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# FAMILY NURSING
# A CALLING OF THE FUTURE

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## Abstract

The aim of the article is to make the reader aware of the idea of family nursing and to present a variety of the manifestation of family nursing towards ill people in a family, society, and a parish, with special emphasis on its mission and timeless character. As a result of the reform of the health care system in Poland, family care is more and more often becoming a subject of nursing practice. It concerns mostly those systems where the burden of care was transferred to medical services performed outside the hospital. The duties of family nurses are as various as the environments, patients and places of their service. This all influenced the problem of nursing in the scope of historical and contemporary approach. The focus of the article was placed especially on the problem of family nursing, which, in the scope of care system, includes a family and an ill person in their home, in a society or in a parish. This postulate was based on the example of nursing theory and practice by Hanna Chrzanowska. Materials from scientific journals, academic textbooks and thematic sources on family and home nursing formed the basis of this article.

*Keywords:* home nursing, social nursing, parish nursing, formation, nurses

## 1. Introduction

The main goal of family nursing in the care system is to provide holistic care to the recipients of nursing services. This type of nursing, which takes care of a family and its particular members in health and in illness, cooperates with local societies, institutions and supporting groups (i.e. volunteers). In their work, family nurses use methods of creative thinking to solve health problems of their patients.

The family is the main subject of family nursing. Family nurses co-operate with a family, protect it and secure care of the beneficiary living within the family. A nurse's knowledge of the family and the environment, included in Social sciences, especially Sociology, is an essential condition of her effectiveness. Familiarity with the situation of the family and the changes it undergoes gives a nurse the opportunity to make a reliable, substantive

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diagnosis, to plan proper actions, select resources and implement the nursing process and to assess the effects obtained. Also, including the family in the nursing process makes it possible to improve effectiveness of actions taken. As a social group, a family is connected by parental and marital ties, and lives in a given social environment. It remains the closest to the individual and, as a primary group, becomes "a cradle of life and love, where a human is born and grows" (Christifideles Laici, 40). Although it makes one of the smallest social groups, in the rank of socialization it takes the first place. No wonder that it has drawn scientists' and researchers' special attention for many years. It is the family that as the basic group of every society is a place of primary socialization [1]. It enables all its members to develop and exist, it helps to fulfil biological, mental and spiritual needs. To a great degree, fate of its members, inscribed in the history of a great social group that is a nation, depends on its spiritual and material resources [2, 3]. There is no doubt that macro-social changes closely affect the functioning of a family. Especially in the contemporary world a family that is subject to processes of industrialization, urbanization, technological and technical development and cyberspace, has never before found itself in difficult times of civilization, about which F. Znaniecki writes: "it is the civilization of the future, based on the individualized character of human existence" [4].

From the point of view of Christian anthropology, an ill person is called to a contemporary family with the Gospel of the truth about suffering. Meeting an ill person always leaves a spiritual trace and carries some existential message for other, healthy members of the family, and also for family nursing. John Paul II reminded that ill people have a special mission to fulfil, they have much to offer to others and due to their testimony of life, they can teach the world of medicine what true, sacrificial love is, so that those who serve the sick would not be professionals, but the appointed (Christifideles Laici, 53).

Family nursing, which is of the main focus of interest, also has its derivative aspects and extends to home, social or parish nursing, which will be presented below. First, the article will present the idea of family nursing. Then, it will present how family nursing may be manifested in various forms, such as the home, society and parish.

## 2. Family nursing

Family nursing is inseparably connected with the work of a family nurse [5], appropriately prepared for the profession, who works especially in the local environment, co-operates with particular people, families and members of other medical professions within basic health care. A family nurse may be a key person of the 'first contact' with the care system, working in various types of facilities, especially outside the hospital.

The idea of family nursing embraces every person and every family as a whole. Pope Francis, during a meeting with nurses in the Vatican called them "experts in the area of humanity". When addressing over 6000 delegates-members of medical staff in the Paul VI's Aula on the 4$^{th}$ of March 2018, he also

claimed that shortages in medical staff and cuts in health care "are unacceptable". Family nursing gives support to the family in the implementation of its basic functions by providing knowledge and abilities to satisfy health needs in health and disease [6]. In her emphatic attitude, a family nurse is a teacher - educator, advisor, expert - consultant, spokesperson of a patient/family against other institutions [7]. A family nurse can recognize health problems of their patients, even those who live their lives solely, but always in the context of closer and further family. The aim of family nursing, implemented through a well-thought-out, systematic and individualized process of nursing is to prepare a patient for self-care and their families for non-professional care of the sick [8, 9]. In the case of deficits in the nursing and care, nurses fulfil those needs in co-operation with other institutions and volunteers. One of the most important tasks of a nurse is thus health and life protection, which have their source in a family, and support for families during the illness of a family member, who takes strength from them in the fight against the disease [10].

A well-prepared family nurse becomes a member of a multidisciplinary nursing team, their tasks are essential for the implementation of basic health care. Such opinions were presented in 2000 in the Munich Declaration, in which relevant authorities are encouraged to search for "opportunities to create and support nursing and family midwifery programs and services in the local communities, taking into account - where possible - family health nurses" [11]. In 1980 and 1995 the American Nursing Association (ANA) in its opinion on social policy considered a family as one of the beneficiaries of social care [12]. In 1997 the Canadian Nursing Association (CNA) claimed that in Canada 'the pro-family approach is the aim of nurses "work with patients in all kinds of the institutions of care", and moreover, such practice is subject to the ethical code and standards of professional practice and accreditation of hospitals [13,14]. Representatives of medicine and other professions (e.g. social welfare) have for many years paid attention to the fact that it is the family that is the basic beneficiary of care. The American Medical Association and the American Board of Medical Specialties considered family care as a medical specialization in 1969. Residency programs in this regard describe family practice as a specialty within which people at any age are given constant and complex care, diagnosing and treating a wide spectrum of diseases, including emotional stress and mental disorders [15].

A question arises today whether contemporary language and theoretical foundations of family nursing are always compatible. In addition, the kind of family nursing services available depends entirely on the conditions of a particular medical care system, its priorities, values, resources available, education and competences of workers. However, the following similarities in the models of family nursing can be distinguished [16]. One of them is the fact that practice implies holistic care, in which the person who needs help or care is surrounded by their family, or the subject of which is the whole family. Practice also recognizes the structure, strengths and weaknesses and the dynamics of the family, and these factors may strengthen or weaken its health potential or worsen

the condition of the illness and thus affect the way of the evaluation and the choice of activities of family nursing. Practice also encourages family members to take part in the evaluation, decision-taking, planning and care. What is more, practice uses many resources and services needed for evaluation, education and support. It also involves using the resources of other health and social care workers.

However, in most cases it is the member of the family, not the whole family, who is the subject of care and the first person who communicates with the health service on behalf of the family. There may be various reasons for these contacts, the most frequent being the birth of a child and the care of the new-born, care for a mother and a child, home care for the elderly, care for the chronically ill people or people with mental disorders, or searching for social solutions to improve the functioning of ill people in local society [17]. The care can be extended to the whole family, if a nurse offers their help to a pregnant woman during the delivery of a baby and confinement, care for women, children at a school age, assistance in parenting matters, care for 'high- risk' families and children, rehabilitation and care of the disabled, help in situations of violence and sexual abuse, care for a dying person and during the period of mourning [18].

Home nursing is the fastest- developing area of medical care sectors in the United States. In Europe, growing costs of care, the increase in life expectancy and the belief in the necessity to show respect towards the elderly, chronically and incurably ill people, caused greater interest in politicians and medical care workers in the opportunities of family care. Although there are various solutions in this area in particular countries, in most of them family nursing is the core of this kind of services, and family nurses claim that they will have to expand their services to the sick and the needed in their homes, local environments, and even parishes.

Drawing greater attention to families as the centre of care can finally solve at least a part of financial problems in the health sector. For instance, in Germany there is the Bismarck model available, which is the model of financial support for family care. A family and a patient have the direct access to basic nursing services (based on health insurance) and can choose such care. The Bismarck model is an example of economic decisions made as a response to the growing costs of medical care. It opens nursing to different possibilities to create family services. It must be added, however, that success requires tight co-operation between decision makers and service clients - to explain that a family care nurse is able to provide this kind of care.

It is worth observing the success of some innovative solutions improving access to such services as mobile, satellite clinics, outpatient care points, places of care in shopping centres or at a chemist's, nursing phone aid, 'telehealth', nursing aid in schools and estate places (of high standard). A lack of transport and living in remote areas are the most frequent access barriers for people looking for help, and the abovementioned forms of services enable this access, maintaining the quality of care.

In terms of family nursing, the creation of care models not focused on the disease but on the opportunity to improve the quality of life to an ill person in their family, or home environment requires the promotion of knowledge and skills which will be interesting for families and which will make families willing to use the solutions (for instance, work on improving family nourishing may also mean teaching families to grow vegetables.) That is why family nursing is becoming a multilevel, holistic care of an ill person, their family and the environment they live in. Certainly, literature and experience gathered during visits to patients may teach a family nurse to overcome the existing barriers and prejudice, to listen actively, concentrate on searching for solutions possible to be used in particular conditions, and meeting the family expectations. Family nurses become the representatives of the health care who search for support and medical care of the sick, the elderly and other people in need outside the hospital, i.e. at home, in the society and parish.

## 3. Home nursing

One of the forms of the implementation of family nursing is a long-term care in the so called home nursing. Long-term nursing care is most frequently connected with the care of chronically ill people at home, when patients do not require being hospitalized, and have not received a place in the hospice, and due to health problems they require systematic, intensive nursing care at home.

From the historical point of view, in the 1920s of the 20$^{th}$ century professional nursing in Poland developed immensely. The newly established nursing schools educated outstanding nursing nesters, including Hanna Chrzanowska, who, by accepting the job of a social nursing instructor in Uniwersytecka Szkoła Pielęgniarstwa i Higienistek (University School for Nurses and Hygienists) in Cracow, developed the idea of home nursing. (Beatified in Cracow on 28 April 2004, Hanna Chrzanowska was an incredible example of for John Paul II, who described her as a 'female genius'. The Pope always emphasised her strength, warm heartiness and enormous empathy. Chrzanowska forever remained a close friend to him and an important inspiration to care for a family and the sick.) Seeing further and wider, and having the knowledge of the conducted research, she noticed the failures of the care of the severely ill people remaining at home for a long time. Hanna Chrzanowska's greatest worry was a person in need remaining in the natural environment, that is home and family. „We were delighted because she drew us by her example of a beautiful, completely sacrificed to the life of the sick. Not only did she draw us, but also infected us with good (…). Her service took the shape of the simplest activities: she fetched medicine, nursed them, washed their feet. It was a striking and an unforgettable testimony. She drew us to poor, forgotten and suffering people who needed not only professional nursing care but also spiritual support (…). Hanna noticed these needs and with great sensitivity she responded to them, engaging many environments, including clergymen. As priests-to-be we learnt the Gospel of Mercy from her, that is if we

want to follow the Gospel in our lives, we must turn to those who are in need, ill, lonely and abandoned", remembers Cardinal Stanislaw Dziwisz [19].

Hanna Chrzanowska, as a pioneer of home nursing, began her work by defining this completely new nursing discipline in Poland. She wrote in her assumptions that "[…] family nursing has never been developed on a larger scale before. I immediately define its features: a nurse performs particular functions towards an ill person: first of all, these are hygienic treatments. She has a few ill people under her care daily so she does not work still shifts but spends approximately between 1 and 1.5 hours in individual houses: she nurses especially those chronically ill. The essence of work of a home nurse is first of all the fact that an ill person requires systematic care, the simplest and least effective activities such as washing, making bed, preventing from bedsores, and walking around the room, which improve the well-being of the ill person in further suffering. The simplest rehabilitation should also be provided. The job, apparently monotonous, is an opportunity to meet the varieties of the psyche of the patient, and their home environment. Home nursing is not a side job, but the main activity. The nurse receives salary from the institution on behalf of which she works, and possible fees are paid by more affluent patients." [16, p. 7]

## 4. Social nursing

A social nurse plays the key role in family nursing. She/he co-operates with home nurse and family nurse. What distinguishes a social nurse from home nurse is the fact that they are educated in social work, they can co-operate in the field of improving social and health conditions in which an ill person functions at home. Social nurses' activities are of a nursing and care, or social and educational nature. Hanna Chrzanowska, at various stages of her professional career, during her long service, introduced the idea of family nursing by organizing the beginnings of social nursing. She initiated and introduced modern forms of the care for the sick at home, by organizing holiday-retreats, and family-supporting volunteering. Social nurses organized courses preparing caregivers for the proper care of the chronically sick and disabled. She noticed the necessity of co-operation between professionals providing care for the sick, emphasizing the professional independence of social nurses allowing for the choice of the best solutions for the patient.

In order to get to know the latest solutions in terms of social and home nursing, not once did she travel to take part in foreign scholarships, where she learnt various forms of acting towards an ill person and their family [20]. She also took a job on the Uniwersytecka Szkoła Pielęgniarstwa (University Nursing School) in Cracow, where she shared her experiences with the students of nursing. In the summer of 1946, Hanna leaves with a group of her friends for a scholarship to the UNRRA, USA, where she has the possibility to observe how the New York home nursing functions. "Besides the general deepening of knowledge", comments Hanna, "I got the assurance confirming me in future battles: that home nursing is a very clever and very wide job that it is as needed

as high qualifications in other areas. Home nurses in the USA make the flower of American nursing. I was driven from home to home by a wonderful, wise Afro-American girl". [H. Chrzanowska, Bibliography written on October 3, 1972, original and copy (in possession of Komisja Historyczna [Historical Commission] KSP i PP in Cracow)] She was also the only author of a textbook *Pielęgniarstwo w otwartej opiece zdrowotnej* (*Nursing in the Open Health Care*). The first edition of this textbook was published by Polski Związek Wydawnictw Lekarskich (Polish Association of Medical Editors) in 1960. It was the first Polish textbook for learning social nursing. The textbook *Pielęgniarstwo w otwartej opiece zdrowotnej* consists of two parts: general and detailed. In the general part, Chrzanowska describes the definition of social nursing, gets readers to know the specificity of medical and preventive care in the open social care. She defines the values of the role of a social nurse. The values were discussed in more detail in the second part of the textbook. She describes particular forms of work in the open health care there, the features of a nurse's work, the duties and roles [21]. She introduces the role and work of the nurse in the care of a mother and a child in clinics for women and children, nursery schools, kindergartens and schools, as well as the role in fighting against venereal and contagious diseases, social illnesses, the role in her work in a mental health clinic and at work with people addicted to alcoholism. She discusses the role of a nurse in providing proper work conditions in workplaces, first aid, and promotion of health education. In her favourite area, that is home nursing, Chrzanowska presents the base and essence of the nurse's work in the patients' home and examples of chronically ill and disabled people. She acquaints the reader with the work of a hospital nurse. In the last chapter of the textbook, she describes the co-operation between nurses and other workers of health service, as well as with professionals beyond health service [22; H. Chrzanowska, *Współpraca opiekunki parafialnej z pielęgniarką parafialną*, typescript (in the possession of the Archives of Cracow Metropolitan Curia)].

In the process of educating new social nurses, it was important to indicate social problems resulting from adult children's attitude towards elderly parents, the position of an elderly person in the family, possible conflicts in the home environment. Chrzanowska assumed that these problems make a background where people's life goes on. She taught that "Such a multileveled approach to care was for us, her students, an important lesson that mental and somatic states are tightly connected, and social problems are integrated with the entire human existence" (…) [23]. Further, the students mention: "Hanna taught us to remember that the essence of nursing is to take care of the whole patient" [24]. Her sensitiveness to social issues can be described in the following words: "The world of the sick is not limited to corporeal diseases, but it carries both the past and the present with their burden of mental pain, frequently stronger than infirmity and physical pain. Thus, she made us sensitive to human misery, both material and spiritual." [24] She took care to ensure the continuity of the care for the patient remaining in their natural home environment.

## 5. The phenomenon of parish nursing

When in Poland in 1957 nursing schools reduced the department of home and social nursing, several ill people under the care of nursing students were immediately deprived of this care. The sensitiveness of Hanna Chrzanowska, who was already retired, inspired her to continue to care for her patients the through parish structures. It was her initiative, which met with full understanding and support of the superiors of the Church (then archbishop Karol Wojtyła). Her personal engagement concentrated on providing and deepening the care of the sick, the solitary and the abandoned in each parish was met with general acceptance.

Parish nursing came into existence as a result of the decrease of educating new social nurses. That is why a need to organize so called parish nurses who were in good touch with family nurses was born. The idea of parish nursing is settled on the Samaritan spirit of giving help to those in need. For a suffering Christian, the fact that Christ personally entered the world of human suffering and did not leave him alone is essential. Jesus healed, and, finally accepted suffering on himself (see: Catechism of the Catholic Church 1503). Through His personal suffering on the cross, in complete obedience towards Father's will, he carried out the work of salvation. His suffering is 'a replacement', but most of all 'redemption'. The message of the Christ's cross is the most meaningful message of the Christian truth about illness and suffering. The Redeemer suffered for a human being and because of a human being; that is why every human being is called to participate in this suffering, which was made through redemption (Salvifici Doloris, 19). Ill people, as exceptional participants of Christ's suffering, are also called to participate in His resurrection and glory because in the redeeming suffering of the Saviour they can satisfy their own suffering with new content [25]. This is confirmed by Saint Paul, who put it in the following words: "If indeed we share in his sufferings in order that we may also share in his glory. I consider that our present sufferings are not worth comparing with the glory that will be revealed in us." (Romans 8.17-18)

While meditating on parish nursing, as Hanna Chrzanowska wrote in her diary, she was touched by the following thought: "we help Christ to carry His cross" [H. Chrzanowska, *Pamiętnik*, typescript; 26]. Thanks to this reflection, she decided to implement the care of the sick with the assistance and support of the Cracow structures of the Catholic Church. She counted on finding women willing to be taught to provide the simplest nursing treatments. She wrote, "… so that the sick do not suffer more than they have to, so that they do not lie in dirt and stuffiness, in the neglect of their body and spirit" [H. Chrzanowska, *Pamiętnik*, typescript; 27]. Due to the great support of Karol Wojtyła's vicar and the parish priest of Saint Mary Church in Cracow Franciszek Machay, who shared part of his dining room at Szpitalna Street for the needs of family nursing idea called 'parish nursing' [H. Chrzanowska, *Pamiętnik*, typescript], Chrzanowska organized modern nursing care which was provided by educated parish nurses. During her beatification, the Pope's envoy cardinal A. Amato

thanked Chrzanowska for her presence and efforts for the sick "the sick were happy to have her close to them because she filled them with peace of mind, optimism and hope for recovery, as well as eternal salvation. One of witnesses called her '<<an angel of Christian hope>>'." [A. Amato, *H. Chrzanowska's Beatification homily*, Cracow, April 28, 2018]

In 1963 Hanna Chrzanowska outlined the guidelines for the work in parish nursing. Parish nursing cannot be discussed without relying on the Gospel, which Hanna Chrzanowska found perfectly on her nursing path. The aim was to bring help to every sick person in their parish environment, regardless of their confession, and the roots of this selfless service to the sick were embedded in the Church- the Mystic Christ's Body. Not effusive, but secretive in her religious convictions, Chrzanowska hid her grain of the Gospel truth at the bottom of her heart, where it developed and bore fruit shaped by the Benedictine spirituality and the ever-deepening faith. Parish nursing was such a fruit of Chrzanowska's internal transformation. There was no place in her nursing even for a pinch of devotion. She combined what she believed in with all her heart with her rich professional experience in open nursing.

According to Chrzanowska, a parish nurse is a parish employee, paid and insured by the parish. She works full-time or in strictly defined hours. Due to this, it is not so called voluntary work, or marginal one. She is responsible for simple nursing treatments for a patient as well as educating the family in terms of the behaviour towards the sick person, as well as activating the family as much as possible. A parish nurse tightly co-operates with the nursing, medical and social environment. Her duties include "talks and tiny assistance at home" and dealing with "the immensity of human affairs and poverty" [H. Chrzanowska, *Współpraca opiekunki parafialnej z pielęgniarką parafi*alną, typescript (in Possesion of the Archives of Cracow Matropolitan Curia, 27], such as "poverty, numerous families, abandoned children, the environment of alcoholics or prostitution" [H. Chrzanowska, *Współpraca opiekunki parafialnej z pielęgniarką parafi*alną, typescript (in Possesion of the Archives of Cracow Matropolitan Curia, 32]. A nurse, when providing help to those abovementioned problems, must co-operate with many institutions, e.g. Social Security, Adoption Centre or anti-alcohol committees [H. Chrzanowska, *Współpraca opiekunki parafialnej z pielęgniarką parafi*alną, typescript (in Possesion of the Archives of Cracow Matropolitan Curia, 17]. The range of activities and competences of a parish nurse is close to contemporary duties of a social worker. Thus, it can be safely said that Hanna Chrzanowska was one of the precursors of a social worker. She introduced the style and forms of the co-operation between a parish nurse and social environment. "A parish carer reports each severely ill person to a parish nurse whereas a nurse reports to a carer all cases where material help is needed, or all the environmental matters not directly connected with the patient but which have been noticed during her work." [H. Chrzanowska, *Współpraca opiekunki parafialnej z pielęgniarką parafi*alną, typescript (in Possesion of the Archives of Cracow Matropolitan Curia, 37]

Hanna Chrzanowska was also responsible for training parish nurses. She conducted three-month-long courses for them, with about 300 lectures and workshops, ended in a few-day practice at the side of the parish sister (parish carer). "The course curriculum", writes one of Hanna's co-workers, "included anatomy, first aid, dressings, studies on diseases and medicine or various nursing exercises. In that way altogether, on 23 such courses, we trained about 500 nuns and novices, but also several monks and lay people. […] Later, they did well at work, and many of the nuns leaving for missions with a certificate of such a course, stamped by the Curia and signed by the Bishop and then Cardinal Wojtyła (followed by Cardinal Macharski) were directly admitted to work in hospitals." [28]

One may ask whether parish nursing is needed nowadays. Is it not enough to provide public hospital nurses, family nurses or social nurses? The work of parish nurses has indeed well developed over the past several years, and let it still develop. But, so far, the number of ill people who require care is growing much faster than the number of parish nurses (nowadays in Poland, the majority of parish nurses are Caritas volunteers). This does not mean that health condition of the society is getting worse, but that new cases of people who require nursing care are constantly detected. And the better parish nursing works, and the wider the scope of parish nursing is, the more people are in need of this work.

## 6. Formation of nurses

Władysław Szumowski in his *History of Medicine* writes that Christianity brought a significant factor to Medicine, which is mercy. The Christian doctor rescued the sick as much as he could; he spoke on behalf of Christ and comforted others with the hope of eternal salvation in the other world [29]. People of medicine should be apostles of Christ's mercy even if they do not remember that Christ is its source. "A Christian, following the Master is to come ahead each brother, touched by any suffering, in order to help him." [30]

Hanna Chrzanowska, in her ideology of carrying help to the sick, paid particular attention to the way patients respond to this help. Throughout her work, she first of all treated a patient holistically, which nowadays is very often neglected. Her attitude towards the sick is often embarrassing even in the face of contemporary, widely-developed holism in medicine and nursing. Chrzanowska did not create any new theories, did not introduce any amendments to the rules of dealing with the patient. She suggested something completely new, which imposed the necessity of exact definition of the concept of the individual good of the patient in their specific life situation. She taught her students ordinary, authentic empathy, which allowed them to feel and understand the world of the sick so difficult to understand by healthy young people. In the beatification homily, Cardinal A. Amato commented on Hanna Chrzanowska and her nursing in the following words: "The profession of a nurse was a true calling for her, the calling from above for the benefit of those in need" [A. Amato, *H. Chrzanowska's Beatification homily*, Cracow, April 28, 2018]. Living alongside

such a nurse model as Chrzanowska, was undoubtedly a kind of examination of conscience, daily retreat. Her attitude towards patients, towards people and every human being was exemplary. Her teaching rooted in deep faith-true and authentic, free from extraordinary messianism. As a Christian, as the fundamental part of our society, she practically and completely put the word of Christ's blessings from the Sermon on the Mount in the centre of her life, of which we very often forget.

Improving skills and qualifications, as well as the spiritual formation of nurses and students brings fruit of a better care of the sick. That is why Chrzanowska took up various forms of formation. Sent to various Polish cities by the Ministry of Health, she gave lectures at courses organized for educating nurses. Moreover, for many years, appointed by the Ministry of Health, she periodically performed functions of a deputy spokesperson for health care at the District Professional Control Committee in Cracow. Unfortunately, her duty was to consider professional crimes committed in the health care, which exhausted her very much. She preferred shaping hearts and minds of young nurses to controlling them. Full of understanding and compassion for accidental mistakes of her students, reported immediately and with remorse on everyday issues, here, as the deputy spokesperson, she had to severely sanction dishonesty, clear disregard and negligence of professional duties [28, p. 35].

## 7. The future of family nursing

Is there a future for family nursing in its different forms (home, social or parish nursing)? I think it is a bold but essential question. Today's education of nurses-to-be includes classes with home patients and prepares nurses for social tasks, although unfortunately, it makes a negligible number of hours. Family nursing, in all its involvement, fulfilled Hanna Chrzanowska's expectations only to a small degree, because it is still awaiting multi-dimensional and multi-faceted implementation into the system of education [28, p. 36]. Family nursing was rather an introduction to the constantly developing work of Chrzanowska in terms of home, social and parish nursing. In one of the fragments of her diary, Chrzanowska most fully reflects her professional goal, revealing her passion and complete sacrifice to the service which was marked with her daily bending over a sick person: "Home nursing puts us the closest to the patient, simple as he is, and as simple and demanding the work with the patient is, which gives me a kind of happiness" [28, p. 36].

Nowadays, in Poland there are almost 15 thousand family nurses. They know their patients by name and surname. They know what is wrong with them; the patient is not anonymous to them. Despite many difficulties, constant reforms of the open health care, the nurses' environment, by defending their professional independence, defends the idea of family nursing for better care of the sick and for the support of their families. The example of Hanna Chrzanowska makes a challenge for contemporary family nurses. Chrzanowska herself received from her family a beautiful example of the love of the neighbour

and concern for their needs, which she passed on her students and followers. As a nurse with the greatest professionalism, she showed how to implement the idea of family nursing when working with the sick and their family in their homes.

The necessity to develop this branch of Medicine is particularly important for contemporary societies due to demographic and cultural reasons. The strengthened position of a family nurse will definitely improve the implementation of priority activities included in international documents and declarations [31].

At the initiative of priest J. Jachimczak, on May 21, 1994 during the retreat at Jasna Góra, the Catholic Nurses and Midwives Association was established. Members of the Association take part in the monthly holy masses and formation conferences. They do charity work for the sick and solitary, or organize "White Saturdays" [32].

According to the Central Statistical Office, the percentage of elderly people who need medical care constantly rises. According to analyses, in 2020 every fourth person in Poland will turn 65 years old. Simultaneously, the report of the Chief Council of Nurses and Midwives indicates that changes in education systems of nurses and midwives caused a substantial fall in their number (between 1998 and 2009 by over 36 thousand people). The average age of Polish nurses and midwives is nowadays 44 years, and according to prognoses made by the Chief Council of Nurses and Midwives in Poland between the years 2010 and 2020, over 80 thousand nurses will have achieved retirement age - at the same time less than 20 thousand people will take up a job in this profession. Will there be a space for distinguishing family nursing here?

Thus, it is estimated that in 2020 there will be over 60 thousand nurses lacking. On the one hand, it might be worrying, but on the other hand a dose of optimism is visible, as nursing is becoming a profession of the future as it provides work. The society is getting older and older, so the need for care of a family nurse will increase - convinces Doctor Wioleta Piechaczek from the Department of Propaedeutics of Nursing at the Faculty of Health Sciences at Śląski Uniwersytet Medyczny (SUM). The problem of constant deficit of nurses concerns not only Poland. This is why, according to the data of nursing chambers, more and more graduates in Poland decide to emigrate where they are likely to find better-paid jobs. This additionally makes it necessary to promote this profession and appreciate it also financially, so that well-educated family nurses are willing to stay in Poland.

## 8. Conclusions

This article is an open issue in terms of family nursing. It encourages the reader to look at the future of family nursing with care and responsibility. The example of Chrzanowska proves that to some extent, all of us may realize 'family nursing' in our families, homes, societies, parishes. "Staring at the figure of Hanna Chrzanowska, bent over the sick, let us learn to bend over the poor, take care of those who need compassion, support, encouragement and help […]

Let us be always helpful towards everybody, especially towards our sick people so that they receive daily signs of interest, gestures of uplift and support", said Cardinal Angelo Amato in the beatification homily.

The constant development of medicine puts before family nurses the challenge of serious preparation and continuous formation in order to keep, also through personal studies, required competence and professional prestige. Ethical and religious formation of Christians working in health care has to be treated seriously as the aim of health care is to revive their respect for human and Christian values, and to ennoble their moral conscience. Nurses should be formed in the area of morality and bioethics so that they see in a patient not only a disease entity but, first of all, a human being who needs help [33].

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