HEALTHCARE CHAPLAINCY IN BULGARIA:

TRADITIONS AND PROBLEMS

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Abstract: In this article the author seeks answers to many questions about the past and the future of Healthcare Chaplaincy in Bulgaria. The Church has no official input into hospitals, but patients, their relatives, medical staff, and the whole of society needs pastoral care and spiritual support during times of suffering. Nowadays the treatment of patients in hospital is a complex and responsible process. It demands the combined efforts of the therapeutic team, and the valuing of human life and human dignity at the highest level. An empirical study, investigating the attitude of staff and patients to the necessity of Healthcare Chaplaincy, shows that the problem is important and its solution must be found as a top priority.

Keywords: patients, medical staff, traditions, social transition, pastoral care.

Introduction

Nowadays Bulgarian social life is beset by a great number of moral problems. This marks the transition from totalitarianism and warlike atheism to spiritual renewal and a restoration of real, universal spiritual values. Among the most important problems is that which relates to the restoration of centuries-old Bulgarian traditions in pastoral care for the sick. The importance of this problem is heightened by the development of modern science. The remarkable progress in all scientific areas leads on the one hand to the obliteration of the margins between different scientific disciplines and, on the other hand, to the building of permanent relations between them. In addition, the mark of modern scientific thinking is its interdisciplinary character. At a time when humanity is at the centre of all scientific research, there is a natural aspiration that the investigations range over a large number of problems about human existence and spirit. For that reason it is easy to explain the increased interest in the theme of pastoral care within healthcare, not only from the side of theologians and religious workers, but also from the side of physicians and scientists in medical ethics.

Today, the hospital treatment of patients is a complex and responsible process, which demands the common efforts of the therapeutic team: highly qualified and motivated physicians, nurses and other staff, who place the highest value on human life and dignity. However, the therapeutic team is confronted with numerous tensions in those for whom they care - physical, mental, spiritual and social stress. The pressure on individual members of the team to look beyond their own specialism is therefore very high. Often, in spite of their scientific, technical competence, and therapeutic abilities, the members of the team are unable to stabilize the patients psychologically and thus to give them faith and hope.

There exist in the milieu of the modern hospital many therapeutic and ethical problems, whose solution requires a holistic approach to the patient's personality. Yet the reality is that at present not one single chaplain serves in any Bulgarian hospital. There is only one right way forward ; we all - society, church and state - must discover again (after 50 years) the place of the chaplain in the Bulgarian hospital and his responsibility for the treatment of patients.

Healthcare Chaplaincy Traditions in Bulgaria

The Bulgarian tradition of pastoral care dates back a thousand years to 865 when St. Boris the First accepted Christianity as the official state religion. Immediately we must emphasize the great achievement of Eastern Orthodoxy in the creation and development of monastery hospitals. At the beginning stands St. Wasili, who in 369 founded the first Christian hospital in Caesarea. In Bulgaria, the church, as the basic social and religious institution, was the first institution which successfully organized humane relations towards our own suffering brothers and sisters (Mutafov & Shosheva 2000). In addition, in the Middle Ages a number of Bulgarian religious leaders were also great physicians - St. Boris The First, St. Kliment, St. Kiril (Constantine Philosoph), St. John Ekzarh, St. Iwan Rilski Miraclemaker, Wasili Wrach. These practitioners in theology, philosophy, medicine and pharmacology wrote many scientific medical books in the Bulgarian language. These books have been utilised from the Atlantic Ocean to Asia Minor and helped to underpin the European Renaissance. The biggest monastery hospitals in Bulgaria were founded at the the Monastery of Rila, the Monastery of Bachkovo, the Monastery of Trojan, and the Monastery of Kuklen. All these facts confirm the importance in Bulgarian history of an approach to healing in which the scientific and the spiritual were interrelated and interdependent. (Vasilev 1985)

Unfortunately, such traditions have been destroyed. After 1947, the communist government limited the charitable activities of the Bulgarian Orthodox Church (CPA f. 146). The Bulgarian Orthodox Church *has been removed from the sphere of family, school, hospital and army. Its activity is reduced only to liturgies in the churches* (Zaphirov 2001). This critical period is far from finished.

Yet, out of the barren soil of 50 years of state atheism, a real contribution to European theology has been produced by the books of two theologians, minister George Glogov (1943) and professor Christo Dimitrov (1957). Both scholars are unequivocal in their emphasis on the importance of pastoral care, - as significant, contemporary, relevant and powerful as ever - the care for the soul, in the absence of which the church cannot remain and renew itself.

The authors make their case in these terms: two people play the most important roles in a human life, in the bad times of suffering and anxiety.. These people are the doctor for the body and the doctor for the soul. Having said this, the soul doctor, in the person of the chaplain, needs adequate education and training (Dimitrov 1957); he must make sacrifices of time, resources, convenience (Glogov 1943), as must the medical doctor. The real spiritual visitations and conversations with the patients are the most important methods for pastoral care. Together with the relatives, the chaplain must direct all his own efforts to save the little part of spiritual power (Dimitrov 1957), remaining in the sick person.

Both authors underline that *real spiritual care for patients is a special kind of art and it demands physical and spiritual power, fine personal qualities and Christian virtues from the chaplain* (Glogov 1943).

Problems and peculiarities of the Bulgarian social model (1944-2002)

The development of the Bulgarian State during the second half of the last century demonstrate that Bulgarian totalitarianism was much more the 'ideal' model than in the other communist countries. Bulgaria was in greater isolation from the democratic world than Hungary, Poland or the Czech Republic for example. The traditions and the values of European civilization were destroyed. The most telling social consequence, and, at the same time, the deepest and most difficult to overcome, is the dehumanization of social, public and human relations, as well as the demoralization of the Bulgarian population. The causes are multiple, but one of them is *a fracturing of the continuity and coherence hitherto provided by the basic regulators of the social order - law (jurisprudence), traditions, religion (it was denied and replaced by atheism)* (Zlatkov 1998).

Ermenov(1998) argues that for the past fourteen years Bulgarian society has been undergoing a painful transition towards a new and worthwhile social order. The most important characteristic of this transition is the sudden reinforcement of destructive processes in all public spheres (economic, political, cultural), and a high degree of social tension. Most affected are the intelligentsia in the fields of technology, education and health, in other words, the sections of society which can contribute most sig-

nificantly to the new order in Bulgaria. If we are to achieve a successful transition to democracy, we must change the Bulgarian educational system on every level. It is important to begin with education in social skills. Such an approach to education would mean a balance between the modern and the traditional, the universal and the specific, the theoretical and the practical. The methodological foundation of training in social skills presupposes a lively training process, which makes for enjoyment of communication and which encourages self-realization and creativity (Vuchkova 2002).

One of the possible outcomes of this critical ferment in Bulgaria (Georgieva 1998) is to give the patients, their relatives, the staff and the whole of the Healthcare institution a little more hope and power. But only the involvement of the Church can achieve this. Only the contribution of highly motivated and well-trained chaplains, who, at the same time, need support and help from the whole of society.

We consider that the necessity of the restoration of Bulgarian traditions through the joint responsibility of physician and chaplain for the treatment of sick people is both obvious and imperative.

Empirical study

Aims of the research

- To examine the attitude of physicians, nurses and other medical specialists regarding the necessity of pastoral care in Bulgarian hospitals.
- To examine the attitude of patients about the necessity of pastoral care in Bulgarian hospitals.

Method

The aims determined the use of the following methods:

- Documental - official normative acts and decrees;
- Sociological method - individual anonymous inquiry;
- Statistical method - χ^2, coefficient of contingency.

Prompted by the desire to investigate a facet of the ethical problems in modern Bulgarian Healthcare between 1999 and 2000, we initially interviewed 400 physicians, nurses and other medical specialists working in the University Hospital to the Trachian University - Stara Zagora. The second group interviewed were 100 critically ill patients, treated in the Department of Anesthesiology and Intensive care to the University Hospital - Stara Zagora. Both groups were asked to comment upon three aspects of pastoral care :- the perceived need for chaplaincy contact with patients; the need for such contact with patients' relatives; the need for the involvement of chaplains alongside physicians and others as part of the healthcare team.

To identify the staff we used following personal characteristics: Occupation, Sex, Age, Education, and Religion. For the patients we used additional information on social status.

Sample

Fig. 1 and fig. 2 present the frequency distribution of the subjects in accordance with identification characteristics.

Fig. 1. Staff - personal characteristics	
Occupation	Physician - 55% Nurse - 25% Clinical laboratory assistant/manual therapist - 7% Hospital attendant - 13%
Sex	Male - 27% Female - 73%
Age	20-30 yr. - 20% 30-40 yr. - 40% 40-50 yr. - 25% over 50 yr. - 15%
Education	Med. university - 59% Med. college - 32% Other - 9%
Religion	Bulgarian Orthodox - 90% Muslim - 4% Other - 6%

In the first inquiry (staff) we offered only 3 possible answers regarding religious affiliation: Bulgarian Orthodox - 90%, Muslim - 4%, Other - 6%. But in the patients' inquiry we offered 6 possibilities: Bulgarian Orthodox - 90%, Muslim - 6%, Catholic - 0%, Evangelical - 3%, Other religion - 0%, Atheist - 1%. We think that the latter is much better and we will use this in our further studies.

Fig.2. Patients - personal characteristics	
Social status	Employed - 18% Unemployed - 24% Student - 7% Pensioner - 51%
Sex	Male - 56% Female - 44%
Age	20-30 years - 5% 30-40 years - 14% 40-50 years - 23% over 50 years – 48%
Education	University - 8% College - 47% Other - 45%
Religion	Bulgarian Orthodox - 90% Muslim - 6% Catholic - 0% Evangelical - 3% Other - 0% Atheist - 1%

The professional mix of the staff who took part consisted of Physicians (55%); other specialists (45%) of which Nurses formed 25%, Clinical laboratory assistant/Manual therapist 7%, Hospital attendant 13%. We consider that the opinion of clinical laboratory assistants, manual therapists and hospital attendants is as important as the opinion of doctors and nurses.

Results from the empirical study

Of the 400 staff questioned the responses to chaplaincy were positive. When asked if contact between the patients and chaplain was deemed necessary, 64% answered yes, 30% said no, and 6% offered no opinion. The figures for contact between chaplains and patients' relatives were slightly less, with 55% answering yes, 36% no, and 9% with no opinion. The response of staff to the issue of teamwork which included physician and chaplain was also positive with 63% stating that physician/chaplaincy teamwork had a positive influence on patients' treatment. (28% said no and 9% offered no opinion).

When the same questions were put to patients the results were similarly in favour of chaplaincy involvement and teamwork, however the numbers expressing no opinion were greater than those answering in the negative. While 62% saw contact between patient and chaplain as positive 15% said no and 21% offered no opinion. Interestingly while the staff had placed less emphasis on contact with the patients' relatives, the patients themselves rated this of more importance than contact with themselves, with 68% saying yes to contact with their relatives, 9% saying no, and 23% offering no opinion. The patients' perception of the positive influence of teamwork by the physician/chaplain was also significant with 67% responding yes, 6% no and 27% with no opinion.

Discussion of Results

'Is there a need for contact between the chaplain and patients' relatives?'

Staff responses

The type of the hospital (private or public) does not determine the staff's perceptions of the need for contact between patients' relatives and the chaplain - there is no statistically significant difference. The answers are distributed in 2 groups, according to the coefficients of contingency. In the first group there are relatively higher coefficients in relation with age, education and occupation. Such coefficients in the second group (religion and sex) are relatively lower. The analysis shows: The proportion of women, hospital attendants, and persons with lower education who think that the contact between patients' relatives and chaplain is unnecessary is bigger. The oldest and the youngest members of the staff on the other hand , respond very positively to this question, as do clinical laboratory assistants and manual therapists .

Patient responses

The patients' perception of the same question is affected by the sex, religion and education of the respondents. The highest coefficient of contingency is in relation to religion. We can show the following peculiarities: women, patients with lower education and Bulgarian orthodox patients assess the need for contact between the chaplain and the relatives much more positively than do men, and patients with higher education.

'Is teamwork which includes both chaplain and physician necessary for the treatment of patients?'

Staff responses

The age of the respondents has no effect on the distribution of answers. The other personal characteristics likewise show low coefficients of contingency,

the lowest being the coefficient by sex. There is no statistically significant difference in the negative answers, although a higher percentage of men than women considered such teamwork unnecessary. Those with higher education tended to have a less positive response to this question, and in fact those staff members who had both a higher education and a positive response to this question formed the smallest group. It is interesting that nurses have also a negative perception of teamwork (which included physician and chaplain) in hospitals.

Patient responses
The inquiry with the patients shows a statistically significant relation between answers to the same question and the sex of the persons - coefficient of contingency by this personal characteristic is the highest. The percentage of women with a positive response, and the percentage of men who express no opinion is relatively larger.

'Is contact between patient and chaplain necessary?'

Staff responses
We find a statistically similar pattern to the previous one. There is a statistically significant relationship between the way in which staff answered this question, and the sum of their personal characteristics, excluding religion. An increasing age and educational profile increases the likelihood of a positive perception of the need for chaplaincy involvement with patients. We have noted with interest that a larger proportion of women, nurses and hospital attendants have a negative response to this question.. The heads of departments have a much more positive perception than the other physicians.

Patient responses
Among patients we found the following characteristics to be statistically significant: sex, religion and education. Women, and patients with less education respond more positively to this question.

The future of Chaplaincy in Bulgaria

Analysis and enquiry show the importance of researching the place of the chaplain in Bulgarian hospitals. Age old Bulgarian traditions have been destroyed. It is necessary, therefore, to develop a modern model of joint responsibility for the patient's treatment, shared by both physician and chaplain.

The study highlights that one aspect of the problem which faces hospitals in Bulgaria is concerned with spiritual care of patients, relatives and staff. The contemporary situation has arisen a result of a conflict between the Bulgarian orthodox traditions, the totalitarian past and our young democracy. The piece of research outlined above focuses upon patients in ICU and medical staff - physicians, nurses, clinical laboratory assistants, manual therapists and hospital attendants. The studied problem is new for Bulgaria, delicate and difficult to interpret and resolve, because it is related to the core values of each person in hospital - patient, relative and staff member.

The building of a modern model of effective healthcare chaplaincy in Bulgarian hospitals is important not only for the development of the Bulgarian Healthcare system but also for the development of the whole of Bulgarian society.

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