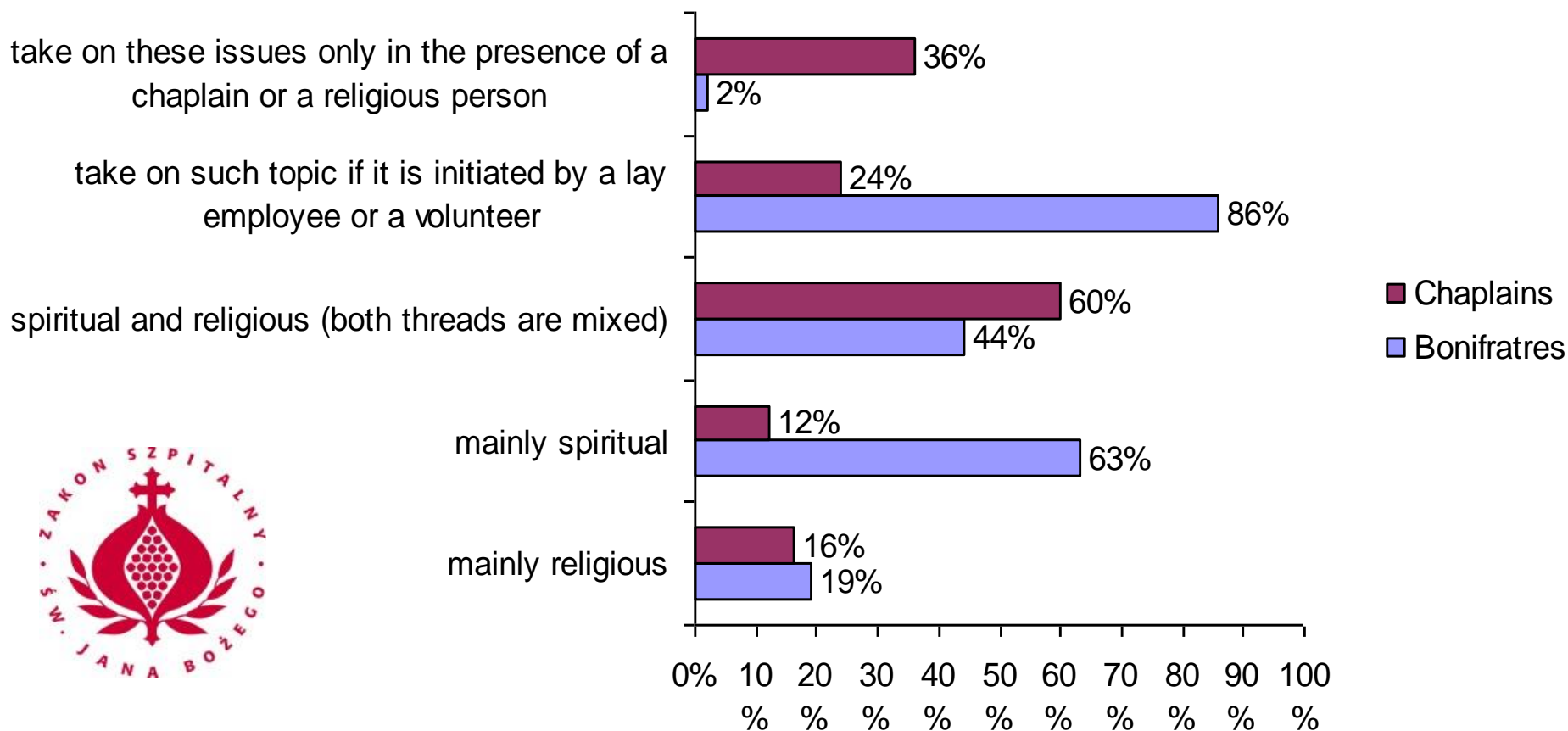
*VI Symposium "Ethical dilemmas in medical practice,
" Should a doctor provide spiritual care to patients?"*

2014: Initial research among chaplains in Poland: The differences among those who work in pastoral care teams and ordained chaplains working in health/social care traditionally (mainly sacraments & rituals)



Main elements characterizing religious - spiritual care

2014: Initial research: The difference between religious and spiritual care has been conducted among those who work in pastoral teams in health and social care and ordained chaplains.



*Conversations on religious and spiritual topics with patients
- ways of initiating and main content of conversations*

More research is needed, as well as translation and adaptation of various tools, helping to recognize spiritual requests of patients.

Preparation of translation and adaptation of ***FICA Spiritual History Tool***, by C.M. Puchalski, into Polish offers hope that simple, yet powerful device validated for many years of practical use in various settings, could be used by Catholic chaplains, religious and lay pastoral assistants and health and social care professionals in Poland. Other tools and publications are needed!

These tools will help to recognize spiritual needs, giving also chance to continue religious assistance, with sacraments and rituals, when required.



Further education of chaplains and care professionals needed

A long tradition of ordained priest being chaplains seems still to prevail over preparation for professional team-like spiritual care in Poland.

Together with further training for ordained and lay people willing to continue providing spiritual care in health and social settings more publications, exchange projects and research regarding spiritual care are needed in Poland and in other East European countries.

„Global village” brings new challenges which we should be able to face being faithful to our traditions and open for spiritual needs of our patients and their close ones.





National Chaplain of Hospices

Who should do what? Challenges of spiritual care in Poland



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