

The concept of home hospice care introduced by blessed Hanna Chrzanowska

Idea opieki domowej bł. Hanny Chrzanowskiej realizowana w hospicjum domowym

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Abstract

The development of professional home care for ill people in Poland is connected with Hanna Chrzanowska (1902–1973) and her activity. To a significant extent, her nursing work was innovative, which resulted from the fact that she was able to recognize the need to care for the ill outside hospitals and nursing homes. An accurate diagnosis of the family environment and local community resources was the first step to provide support. The next step was to assess the needs of an ill person and offer appropriate support. Chrzanowska organized teams which consisted of both professional nurses and the ones in training. She based teamwork on their voluntary and professional involvement. One of her greatest achievements was organizing spiritual retreat for ill people. She helped them overcome physical and social barriers to integration. Nursing home care initiated by Chrzanowska was deeply rooted in religion. It also reflected her willingness to help people regardless of their faith or financial resources. The work of home hospices in Poland may be regarded as a continuation of Chrzanowska's activity. However, the origins of hospice care are more complex. It seems necessary to present theoretical assumptions and practical solutions to the problems of the terminally ill in home hospice care. Chrzanowska's legacy may help to overcome obstacles in the process of providing hospice care.

Key words: ill patient, hospice, home care, Hanna Chrzanowska

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Streszczenie

Początek profesjonalnej domowej opieki nad chorym człowiekiem w Polsce jest związany z postacią Hanny Chrzanowskiej (1902–1973). Jej działalność pielęgniarska na terenie Krakowa była w dużym stopniu innowatorska. Wyrażało się to poprzez umiejętność zauważenia problematyki pomocy obłożnie chorym osobom poza szpitalem i domem pomocy społecznej. Udzielenie pomocy było poprzedzone rzetelną oceną środowiska rodzinnego i zasobów lokalnej społeczności. Kolejnym krokiem było rozpoznanie potrzeb chorego człowieka i dostosowanie do nich działań pomocowych. Chrzanowska organizowała pomoc zespołową dzięki wolontaryjnemu i zawodowemu zaangażowaniu pielęgniarek oraz osób przygotowujących się do tego zawodu. Jej zasługą były inicjatywy polegające na organizowaniu wyjazdowych rekolekcji dla chorych. Chrzanowska pomagała ludziom pokonać bariery fizyczne i socjalne, co ułatwiało integrację. Zapoczątkowana przez nią opieka pielęgniarska sprawowana w domu chorego człowieka miała głębokie uzasadnienie religijne. Była także wyrazem bezinteresownej pomocy, niezależnie od wyznania i zasobów materialnych chorego. Działalność domowych hospicjów w Polsce można uznać za swoistą kontynuację działalności Chrzanowskiej, choć geneza opieki hospicyjnej jest szersza. Zasadne wydaje się przedstawienie teoretycznych założeń i praktycznych rozwiązań problemów osób nieuleczalnie chorych, objętych domową opieką hospicyjną. Wykorzystanie spuścizny Chrzanowskiej może być pomocne w przezwyciężaniu trudności, jakie pojawiają się w czasie realizacji domowej opieki hospicyjnej.

Słowa kluczowe: chory, hospicjum, opieka domowa, Hanna Chrzanowska

Introduction

Today, home hospice care is a common form of care for terminally ill people. It is practiced all over the world and is developing rapidly also in Poland, which is considered a pioneer and leader in palliative care in Central and Eastern Europe.¹ The specific nature of home care enables it to meet the daily needs of patients and their families.

The aim of hospice care is to “prevent and bring relief from pain and suffering through early diagnosis and accurate assessment and treatment of pain and other physical, psychosocial and mental problems”.² The provision of care is based on assumptions and standards that include: assessment of the symptoms, explanation of their cause, individualization of treatment, monitoring of the patient’s condition – all while paying attention to details in the course of the treatment process.³ The procedure involves the identification of the cause of pain and prevention of pain, which is possible, among others, thanks to the cooperation of specialists in various fields of medicine. The cooperation consists in professional assistance with the use of the latest medical achievements, e.g., in the field of pain treatment. The most common form of hospice care is inpatient care and home care.

Modern home hospice care combines the idea of helping people suffering at home with the possibilities of modern medicine, especially palliative care. Home hospice care “grows” from the practical implementation of the idea of helping a sick person and theoretical reflection on his or her being. It is largely based on the assumptions of the Christian concept of brotherly love. An example of implementation of these assumptions is the activity of Hanna Chrzanowska (1902–1973), who is considered to be a precursor of the hospice care model applied in Poland to this day.⁴ Therefore, it is fully justified to present the concept of care implemented by Chrzanowska. The reference of this concept to the activity of Cicely Saunders (1918–2005), the creator of the contemporary hos-

pice movement, broadened the understanding of the issue. Both nurses lived at similar times, but the conditions for their activities aimed at suffering people were radically different. It is worth noting that both contributed to the establishment and development of hospice care.

The precursors of hospice care

The activity of the first of these women is well known. In 1967, Saunders founded a hospice in London,⁵ which began its activities aimed at relieving total pain experienced by an incurably ill person. Starting from her personal experience in caring for sick people, talking to them and observing them, the founder of the contemporary hospice movement proposed a concept of total pain. The idea of helping is aimed at counteracting its destructive effects through the use of symptomatic treatment, reducing ailments and relieving pain. Hospice care meets not only somatic but also psychological needs and influences the mental and social sphere. St. Christopher’s Hospice in London has also developed a model of home care and hospital support groups.⁶ The development of the hospice movement in Western Europe resulted in the availability of this form of treatment to a growing number of patients. It is worth noting that Saunders visited Poland, presenting the idea of palliative care, which contributed to the creation of the first Polish hospices in Cracow and Gdańsk⁷ and further in other cities.

Considering Europe, Chrzanowska is much less known than Saunders, but her influence on the form of home care in Poland is significant. Chrzanowska was born on October 7, 1902 in Warsaw, in a family who rendered great service to Polish culture, science and nursing. After moving to Cracow, in 1920, she graduated from a secondary school run by Ursuline sisters.⁸ After graduating from high-school, she took a nursing course to help the victims of the Polish-Soviet War. In order to expand her

knowledge and skills, she graduated from the Warsaw School of Nursing in 1924. Then she went on scholarships to France and Belgium. She took up a job as an instructor at the University School of Nurses and Hygienists in Cracow. From 1929 until the outbreak of World War II, Chrzanowska edited a popular professional magazine “Pielęgniarka Polska” (“Polish Nurse”).⁹ She co-edited the first nursing textbook entitled *Zabiegi pielęgniarские* (Nursing Procedures) with Teresa Kulczyńska.¹⁰

During the war, which took away her father and brother, she was involved in helping refugees, prisoners and displaced persons, taking particular care of children, including Jewish children. Her desire to help those in need led her to act for the benefit of the sick even after Poland regained its freedom. She worked at the University Nursing and Obstetrics School and took initiatives to help sick people staying at home. During this time she completed an internship in the USA and conducted numerous courses for nurses, expanding her knowledge and skills in open healthcare.¹¹ She understood this type of support to be “provided to people in their normal living conditions”,¹² and thus adapted to the housing conditions of the sick person and their relatives.

A special period of her aid activities was after her early retirement in 1957. It was then that she decided to take up, together with Szendlak, the initiative of home nursing care, which she combined with the activities of the Cracow Catholic Church.¹³ She devoted the rest of her life, which ended in 1973, to the sick. The Catholic Church proclaimed her blessed on April 28, 2018.

Home care has several characteristics that distinguish it from the few other initiatives for the sick. A deeper analysis of Chrzanowska’s activity will enable the characterization of home care in Poland.

Examining the environment of a sick person

Chrzanowska paid a lot of attention to the need for in-depth recognition and analysis of the environment in which a sick person lives; therefore, she attached great importance to the first visit to their home. In her indications to nurses, she emphasized that the assessment of the family environment is a prerequisite for optimal care of the patient. She pointed out that the work of nurses is focused not only on the well-being of the patient but also on the welfare of their family. Being aware of the difficulties in this respect, Chrzanowska emphasized that getting to know another person is a process, not a single event. Therefore, she used the term “getting to know”, which she contrasted with “cognition”. That is why getting to know the sick person’s relatives, their mutual bonds and relations, and the emotional atmosphere around the sick person gained importance. It was important to gradually learn about the customs of the family and neighborhood, which helped to

make potential adjustments that turned out necessary in order to support the sick person effectively.¹⁴

The assessment of the patient’s environment also includes the knowledge of the social resources of people from outside the family. It is also important to recognize the general material situation of the family, and especially to get to know the apartment treated as a nurse’s place of work. Hygiene of the apartment, which should be taken care of by the family, is an important element in the process of patient care.¹² Apart from monitoring, the basic diagnostic tool for Chrzanowska was the ability to ask questions. She thought that the more a nurse knew, the better she would help a sick person. Skillfully formulated questions are a source of valuable knowledge, but it should be remembered that the acquisition of such knowledge cannot limit human freedom or undermine human dignity.¹⁵

Chrzanowska paid a lot of attention to sorting out and systematizing the results of the assessment of the environment in which the patient lives. She recommended that nurses keep reliable medical records of patients and their families, considering that reporting is “[t]he basis for proving the value of our work, for drawing conclusions, for expanding and deepening our work”.¹⁴

Caring for the sick and keeping them company

Reliable assessment of the family environment is an introduction to getting to know the personal health situation and scope of needs of the patient. Obtaining information on the diseases the patient is suffering from the medications used is the basis for the diagnosis. However, it should go further. Although Chrzanowska believed that a healthy person cannot fully understand the needs of a bedridden person, she recommended doing everything in a nurse’s power to get to know a suffering person in order to give them the most effective support: “Gradually getting to know a sick person leads to a growing understanding this person and strengthens and deepens our kindness towards them. Sick people refer to us as «their true friends»”.¹⁴ However, Chrzanowska believed that this honorable term is not fully adequate because friendship implies mutual confessions, and such attitude on the part of a nurse would be unprofessional.

Chrzanowska was aware that crossing the threshold of a sick person’s apartment can sometimes be very difficult. She warned her students: “Entering a house, you must be prepared for a shock.”¹⁵ It was caused by the condition of a sick person, who was not always properly cared for, and the conditions in which they lived (examples of some dramatic cases are provided in an article entitled *Pacjenci domowi* (Home Patients), published in “Tygodnik Powszechny”, an influential Polish Catholic weekly magazine.¹⁶ The ability to control the first reaction is crucial in

the work of a nurse; therefore, a high level of self-awareness of healthcare workers is necessary. Their assistance should be in line with the set standards of conduct, but at the same time, they should be creative and open to unforeseen situations. Thanks to this attitude, a nurse who goes outside the hospital space of repetitive activities is able to adapt her actions to non-standard situations.

Chrzanowska provided help in line with the concept of treating a person in a manner assuming their inalienable dignity. Regardless of the state of health, appearance and prognosis, the sick person remained a person to be respected. Basing her beliefs on the Christian concept of person, she demanded respect for a wide range of needs of a sick person, including not only physical needs but also mental or spiritual ones. Her aim was to look at people in an integral way and provide them with adequate care, without any signs of reductionism.¹¹

Team-based care

In Chrzanowska's aspiration to develop the idea of helping incurably ill people staying at home, a clear focus on building a team providing help can be seen. In order to achieve this goal, it is necessary for nurses to cooperate with each other, as well as with people trained to care for sick people. Chrzanowska was aware that the attempt to satisfy a wide range of needs of a sick person requires taking actions that go beyond the competence of a nurse. Therefore, she tried to make sure that every nurse cooperated with a doctor. Chrzanowska stressed the importance of this cooperation, as submitting to a doctor's decisions and maintaining loyalty is a requirement that prevents abuse and builds a sense of trust.¹⁴

The blessed nurse drew attention to the need for including the social support sector in the cooperation. To this end, it is necessary to know the structures of this form of support and to be able to use its resources. Chrzanowska wanted NGOs and the Catholic Church to become involved in helping the sick. In *Zagadnienia etyczne w pielęgniarstwie domowym* (Ethical Issues in Home Nursing) she suggests that the task of a nurse is to initiate and organize activities in which people working voluntarily, especially women, youth and students, are also involved. If help is provided skillfully, the people who provide it also benefit from it: "Although the goal of direct actions of a nurse is the well-being of an ill person, she should also have in mind the welfare of the asset itself, i.e., of its members. Particularly important are the groups of young people for whom contact with those sick and in need can have an extremely positive impact if carried out with knowledge of their psyche and abilities".¹⁴ A sense of responsibility for the unskilled is of particular importance.

A person that could enhance the activities of the team is a clergyman. Inviting him to the sick person's home some-

times requires overcoming resistance and fear. Chrzanowska recommended full gentleness in this respect, as she was aware that a visit of a clergyman could be difficult for a patient. Instead of persuading the sick to make confession and receive the sacrament of the sick, she offered vigilance and conversation, which enabled the release of inner tension and comforted. The result of gentleness and tact is that "[v]ery often those who were supposed to be frightened by it, agree to the proposal of bringing a priest and receiving sacraments with joy and excitement".¹⁴ It is worth emphasizing that Chrzanowska introduced into the world of the suffering Father Karol Wojtyła, who in 1960, already as Bishop of Cracow, visited 35 sick people with her during Lent. Later, it became an annual Lenten ritual and a fixed point during visitations in the parish.¹⁷

Overcoming barriers

Since the first half of the 1960s, Chrzanowska has been organizing retreats for patients. It was an expression of her concern for the spiritual and religious development of suffering people who did not have the opportunity to receive sacraments on a daily basis. These trips were also important for integration, as healthy caretakers had the opportunity to meet and help sick people. This contact was of particular developmental importance for the caretakers, while for the disabled it was a unique opportunity to establish new relationships and strengthen ties. It also built in them a sense of their dignity and restored faith in others, which is indicated by the statement of one of the participants of the retreats: "In '68, I was found by a true Human, i.e., late Ms. Chrzanowska, and then others, similar to her. Thanks to them I stopped feeling like an unwanted object. I started to believe that I was human – with a huge defect, admittedly, but still human. I also believed that there are still real people."¹⁸

For many patients, taking part in the retreats was the only way to leave home, where they sometimes stayed for many years.¹⁹ Therefore, it is not surprising that the patients reacted with disbelief to the proposal to go for a trip. However, the full commitment of the organizers and those under their care enabled them to overcome all architectural, psychological and social barriers.

Conclusions

The analysis of nursing, writing and organizing activities of Chrzanowska allows us to notice that the methodology of aid activities that she developed has a real impact on the contemporary model of care for incurably ill people. Although Chrzanowska did not apply all the concepts and methods used in today's hospice care, she showed the importance of basic truths and assumptions. While maintaining the professional character of a nurse's work,

she remained open to novelties and saw the need for continuous development. By putting the adopted ideas into practice, she inspired others to become involved in helping people. Thus, she is rightly called the precursor of home hospice care, which does not mean that the overall development of such care can be attributed to her. Chrzanowska's activity is part of the activities undertaken by other people involved in helping the suffering. It is a valuable source of inspiration for helping others, supported by personal example. It is worth mentioning here contemporary community nursing or the activity of home hospices. A special example of her activities are camps for the disabled and retreats for nurses, which are still organized today. She has become so clearly established in the consciousness of subsequent generations that many welfare institutions and non-governmental organizations bearing her name have been established.

It is no coincidence that the presentation of Chrzanowska's life and activity began with a reminder of the figure of Saunders. Although there is no evidence that the two women ever met, their ideas are very close to each other. In one of her key texts, Chrzanowska emphasized this unity, concluding tips addressed to nurses: "The calming effect of caring for the sick, pain management, honest conversation, tactful and wise manner of making the sick become conscious of dying and helping them come to terms with it – these were also the assumptions that were at the basis of St. Christopher's Hospice – home for terminally ill and dying people in England."¹⁴ This reference means that Chrzanowska was aware that her work was equally necessary for the sick in impoverished Poland as for people dying in much better economic conditions. The marked differences do not concern the essence of human life, its value and meaning. Helping the sick became the goal of her life, although it required a lot of effort from her. Taking on the role of a precursor meant showing creativity, resistance, fortitude, hope and, above all, love for the sick. These traits characterize Chrzanowska well and are a clue for all those who are engaged in helping suffering people.

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