

# BLESSED HANNA CHRZANOWSKA: FOUNDER OF POLISH PARISH NURSING

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## Authors' contribution:

A. Study design/planning • B. Data collection/entry • C. Data analysis/statistics • D. Data interpretation • E. Preparation of manuscript • F. Literature analysis/search • G. Funds collection

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SUBMITTED: 15.06.2018

ACCEPTED: 19.07.2018

DOI: <https://doi.org/10.5114/ppiel.2018.78863>

## ABSTRACT

This article concerns the history of the establishment of Parish Nursing in post-war socialist Poland in the 1960s. Parish Nursing was founded in Krakow, Poland by Hanna Chrzanowska (1902-1973), a pioneering, charismatic Polish nurse; a dedicated nurse leader, activist and community nursing teacher. The article elaborates on the social context within which Parish Nursing was established and flourished and on Hanna Chrzanowska's unique contribution to this form of holistic community care.

**Key words:** Parish nursing, Hanna Chrzanowska, holistic community nursing, history of Polish nursing.

## INTRODUCTION

In this article, I wish to focus primarily on the last phase of Hanna Chrzanowska's multi-faceted life, a time when she was forced into premature retirement and went about establishing Parish Nursing in Krakow – an activity for which she is best remembered today by the general public and community nurses alike. Nurses outside of Poland are only now beginning to become acquainted with Hanna Chrzanowska and her incredible nursing work and spiritual legacy [1, 2].

## PROFILE OF HANNA CHRZANOWSKA

The remarkable story of Hanna Chrzanowska is one already well-known to Polish nurses, and her recent beatification in Krakow (28 April 2018) has become the occasion for a few more Polish articles and books about this extraordinary woman. Hanna Chrzanowska was one of the first registered nurses to practice in Poland, attending the first Polish school of nursing from 1922-1924. She was the long-time editor-in-chief of the „Polish Nursing Journal” („Pielęgniarka Polska”), writer of and contributor to several nursing textbooks on community nursing care and nursing practice and author of countless articles on aspects of public health and home nursing, including maternal child care and articles concerning the care of patients with tuberculosis. She was Vice-Chair of the pre-war Polish Nurses Association (Polskie Sto-

warzyszenie Pielęgniarek Zawodowych), contributor to the First Polish Nursing Practice Act (1935), and a life-long teacher of community nursing. Her main focus of work and life's passion was community nursing and issues of public health [2].

## HISTORICAL BACKGROUND

Prior to the outbreak of WWII, community nursing care was just beginning to be introduced into the fledgling Polish healthcare system; a system which was created during the twenty inter-war years – between 1918 and 1939 – from three separate healthcare provisions, which in turn reflected the three political partitions of pre-1918 Poland and their differing healthcare systems.

Traditionally, prior to WWII, religious nursing sisters, such as the Daughters of Charity of St Vincent de Paul (who ran many pre-war hospitals and clinics and provided the nursing care within them), would also go around their neighbourhoods visiting the chronically sick and infirm in their homes and would search out the poorest members of society and provide them with help as appropriate. Since few people could afford private nursing care, this locality based nursing and social care aimed at the poorest in society was much appreciated, especially among the destitute and those living on the margins. But these sisters were not necessarily trained nurses and the care delivered was sporadic. Moreover, there was lit-

the professional or societal awareness within Poland at the time, of the concept of professional district nursing – such as found in Great Britain; which is a form of community nursing service set up in 1859 by a well-known philanthropist William Rathbone (1819-1902) in Liverpool, with the help and support of Florence Nightingale (1820-1910) [3, 4].

Curiously, the establishment of this community-based nursing service pre-dates by a few months the founding of the St Thomas' nursing school (1860), which is generally considered the first official secular school of nursing in the world. In fact it was most probably Rathbone's need for qualified district nurses which hastened the opening of the first school of nursing in London. We can safely assume that District/Community nursing, in the English fashion was not even a distant dream for Polish post-war healthcare managers. It simply was not thought about in any systematic or serious way [5].

The Polish State health care system in the early years after the conclusion of World War II was just beginning to pick itself up from total organisational disarray and more significantly – from the decimation of its professional workers. It had not been in the interest of The Third Reich to facilitate the smooth running of a healthcare system, and so not only were professional schools of nursing and medicine closed by the occupying German forces for the duration of the war, but hospitals and clinics were deliberately targeted and destroyed during air-raids and many healthcare workers were killed. It is not surprising therefore, that community healthcare provisions were not yet that well established or sufficiently embedded at the outset of the war, to survive German occupation and then a fundamental socialist re-structuring of healthcare provision. For post-war Poland, healthcare priorities lay elsewhere.

## **SOCIALIST HEALTHCARE SYSTEM**

The new socialist healthcare system, brought in by the new post war communist government, focused primarily on the rebuilding of hospitals and out-patient clinics and in introducing new professional programmes of healthcare education in both medical and nursing schools and schools for allied health professionals. Within this new socialist system there was not much recognition of the needs of the chronically sick, disabled or elderly patients living in the community. One was either cared for in a hospital or in an out-patient clinic and if considered too incapacitated to manage alone – in a state run institution [6, 7].

The idea that people could be suffering without access to medical or nursing care due to structural and architectural problems (because they lived on the fifth floor of a building without a lift) or simply

due to social invisibility (healthcare professionals and social workers did not have the time or inclination to go around attics and basements looking for these individuals) was never contemplated. The possibility of their existence and therefore their unmet healthcare needs just did not register with the bureaucrats in the Department of Health in Warsaw or in the various regional offices [8].

## **MODERN CONCEPTS OF COMMUNITY NURSING**

But the post-war world was waking up to just such necessities of nursing care and the main focus of the post-war UNHRA (United Nations High Commission for Refugees) scholarships which were co-funded by The Rockefeller Foundation and given to Polish nurses including Hanna Chrzanowska in 1946, was to acquaint them with just such principles of American community nursing, that is, nursing expertly delivered by professionals to housebound and chronically ill patients in their own homes. Hanna spent over half a year in New York City and Staten Island, acquainting herself with the principles of public health nursing and the workings of the Visiting Nurse Association (VNA) – the American equivalent of English district nursing, which was founded by the pioneering nurse Lillian D. Wald (1867-1940), in Lower Manhattan, in New York City, in 1893. Hanna in her memoirs noted that she accompanied a Black community nurse on her rounds in Harlem – and found the nurse to be both 'wonderful and wise' [9, 10].

Hanna, of course, was already a committed community nurse. She had been introduced to the concepts of community care when freshly out of the newly established Warsaw School of Nursing she was sent to France in 1924/5 on a scholarship, to study care in the community as part of a drive by The Rockefeller Foundation to promote a better understanding of public health and community nursing – in Europe and around the world. She spent the rest of her nursing career promoting care in the community and teaching students about community nursing. But there were still no organised post-registration courses in Poland for community nurses (as there were in England or the USA) and even introducing nursing students to the idea and possibilities of working in the community was very haphazard; some schools of nursing promoted the idea (as in Krakow) but many did not. Many schools of nursing did not see the relevance of this form of nursing work, given the many requirements of the curriculum which they had to deliver over the two years of nurse training. While this did eventually change, and in the 1960s Hanna was asked by the Ministry of Health to conduct training sessions in Warsaw for teachers of nurses, on various

aspects of care in the community, community nursing as a career pathway, never achieved as high a profile as hospital based nursing [10].

Meanwhile, Hanna came back from New York City in 1947 committed more than ever to the concept of qualified specialist nurses working in patients' homes. But her teaching hours in the Kraków School of Nursing (where she was responsible for teaching community nursing to basic nursing students), were severely curtailed; and she could not therefore introduce her students on community placements to all the patients in the community, that she would have liked to.

These were also difficult political times, and in 1956 she was relieved of her teaching and administrative duties in the Krakow School of Nursing and offered the post of Director of the Psychiatric School of Nursing in Kobierzyn (the largest psychiatric hospital in Poland) located a few kilometres outside of Kraków. However, this career move did not last long, for barely a year later, and due in no small part to Hanna's ideological and religious convictions, she was relieved of her duties and forced to take early retirement. Paradoxically, just a few months prior to this latest humiliation, she was awarded a Polish state medal in 1957 in recognition of her many years of service to the Polish healthcare system! [11].

## ESTABLISHING PARISH NURSING

Just because Hanna no longer could take her students to visit the housebound, the needs these chronically ill patients, did not disappear. Their nursing needs continued and Hanna was well aware of their desperate plight. In 1957, at the suggestion of a former student and community nursing colleague, Zofia Szlendak, she approached Fr Karol Wojtyła (1920-2005) – later Pope John Paul II – for advice; he in turn referred her to Father Ferdinand Machay (1889-1967), who at the time was working as Parish priest at the Basilica of the Blessed Virgin Mary, in Krakow's old town Square. Hanna knew of Fr Machay from her war time activities with the homeless and refugees, as he was a well-known and very active pastoral figure in the town. Nonetheless, Hanna approached Father Machay with some trepidation, about her idea of setting up a form of district nursing in Krakow, which would be based on Parishes, in spiritual terms but also geographically and administratively [10].

Hanna need not have worried, as Fr Machay agreed on the spot to help Hanna, re-assuring her, by providing immediately for the salary of a registered nurse. Hanna intended to set up a form of visiting nursing (as she had seen in the USA), where paid professional nurses with the support of schooled helpers

and family members and even volunteers would visit and care for the housebound and chronically sick and disabled people, in their own homes. She wished to base the administration and support for this nursing work on the Parish – but as Fr Machay said during their first meeting – you can go beyond the parish boundary as the mercy of God also knew no boundaries. Not only did Hanna wish to provide expert nursing care, physically and socially, but she also wanted to address the spiritual needs of her patients. She wanted to deliver holistic care for her patients, in their own homes, not forgetting their spiritual needs – indeed precisely because of their often unmet spiritual needs [12].

## HANNA CHRZANOWSKA: AN EXPERT PRACTITIONER AND COMMUNITY NURSING MANAGER

Whilst Hanna throughout her busy life was known to be a brilliant organiser and charismatic leader of nurses, it was to be the establishment of Parish Nursing which would prove to be her crowning work and her greatest joy. She somehow managed, during the darkest and most unforgiving days of Communist rule, to set up a community parish-based nursing service for the housebound and chronically sick – initially at least – without the assistance of cars, telephones, an office or medical/nursing equipment or supplies; not to mention with a complete lack of dependable long-term funding. At the start of the project, it was only Hanna and a few friends and colleagues such as Alina Rumun, who was to succeed Hanna as co-ordinator of the movement, or Aleksandra Dąmbaska – a nursing community colleague – who worked with Hanna on various projects over the years, since their shared nursing school days, who participated in the parish nursing project.

Hanna, who most of her life held managerial and educational nursing positions was to declare a few months before her death to a group of nursing sisters in Warsaw, 'What joy it was at last, in my old age, to get my hands on the sick: to wash them, scrub them. Flick off their fleas. It's the nature of these basic, fundamental procedures – which are most important to them.' At first the nurses used Fr Machay's dining-room table as their 'office'. They would sit at one end of the table surrounded by bandages and boxes of supplies discussing the day's patients, while at the other end of the table Fr Ferdinand would be eating his breakfast! Meanwhile, notes left for each other about patient visits and emergencies were written on scraps of paper (regular sheets of paper were too expensive and exercise books and notepads were hard to come by); then dropped off at a shop around the corner from the presbytery, on Mały Rynek [10-12].

## INVOLVEMENT OF TRAINED VOLUNTEERS

The parish nursing movement did not take off however, until Hanna managed to secure the permanent help of nursing religious sisters with the support and blessing of the Archbishop of Krakow, Fr Baziak (1890-1962), who was shortly to be joined by Fr Karol Wojtyła who was nominated as auxiliary bishop of Krakow in 1958. In fact the friendship between Hanna and Bishop Wojtyła grew and the Bishop, later Cardinal Wojtyła (elected Pope John Paul II, 1978), became a fervent admirer and supporter of Hanna and her work. Together with Hanna he visited the sick in their homes and later regularly attended their annual days of retreat in Trzebinia.

Early in the project, in October 1957 Hanna wrote an open letter to the people of Krakow, *‘Świat nie jest pusty’*, (*The world is not empty*), explaining the nature of her nursing project and asking for help from the people of Kraków. It was published in the Catholic weekly, “Tygodnik Powszechny” and Hanna who was an accomplished writer, managed with the help of several moving patient vignettes, to superbly illustrate and convey to the readers the tragic plight of her client group. Not surprisingly, many readers responded positively to the article and sent in money, supplies and assurances of professional help, especially nurses, physicians and volunteer carers. Slowly the work began to expand and take hold. By her death in 1973, the parish nurses had cared for thousands of patients, some for over twenty years, and the movement had spread to almost all of the parishes of the Małopolska Archdiocese and a few other towns in Poland [13].

## SPIRITUAL CARE OF HOUSEBOUND AND CHRONICALLY ILL PATIENTS

Hanna desired to deliver competent holistic care to her patients, paying special attention to their spiritual needs. While Hanna was a perceptive and competent nurse she was also a devout practising catholic, who deepened her faith and commitment to Christ in measure as she fathomed the nature of her nursing vocation. As she noted herself, she based her parish nursing work from its very inception on the gospel imperative to love your neighbour – that is, caring for the sick, feeding the hungry, supporting the bereaved, etc. As she wrote, ‘From the very beginning we tried to base our work on the gospels, where there is so much emphasis on Christ’s attitude towards the sick... By our very presence we too are fulfilling an apostolic role without the use of many words... We are simply witnessing to Christ’.

Almost from the beginning Hanna would organise spiritual retreats and days of prayer for her parish nurses and volunteers, in addition to providing

educational days and sessions concerning the care of the sick and disabled in their homes. It was therefore only a matter of time before she started to organise retreats specifically for her handicapped and long-term disabled and chronically-sick housebound patients. This particular aspect of her parish nursing work would have been impossible however without the unfailing help of physicians, nurses, priests who worked alongside Hanna and many academics who would lend their cars and use of their telephones (in order to co-ordinate the care), not to mention giving freely of their time. They also provided much needed funding for this innovative apostolate. But even all these people would not have managed to pull off organising retreats for Hanna’s housebound and disabled patients without the enthusiastic support of university students [13-14].

Many chronically sick patients who had not left their homes in years, cried with tears of joy, when the students carried them out from their apartments to waiting cars and they felt rain-drops on their faces – often for the first time in years. The retreats were lively affairs, filled with music and fun-filled evenings, with the sharing of stories and accompanied by listening to guitars or piano playing and joining the students in singing. There was also time for prayer and reflection, attendance at Holy Mass and acceptance of the sacraments – all activities denied them due to their invisibility – in their home Parishes and communities generally. Hanna correctly assessed that for this particular patient population, there was no need for providing silent retreats and space to be ‘alone’ – as most of their time was already spent in silence and isolation, looking at the four walls of their room, from one year end to the next. Their spiritual needs were different; they needed evidence of social inclusion and demonstrable Christian fellowship and human recognition. They needed to reconnect once more with a compassionate Church that had not forgotten about them, and they needed to attend joyful liturgical services where they could be comfortable and join in as much as they wanted to and were capable of. The individual blessing of the sick at the end of a Eucharistic procession organised in the Trzebinia Retreat Centre, was considered by many of them to be the high-light of the retreat.

This aspect of parish nursing work, while unusual, truly reflected Hanna’s mature nursing wisdom and her unconditional love, care and concern for the spiritual welfare of her patients. It also reflected her sympathetic understanding of young people, who craved this type of joyful involvement in volunteer projects; projects which tended to stretch and test their emotional and religious natures and stamina. Intuitively they sensed that this type of activity is character building and they responded positively and gener-

ously to Hanna's charismatic personality and her invitation to participate with her in the project [15-17].

## CONCLUSIONS

In conclusion, Parish Nursing, as envisaged and implemented by Hanna was a pioneering venture in nursing professionalism and community volunteerism; a far-reaching and novel response to the acute nursing care needs of the housebound and chronically sick in post-war socialist Poland. As a healthcare movement it clearly predates the institution of Parish Nursing in 1985 in the USA by Rev Dr G.E. Westberg, by several decades. For Hanna, instituting Parish Nursing was a solution to a gospel imperative and demonstrable patient need. While she demonstrated a particular nursing spirituality which was grounded in a specific social context, anyone could, and indeed many did, recognise and appreciate her competent nursing skills but also her unique brand of goodness and spiritual gifts. As Hanna said about her nursing activities, 'My work is not only my profession but also my vocation. A vocation which I have come to appreciate, as I fathom more deeply and internalise more particularly the words of Christ, *I have come not to be served but to serve.*'

For Hanna's Christian dedication to the sick and poor and destitute and above all else, for her focused love of Christ – she was recognised on April 28 2018 as a worthy patron of nurses and she was proclaimed a Blessed of the Holy Roman Church. By this proclamation she has become the first lay registered nurse to be beatified by Rome.

## ACKNOWLEDGEMENTS

I wish to thank the Krakow Branch of the Catholic Nurses and Midwives Association for giving me access to the writings of Hanna Chrzanowska and for making available to me the content of their archives. All translations of Hanna Chrzanowska's work utilised in this text are my own.

### Disclosure

The author declares no conflict of interest.

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