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Faith and Belief, Importance, Community, Address in Care spiritual history tool by C. M. Puchalski as an instrument for an interdisciplinary team in patient care

ABSTRACT

Being aware of the tradition of research on spirituality in theology and the existence of detailed publications and research concerning psychology of religion and religiosity in psychology as well as other sciences in Poland, the authors propose the recognition and adaptation of the FICA tool for spirituality research. The belief in the importance of deepening the knowledge and providing tools to research spirituality of human existence results from a long practice of the authors in palliative and hospital care. Understanding a difficulty in operationalizing the category of spirituality, they attempted at searching for a method that would be applicable to persons at the end of their lives as well as to all the suffering. Having analyzed the research tools built by Polish science as well as available ones on religiosity and spirituality the following paper aims at presenting the unknown FICA tool (F – Faith and Believe, I – Importance, C – Community, A – Address in Care) in Poland by Prof. Dr. Christina M. Puchalski, USA, being adapted to Polish practice. The tool presented allows for the evaluation of spiritual experience of persons taken medical and social care of by every member of multidisciplinary team of professionals. Since the FICA tool is a qualitative scale it does not need a normalization and standardization methodology. However, a cultural adaptation is crucial in order to make the practical tool become help in answering spiritual and existential questions posed by patients to workers and voluntaries engaged in the process of Care.

KEYWORDS: spirituality, religiosity, interdisciplinarity, team, suffering

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INTRODUCTION

Each situation evaluated as difficult subjectively requires support and concern. Each of these situations raises a range of various reactions and feelings. The resources concerning support stress the importance of adapting aid or support to situations experienced. The available analysis and research on people in need of support conclude they experience different sensations in various spheres such as somatic, social, emotional or mental ones, as well as spiritual and religious ones. The feelings are a subject of treatment and support of professionals taking care of those in need. A model example of an interdisciplinary cooperation is the participation of palliative care employees, where a holistic recognition of patient's experience as well as his or her loved ones dominates.

The publication aims at approximating hospice practice and proposing it to other health institutions, taking into account especially the spiritual experiences of a patient. The authors are confident of the value of improving knowledge and skills of the spiritual sphere of human existence and the need to have the appropriate tools to assess it. Realizing the difficulties concerning operating the spirituality category, the authors were committed to the task of seeking a method that would be appropriate for patients. Particular attention was given to those ill being on the different stages of recovery/treatment, who being in various somatopsychic states, did not always feel well enough to fill a long questionnaire.

After the analysis of existing research tools on the basis of Polish science and the tools available on the religiosity and spirituality (Jarosz, 2011), it has been attempted at adapting to an unknown tool in Poland, the FICA (Faith and Belief, Importance, Community, Address in Care) by Prof. Dr. Christina M. Puchalski. The research tool presented allows for assessing the spiritual experience of people surrounded by medical care and social assistance

by each member of a multidisciplinary team of professionals in a way that is indeed honest and to the point.

THE ROLE OF MULTIDISCIPLINARY AND HOLISTIC CONCERN FOR THE PATIENT AND FAMILY

The basis of considerations is palliative and hospice work experience. It is worth recalling that the basic premise of caring for the sick is interdisciplinarity of a team, comprising of medical and non-medical professionals specialized and prepared in social competence to work with chronically ill (Ciałkowska-Rysz, 2005). A proper implementation of tasks and division of labour is to raise the quality of care and attest to the success of the organization (Hałaburda, Szewczyk, 2009). The main purpose, next to the alleviation of pain, is "the facilitating any assistance to the ill, especially in maintaining or regaining dignity, maltreated by suffering and leaving" (Górecki, 2000). The holistic recognition of experience of the patient and his family allows for support in case of physical ailments, but also of the difficulties encountered in the socio-emotional-spiritual realm (Górecki, 2000, Krakowiak, Modlińska, Binnebesel, 2008). Palliative care principles are derived from the guidelines proposed by Cicely Saunders (Tywcross, Frampton, 1996). These rules were adopted and implemented as the best practice on the basis of the Polish hospice care. According to Saunders such treatment of the patient should extend the overall care and give him adequate support. "In the integrated care of the patient it is not so much for the separation of individual elements from each other, but rather for the attempt to connect them with each other in an integral wholeness. Everyone should work together for the best somatopsychic being of the patient. It is a work with a sense of mutual solidarity" (Keirse, 2007). Based on a direction of supportive actions, an individual analysis of the

dimensions of the patient's experience and the search for ways of measuring it seems a natural consequence of the rules adopted.

Each of the areas subjected to potential changes as a result of the disease became the basis of analysis of psychoonkology and palliative care literature. The experiences in psychological and social realm were found in many publications (Kübler-Ross, 2007; Walden-Gałuszko, 1992). It seems that to a lesser extent, the spiritual sphere was described, especially in the separation of these experiences from religiosity and the declared faith. To a large extent, in earlier times, the spiritual care of the ill was focused especially on the service of a chaplain. Only recently, under the influence of the changing structure and demand of the hospice's patients, it has started to engage non-believers in research on spirituality without connecting it with religion. As an example we might consider the definition of spirituality given by R. Tanya in 2002: spirituality is "a personal search for meaning and purpose in life, which may, but need not, be associated with religion" (Tabota, 2011). For a fuller picture a more detailed analysis of the category of spirituality seems to be justified.

RELIGIOSITY AND SPIRITUALITY IN THE RESOURCES

The term 'spirituality' has not been determined in a single definition. According to Spilka vague terminology concerning spirituality makes it impossible to give a satisfactory definition or even the meaning range of spirituality. However, undertaking such a challenge is necessary due to the growing interest in this phenomenon and the number of studies on it. The discussion about defining the religious and spiritual dimensions in the evocatively titled article: Religion and spirituality: unfuzzing the fuzzy, undertook team of researchers (Zinnbauer et al., 1997). Despite criticism, the term is more often subjected to analyses by specialists of various sciences, in search of answers concerning

questions about the nature of the phenomenon and the impact of spirituality on human behaviour.

The main area of scientific reflection on religiosity and spirituality was primarily theology, in which there were researches of different systems of religious and spiritual experiences in the world (Bernardt, 1986) and in Poland (Balter, Dusza, Mickiewicz, 1995). In those analyses the religiosity is recognised as a form of personal human experience in contact with God, adequately to the religion declared.

Religion and spirituality were also in the focus of social sciences, particularly of the psychology of religion. The author researching religiosity in the area was Władysław Prężyna. Based on the analysis of Prężyna it can be said that "religion is a personal relationship with God. While the internal part of the human relationship to God is a religious experience [...] Religious experience is characterized by the fact that it is not temporary, but consists of an entire group of feelings, sensations, and experiences that are focused on the subject of religion. These are the sensations and experiences important to the human being, because they are embedded deeply in his psyche, with the individual characteristics of each person" (Prężyna, 1981). It seems that the analysis only of religious feelings is a certain limitation in the context of non-religious people who declare spiritual experiences. Therefore, more and more often theologians indicate the need to reflect on the spiritual experience. Increasingly, this shall also be the subject of medical and social science research, in which there is an increasing conviction of the need to pay attention to the spiritual aspect of the human experience (Cobb, Puchalski, Rumbold, 2012).

There is more and more undergoing research on separation between categories of spirituality and religiosity as different in terms of definitions as well as ambiguous. "So far the term of religiosity, has been proven to be insufficient for adequate new forms of expression of experiencing religious phenomenon" (Jarosz, 2010). It should be pointed out that the increasingly popular

religiousness is identified with an institution and as such it is not fully spiritual experience of the man, which may extend beyond the institutional framework of the religious systems. Relying on the analysis by Marcin Zwierżdżyński, it can be noticed that the vast difference between the religion and the spirituality is expressed in their location in a person's life. Zwierżdżyński sums it up: "religion is a skill assumed from the outside; spirituality is the ability discovered inside a person. Religion leads lives of whole communities. Spirituality has a more individual dimension, non-formal" (Libiszowska-Żółtkowska, 2010). The analyses focusing on the essence of the spirituality in people's lives are more and more treating it much more broadly than the religiosity. "The concept of spirituality arises mainly from questioning the institutional dimension of religion. It accentuates the autonomy and uniqueness of content and emotion which a person experiences in contact with the sacred experiences" (Jarosz, 2010). Paweł Socha states: "the spirituality is *differentia specifica* of a human being, and the result of spirituality is widely understood culture. A strict definition of the concept of spirituality cannot be given, because by its very nature it is elusive [...]. Developing spiritually, we become people increasingly [...] In this meaning, *spirituality* is a concept of development" (Socha, 2000). Clive Beck claims that spirituality as a "combination of human qualities, which can have both religious and non-religious people ". In his analyses he indicates specific features typical of spiritual people such as the ability of insight into their actions, a sense of context and perspective, the awareness of the interconnectedness of things, the integration of body, mind, soul and spirit, the ability to feel the unusual, mystery and reverence, the ability to feel gratitude, but also of humility, hope and optimism, soulful approach to life, energy, distance, the acceptance of the inevitable, and the ability to love (Wulff, 1999). In a similar trend David Haya leads his research (Grzymała-Moszczyńska, 2004) by treating the spirituality as a typical characteristic of all people. It seems that such defining

of spiritual experience corresponds to the collective feelings and the experiences of people in difficult situations, especially the somatic ill being at the end of their life.

More and more often on the basis of care of persons with advanced cancer it is understood that spirituality can be experienced by anyone, even when a person declares himself as non-believer or non-religious one. 'Spirituality' is then defined as a piece of non-material reality of a human being, 'religiosity' is a term used to describe a close relationship with God depending on the declared religiosity and faith (Krakowiak, 2011).

The selected research on spirituality would confirm the thesis about the importance of the sphere of life as an individual, independent from accepted religious attitudes in the life of a human being. The definitions presented combine the recognition of spirituality as a way in which a man gives the importance to something and arranging the meaning of his life. In this case spirituality becomes rather subjective and entity-like state of a human being (Conquest, 2006), "an expression of being, which is within us; it has a lot to do with feelings, with the strength that comes from the outside, with the knowledge of our deepest self and what is sacred for us" (Wulff, 1999).

Demonstrated knowledge seems to argue that the issue of spirituality in a person's life is an essential part of the operation. This sphere appears to be important in the daily life of every man and woman, and in a special way in the situation referred to as difficult. Such recognition of the phenomenon of spirituality seems particularly important especially in the context of the preparation and conduct of the support process. Referring to a human being as a person having his personal spirituality allows for the provision of assistance to each and every one, independently of the declared religion or belonging to the religious community. This seems especially crucial in the situation of experiencing chronic disease or the upcoming death, in situations where the borderline situations, which, in accordance with the concept of total pain by

Cicely Saunders, all people experience suffering which is not only somatic, but also emotional, social and spiritual (Winkler, 1996). The confirmation of the importance of spiritual experience can also be words by Victor Frankl, "Man lives in three dimensions: somatic, psychic and spiritual. The spiritual dimension cannot be ignored, because it is precisely the one that makes us people. "(Frankl, 1957) Apart from religion declared everyone asks questions about the meaning of their lives, about the meaning of experienced difficulties or what happens in their lives. Every human being, regardless of his religious or philosophical declaration is troubled by existential and spiritual questions. And every such person, experiencing a difficult situation or feeling the need for spiritual support, should get it.

Considering the concept of total suffering and Frankel's analysis to the research presented on religiosity and spirituality it can be concluded that individual experience is a part of a widely understood definition of spirituality adopted by a team of American experts representing different cultural, religious and spiritual traditions, with regard to care for people at the end of their lives (Puchalski, Ferrell, Virani, Otis-Green, Baird, Bull, Chochinov, Handzo, Nelson-Becker, Prince-Paul, Pugliese, Sulmasy, 2009). In accordance with the definition the spirituality is understood as "what allows a human being to experience the transcendent meaning of life. It is often expressed as a relationship with God, but it can also be a relationship to nature, art, music, family, or community, regardless of the beliefs and values it gives a person a sense of meaning and purpose in life" (Puchalski, Romer, 2000). The definition was the theoretical basis for a construction of a research tool used to test the intensity of spiritual experience. This definition, also in this article, shall be accepted as valid as it will allow for a credible adaptation of the tool at a later stage.

It should be noted that on the basis of Polish science there has already appeared many methods for psychometric examination of the phenomenon. Despite the difficulties with operationalisation

of the issue due to the very phenomenon, researchers are looking for tools that would allow for measuring the human spirituality in the most appropriate way. Many Likert-like tests and questionnaires, as well as methods of a quality character have appeared so far. (Grzymała-Moszczyńska, 2004) One can mention the Scale of the Attitudes of Religious Intensity by W. Prężyna, the Interview investigating faith development or the Scale to measure the religious way of dealing with difficult situations (Kuczkowski, 1993). Most of the available research methods refer to estimating the level of attitudes or religious experience in a quantitative way, rarely undertaking operationalization of spirituality using qualitative methods. The analysis of the hitherto questionnaires existing in Poland to study religious attitudes or religiosity allows to claim that these tools do not fully reflect the concept of spirituality adopted after Puchalski as well as they seem inadequate to the needs of scientific research.[1] They do not also apply directly to the area of chronic disease, suffering and possible death. It also appears that there are tools missing that would treat both religious persons and included in faith communities, as well as people unrelated to any community, seeking, or avowed as a non-believers, but open to existential and spiritual dimensions. [2] In the opinion of the authors of the article, to explore spirituality described as

[1] According to H. Grzymała-Moszczyńska there are three reasons for the creation of new scales. One of the reasons is that the existing methods do not correspond to the scientific needs of researchers. Comp. Grzymała-Moszczyńska, "Religion and culture. Selected issues from the cultural psychology of religion" (Religia a kultura. Wybrane zagadnienia z kulturowej psychologii religii), Jagiellonian University, Kraków 2004, p. 199.

[2] M. Jarosz, (ed.), "The psychological measurement of religion" (Psychologiczny pomiar religijności) Both Polish scales for the measurement of religiosity presented in this manual (pp. 25-170), as well as a description of the Polish adaptation of the scales for the measurement of religiosity (pp.171-348) do not contain tools designed to study the spiritual needs that go beyond the religious experience.

widely interreligously and interculturally, it is necessary to adopt an adequate research tool. This tool seems to be the FICA tool.

The authors of the article plan to adapt the tool that has been applied for years with success to study the spiritual needs in health care and social assistance in other countries. Its many years of use the USA as well as numerous studies showing its practical usefulness in institutional care practice have been confirmed in international literature (Borneman, Ferrell, Puchalski, 2010). Below there will be presented theoretical bases of the tool to study spirituality, the FICA, which is subjected to a process of adaptation to Polish practice of institutional care.

FICA TOOL IN RESEARCH. THEORETICAL BASIS

Based on the analysis by W. Prężyna, one can conclude that each constructed tool should refer to a specific concept or be built on specific defining categories (Śliwak, Bartczuk, date of access: 2014). Therefore, it is necessary, at this stage of adaptation, to recall the definition which became the theoretical basis for the creation of the American version of the FICA scale. Puchalski adopts the definition, as in force in her analysis and research, according to which spirituality is understood as "what allows a human being to experience the transcendent meaning of life. It is often expressed as a relationship with God, but it can also be a relationship to nature, art, music, family, or community, regardless of the beliefs and values it gives a person a sense of meaning and purpose in life."(Puchalski, Romer, 2000)

The main features which became the theoretical base for the tool presented are the following postulates:

"Recognition of spirituality as an essential element of life of each patient. Spirituality may have an impact on the patients' quality of life; it is an integral part of the quality of life of the majority, even declaring themselves as non-believers.

Conversation about the spirituality should be made at each visit, control tests, and other visits/consultations, if necessary.

Respecting the privacy of the patient and his spiritual beliefs.

Awareness of own beliefs and not forcing them to others.

Sharing your idea with others that may provide help and support " (Puchalski, 2013).

The proposed definition and theoretical assumptions, as well as the need to improve the quality of relationship with patients and their families became the basis for the creation of a tool to study spirituality among the chronically ill and their families. The FICA tool is a qualitative method used for study of spirituality level. In the form of an open questionnaire it allows individuals for the freedom of speech answering the questions about their beliefs, spirituality, and the importance of spiritual beliefs in dealing with the situation of the disease. The key element of the tool is open questions, at the beginning concerning spirituality, then its importance and the impact on the lives of the interlocutor. It consists of the subscales presented to the researched in the form of open questions:

Faith and belief as elements having an impact on coping with the disease, the difficulties:

"Do you consider yourself spiritual or religious?" or "Do you have spiritual beliefs that help you cope with stress?" If the patient answers "No," the health care provider might ask, "What gives your life meaning?"

The importance of faith and belief in the healing process

"What importance does your faith or belief have in your life? Have your beliefs influenced how you take care of yourself in this illness? What role do your beliefs play in regaining your health?"

The impact/importance of the community

"Are you part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?"

Question about form/address in care

"How would you like me, your healthcare provider, to address these issues in your healthcare?"

"Do you agree you that information gathered on you was included in the documentation of the disease so that others within the care team may use it to better support?"

Interpretation of the results obtained is based on qualitative analysis.

THE PURPOSE AND THE STAGES OF ADAPTATION OF THE FICA TOOL INTO POLISH PRACTICE

Based on the definition adopted by Puchalski the authors of the article plan to adapt the tool into Polish care practice. Defining spirituality in a broader context and attributing it to all people, in order to examine it, there is a need to use a tool that would be active in the research in the context of health and disease in an adequate way. Such understanding of spirituality has been adopted in the paper in the belief that "spirituality has an individual dimension, and religiosity convenes community. The concept of spirituality gives wider research possibilities; it goes beyond the traditional patterns and religiosity dimensions" (Libiszowska-Żółtkowska, 2010).

Every action should have a scientific justification and objective. According to R. Ł. Drwal foreign tests are adapted for two reasons. One of them is the ability to use the tool in practice (Drwal, 1995). The proposed tool to study spirituality will allow for wider recognition of experienced spiritual feelings, especially in the context of a difficult situation which is a chronic disease and suffering. The consequence of a thorough analysis of the reaction experienced on the basis of fairly adapted tool would be, according to the authors, the possibility of granting adequate help and support. Relying on the analysis by Halina Grzymała-

Moszczyńska (1986), the therapeutic importance of spirituality, religious beliefs or affiliations to certain religious groups can be highlighted. It seems to be an important factor in constructing or adapting the tool to study an intimate dimension of human functioning, which is its spirituality. The adaptation the FICA tool will allow increasing and optimizing the interactions or therapeutic support through the analysis of spiritual experience's intensity. To provide better support for the suffering, the analysis of the test seems to be a prerequisite. Qualitative methods also have another advantage. They allow for including the entire context of the experience, seeing the experience through the eyes of the patient, without narrowing reactions described to the categorized answers. In team care all the methods are important to improve the quality of life and level each element of total suffering. It is one of the main purposes of the adaptation of the FICA tool.

The procedure for the adoption of individual claims will be carried out in accordance with the standards laid down by the authors of the original version of the tool. It is assumed that the process of adapting the tool will be prepared during the same stages that were used in the original version of the FICA tool. The authors of the original version defined guidelines and the standards of conduct for the relevant stages in the process of implementation of the tool to other countries. These procedures apply to each researcher who undertakes the adaptation of the method.

After translating individual tool's claims[3] in agreement with the guidelines laid down by the authors of the FICA, specific procedures of cultural adaptation will be undertaken. Relying

[3] R. Ł. Drwal calls the stage of adaptation 'a transcription' and 'translation' consisting in a fair translation of sentences with a form of the posed questions while at the same time the possibility of modification of the sentences, where it is more desirable due to the cultural requirements. See: R. Ł. Drwal, "The Adaptation of Personality Questionnaires" (*Adaptacja kwestionariuszy osobowości*), WN PWN, Warsaw 1995, p. 15.

on Drwal's analysis, it can be said that each tool needs to take account of the cultural conditions in order to transfer it to Polish practice, in which the tool is to be used (Drwal, 1995). "The technique which has grown in one culture to become useful in another must be adapted to the new reality" (Drwal, 1995).

Because the tool presented is a qualitative scale, it does not require a traditional methodology of standardisation and normalisation. However, it seems necessary to adapt the tool culturally basing on belief in the existing cultural differences between American and Polish backgrounds. In the process of adaptation, a stage involving the establishment of equivalence seems to be necessary. In case of the presented tool the facade and functional equivalence can be determined. The facade equivalence is to take care of a tool's graphical form, the number and order of claims, statement completion, and how to conduct research such as in the original version. Both methods of equivalence shall be applied in the process of the FICA's adaptation.

In the process of introducing the scale on the Polish ground, the relevance for the determination of whether the content of the individual statements correspond to the definition that specifies the subject of the research should be also assessed. This is done by the means of competent judges, whose job is to weigh the various claims on the previously established scale.

CONCLUSION

Assisting people who are in a difficult situation allows for a claim that they experience a variety of feelings in the social and emotional, somatic spheres. The spiritual sphere seems to be as crucial as the other ones, which is often emphasized by persons supported. The importance of this realm is visible even in questions about the meaning of events and situations happening posed by patients/customers. For their best support and education it is

necessary, next to the unchallenged and essential interpersonal skills, to have a possibility to determine the level of spiritual experience and needs objectively. Such a task seems to be satisfied by the FICA tool, which has been attempted to be adapted.

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