THE SPIRITUAL AND MORAL FOUNDATION OF SOCIAL WORK

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Abstract

Due to spiritual and religious issues bear on the patient’s psychological state and social environment, social workers may be called upon to identify the religious or spiritual resources of patients and ensure that spiritual needs are addressed during transitions from hospital to community or community to hospital (Taylor, 2005). There are now a number of special social work interest groups and independent associations that focus on this topic, including the North American Association of Christians in Social Work, Society for Spirituality and Social Work, Canadian Society for Spirituality and Social Work, and Center for Spirituality and Integral Social Work at The Catholic University of America (Lemmer, 2005). There is even a Journal of Religion & Spirituality in Social Work that publishes research and discussions on spiritual issues in social work. Furthermore, at least two edited books and one authored book have been published by social workers on the topic (Canda, 1999). Despite the growing interest, however, there is almost no content on addressing spiritual issues in most courses required to obtain a master’s degree in social work (Furman, 2004). This paper is written in perspective of region with mainly a Christian context of the faith.

SOCIAL WORK AND SPIRITUAL RESEARCH

Systematic research provides information on the attitudes and activities of social workers related to assessing and addressing spiritual needs. A survey of 221 social workers in the south-eastern United States revealed that religious-based interventions were judged appropriate by more than 50 percent of respondents and utilized by that percentage as well. High personal spirituality predicted positive attitudes and utilization (Stewart, 2006). A survey of 299 gerontological social workers found that most respondents supported the inclusion of religion and spirituality in education and practice as part of diversity and holistic assessment (Murdock, 2005). However, nearly 70 percent reported little or no preparation on spiritual issues during their social work education and less than 25 percent said they were satisfied by the preparation they received. Sheridan surveyed a random sample of 204 licensed social workers, finding that there was considerable focus on religion and spirituality in both social work assessments and interventions (Sheridan, 2004). More then two-thirds of the sample reported they had utilized one of fourteen different spiritually derived techniques with clients. Again, however, practitioners’ own personal beliefs and level of participation in religious or spiritual services predicted their use of spiritual techniques. Hodge describes an instrument called the “spiritual lifemap” that can be used in spiritual assessments by social workers. He indicates that it facilitates the transition from taking a spiritual history to planning interventions, and his article provides several cases to illustrate the instrument’s use (Hodge, 2005).

Thus, there is considerable attention being paid by many social workers to spiritual issues, despite the fact that training on why, how, and when to assess and address spiritual issues has often been absent in social work education. Instead, as with physicians and nurses, it is the personal religiousness or spirituality of the
practitioner that determines whether this topic is addressed. Again, HP activities in this area should be driven by training, importance of the subject to patients, and relationship to health and support, not by the personal beliefs of the practitioner.

WHAT SHOULD SOCIAL WORKERS DO IN DAILY PRACTICE?

The ultimate goal of social workers is to improve people’s lives by providing counseling, advice and direction, and by connecting them with resources. Medical social workers work with patients and families in planning discharge from the hospital back into the family and community, into either a safe independent living situation or a long-term care or rehabilitation setting. The medical social worker is the primary liaison person between the hospital and the community. The community social worker plays a similar role, although the focus can sometimes be in the other direction helping people move from the community into a hospital or long-term care setting. Community social workers often see individuals struggling with some kind of social problem, such as inadequate housing, unemployment, poverty, a serious illness, a disability, or substance abuse. They also work with families that have serious domestic conflicts, involving children or adults who are being abused in some way.

Thus, social workers seek out resources within the community to help support people and enable them either to live independently in the community or to find another living situation that is safe and secure. They also do a lot of individual and family counseling, often when people are at a low point in their lives. The social worker, then, is ideally positioned to screen for and address spiritual issues that come up when discharging patients from the hospital or when transitioning them from the community into another community setting or institution. These kinds of transitions are always stressful, and religious faith can play a big role in helping people cope with such changes and in providing them with the community support that can help make transitions successful. The medical social worker should be familiar with the patient’s religious background and experiences. This information can be gathered from the spiritual history taken by the physician, nurse, or chaplain, and can be supplemented with information gathered directly from the patient. Of course, if no spiritual history has yet been done and documented, then the social worker should be the person who does it. A much abbreviated spiritual history may also be necessary at the time of discharge (i.e., a question such as, “Were your spiritual needs met to your satisfaction during your hospital stay; are there still some issues that you need some help with?”). With this information, the social worker can determine if there are any unaddressed spiritual needs that are still present at the time of discharge, and can help to develop a plan to meet those needs in the community after discharge.

The social worker should work closely with the chaplain to develop the discharge spiritual care plan, and depending on who has the available time, either the social worker or chaplain would then implement the plan by contacting the patient’s community clergy (after obtaining explicit permission from the patient and documenting this). The discharge spiritual care plan might also include arranging for meals to be brought to the patient by members of the faith community, or perhaps arranging for faith community volunteers to help prepare the patient’s home to ensure that the environment is safe (rails built on steps, commode raised, seats and rails put in shower, etc.). This might involve members of the faith community working together with an occupational therapist from the hospital. If there are spiritual needs that remain unmet, for either the patient or the family, then the medical social worker could make arrangements for counseling and support by the patient’s clergy or other trained individual within or outside the faith community.

Spiritual needs might involve unresolved grief over loss of independence or loss of loved ones, spiritual struggles related to anger at God for unanswered prayers, fears about what will happen after death or desire for guidance on how to deepen one’s religious faith or relationship with God. For homebound patients or patients moving into a nursing home, the spiritual care plan may involve arranging for someone from the faith community to visit the patient, pray with or read religious scriptures to the patient, administer religious sacraments such as the Holy Eucharist, or help the patient perform some other religious ritual that is important to him or her (perhaps arrange transportation to attend worship services, obtain access to foods so that a kosher diet can be followed, etc.).

Community social workers may have many similar roles, although often they will not have a chaplain readily available to consult. Instead, the social worker may want to develop a relationship with a chaplain or trained pastoral counselor in the community who can help develop a plan to meet the patient’s spiritual needs either in the community or in a new institutional setting. If the patient is from a religious or spiritual faith tradition that is not familiar
to the social worker or if pastoral care specialists are not available, then direct contact with the patient’s clergy (after permission has been obtained and documented) may be necessary to develop this plan. Often religious faith is very important and has been a source of strength for many years for people who are having social problems.

Helping to provide the spiritual resources necessary for these people to fully mobilize their faith during times of need can be a powerful way to facilitate adaptation during crisis. However, as emphasized earlier in this book, spiritual assessment and interventions should always be patient centered, and there is no room for coercion that interferes with the patient’s free and independent choice a choice that may or may not involve spirituality or religion. If a patient is not religious or spiritual, as indicated earlier, special care must be taken to avoid coercion or inducing guilt over such matters. This is particularly true since a social worker may be acting as an agent of the state or hospital system.

**EVIDENCE OF SOUL-SEARCHING ON PART OF THE PROFESSION**

There is undoubtedly some deep meaning in the fact that meetings of professional social workers tend more and more frequently to include in their programmes questions related to moral and spiritual values. There must be something significant, too, in the tendency of discussions among small groups of thoughtful practitioners to gravitate towards inquiry into our deeper and more far reaching responsibilities towards the clientele we serve. Among those for whom social work is more than a mere job, there is a more insistent concern about the ultimate effectiveness of much that we do - as if the alleviation of material stress or the untangling of disabling relationships, however worthy and necessary this be, were somehow an unfinished thing. Perhaps there is a disquieting perception among some, or many, that the best skills, techniques, and resources of our profession fall short, somewhere, of reaching the ultimate sources of man’s temporal distress and needfulness (Olson, 2003).

These and similar questions do preoccupy many social workers today. It would admittedly be an exaggeration to suggest that such soul searching is becoming anything like an epidemic within our ranks but there are unmistakable symptoms of its presence at every level of social work practice.

**MORE THAN A DESIRE TO BRIDGE A GAP WHICH HAS GROWN**

A superficial diagnosis of the condition might conclude that what is really being experienced is no more than a regressive homesickness for the simpler times when social work was mainly the form of the Church’s official corporal works of mercy, when whatever efforts at alleviating community ills and personal misery were the traditional monopoly of religious congregations and authorities. While we today may have no particular affection for the twenty-first century stereotype of the “lady bountiful” or the proselytizing dispensers of moral indignation, we may dimly suspect that these prototypes of modern social work had access to certain strengths, which have somehow been filtered out of our mid-twentieth century formulae. We fully appreciate that the advances of sociological and psychological understanding have immeasurably enriched our ability to deal with social pathology. We feel no compelling urge to forego any of these gains in favour of casework by precept or community organization by sacred eloquence.

But with all our scientific assurances and skills, many of us cannot escape the impression that there is a further dimension of our work, which we no longer fully command and which nevertheless is decisively related to the success of its eventual outcomes. This feeling is much more than a simple nostalgia for the days of “social uplift” under ecclesiastical patronage.

**MORE THAN A PRAGMATIC WISH TO EXPLOIT A COMMUNITY RESOURCE**

We think that it is more, too, than an artfully motivated desire to draw maximum advantage from a long-recognized institution for community influence. Whenever we listen to an address or read a paper on the church as a partner in social welfare, we are alert to discover whether the objective is purely to remind workers that good public relations and wise exploitation of all community resources urge that we should not neglect this strategic source of collaboration. Such a principle of operation is undoubtedly a valid one in our professional philosophy but it misses the real point almost as widely as that which painstakingly reckons with religious values only as one cultural component, admittedly important, in diagnosis and treatment planning.

If the roots of our self-examination go no deeper than this, then the benefits to be derived from the exercise may be real but they will be meagre indeed. Because it will leave quite intact the essential
question of the intrinsic significance of the moral and spiritual dynamics in the shaping of personal and social destinies.

SOCIAL WORK CANNOT BE “ALL THINGS TO ALL PEOPLE”

First of all we might perhaps agree that social work should rid itself of any Messianic complex. It cannot successfully undertake to be “all things to all people.” This way lies a frustration. There are not few among us who are disposed to assume such global responsibilities from the reconstructing of international harmony, to the elimination of the last vestigial complex in the individual psyche. It is both a tribute to the earnest dedication of the social work professions and a commentary on its relative immaturity that so many of us feel that all of man’s needs must somehow find their satisfaction under our auspices. To resist this notion is not, of course, to deny that social work has a valuable contribution to make at every level of human interchange. But it remains a contribution, and does not become a monopoly.

The crucial point, therefore, becomes the question of what is this specific contribution, and how shall we make it. This, we believe, is the most urgent issue confronting our profession at the present moment. Within its answer will be contained the secret of how we shall appropriately relate to other established agencies of human betterment, to other human service professions, and to the infinitely varied children of Adam who turn to us for aid.

THE INTEGRATIVE FUNCTION IN A DIVISIVE SOCIAL ECONOMY

If, at the risk of oversimplifying a very complex matter, we should say that the principal task of professional social work today is that of putting together or keeping together the human person in the midst of a social process which seems more and more designed to divide and subdivide his personal unity and integrity, we would have identified what appears to me to be the essential function of our discipline. It is paradoxical indeed that at the very time when we are hearing proclaimed most insistently the twentieth century gospel of the rights of man, man himself is finding it increasingly difficult to maintain and even to discover his feeling of significance and personal control in a society which imposes ever more artificialities upon the business of living. This is neither the time nor the place to analyse the innumerable consequences which industrialization and urbanization have brought upon the individual in terms of radical dislocations of primary human institutions. Man’s relationship to his mate and his children, to his intimate neighbour group, to his altar of worship, to the products of his labour and craft, to the larger society of compatriots - all these and many other pivots of personal security which have served him well since the dawn of history, have - by and large - been undermined by the inevitable logic of a technological age. And we have only begun to see, as in a glass, darkly, what further challenges will emerge from the nucleus of the atom. If there is any justification whatever for the familiar designation: “This Age of Anxiety,” it is to be found in the anguished cry of so many: “Who am I?” “Why am I?”. It is precisely here that I see the providential relevance of the social work profession. Not, surely, to supply the ultimate and final answers to these questions. This is clearly the province of the philosopher and the theologian. But it is the province of social work to help man to rediscover and secure that priceless sense of purpose, value, and meaning in what he is and does amid these ever more numerous and ever more conflicting pressures in the specifically temporal and social order. The social worker, it would seem, has the vocation of being a generalist of human nature in a society which has surrendered to the specialists. I wonder indeed whether this may not be the unconscious substrate of the current emphasis on the generic as against the specific in technical social work theory.

SOCIAL ORDER AND HUMAN VALUES

Viewed from a slightly different perspective, it may be said that the overall moral responsibility of social work is to stand and act as a witness, in the community, for the principle that society is for man and against the principle that man is for society. This is why social work as we conceive it is basically incompatible with a totalitarian ideology such as communism.

It is, in the last analysis, a moral concept of the value of man which must justify our professional idea—an ideal which insists that however complex become the patterns of living, the institutions of society must be kept in harmony with the genuine interests of the human personality, that the rights and essential prerogatives of the person shall not be sacrificed to the tyranny of technological efficiency, legalistic convenience, economic advantage, or authoritarian whim.

If social work has a distinct reason for being, it will be found in this dedication to the notion that man’s relationships with his personal and social en-
environment shall remain in harmony with the fundamental dignity and aspirations of his human nature.

**THE IDEOLOGICAL ASSUMPTIONS OF THE PROFESSION**

Having said this much and it is admittedly quite a mouthful it becomes necessary to look very closely at those slogans which have become the common coin of our profession that perpetual insistence on “the value of the human person,” “the essential dignity of man,” “the non-condemnatory approach,” and so on. These, we like to believe, are the axioms of our discipline. What we have not perhaps sufficiently realized, is that not one of these first principles of professional practice can long be successfully sustained apart from the spiritual and religious philosophy of life. A thoroughgoing materialism, whether frankly declared or disguised under the mask of sociological, psychological, or historical determinism can go only so far in justifying the position that the interests of the human person have inviolable priority over other temporal and social goals. Beyond this point, the materialist must become more dogmatic than the believer.

**THE THEOLOGY OF SOCIAL WORK PRINCIPLES**

Let us go much further than this, and suggest that these very principles which we acknowledge as axiomatic in our practice are in fact little more than direct implementations, in the social and behavioural order, of Christian doctrinal teachings by which our occidental political and social philosophy was shaped and inspired. It would be too far from our immediate subject to examine how the very theory of a democratic society must have its roots in a spiritual and moral definition of man. Let us rather consider what profound new insights are obtained when we connect some of our day-to-day professional assumptions, with the religious and moral compass points from which I believe they ultimately derive.

We speak, for example, of “the inviolable worth of the individual person.” This is a noble ideal indeed and one in the absence of which we have seen and are seeing in our own generation the most ghastly outrages perpetrated in the name of social progress. But upon what foundation does such an ideal rest? If man is no more than the sum total of his chemical components, then we are the sentimentalists and the others are the social realists. If, on the other hand, man is infinitely more than this, if he has a destiny beyond this span of years, if he has within him a spiritual principle, a soul, for whose final well-being an infinite price has been paid—then we may truly speak of his inviolable worth.

Or we speak of “the non-condemnatory attitude.” This, strangely enough, is frequently viewed with alarm by otherwise knowledgeable religious people, who suspect it is a cloak for moral indifferentism or a crude surrender to the Id. And yet, among all our principles I find none which echoes more searchingly the truest dictates of our moral and religious tradition. It begins with the truth that I am not my client’s better that we are both the heirs of our original parents’ fall that we each bear within ourselves that proclivity to error and unreason. It proclaims also our religious conviction that no man can be coerced into virtue or manipulated into paradise. And it denies the social worker the luxury of playing God, by acknowledging that rectitude of life is the fruit of divine grace, to be given when God finds the soul prepared. Sanctity is not something which can be ensured by edict or censure, but rather something that takes possession of a man when the dispositions of nature have paved the way. It is the social worker’s role to take away, by art and understanding and acceptance, the material, the emotional, the interpersonal, and the social stumbling blocks which cluster the human being’s pilgrimage through this life toward of the client as he comes to us, than the words of Him who, when the last scornful accuser had slipped away, raised up the woman taken in adultery: “Daughter, are there none left to accuse thee? Neither do I accuse thee. Go in peace.”

There is such a higher rationale for each one of the basic laws about which our professional ethic and skill are cast. It would be burdensome to consider in detail why our belief in the right of every individual to the means of decency is eventually inseparable from a theology which teaches that redemption is for the weak and strong alike; why our conviction in the necessity of social justice and mutual aid is bound up, not with a devious pursuit of indirect self-interest, but with the vastly more sublime precept of spiritual brotherhood which in my theology I would call the Mystical Body of Christ.

**THE FUTILITY OF ROOTLESS PHILANTHROPISM**

The foregoing remarks are certainly open to commentary from many quarters. To some they may seem no more than a quasi-poetic essay in plausibilities. To others they may seem an elaborate attempt at rationalization in favour of vested interests. To oth-
ers they may seem no more than an eruption of metaphysics in an area which has been adequately taken over by scientific positivism.

We must insist that they are more than any of these. It will always strike me as more than somewhat strange that we should have to remind social workers, of all people, of the essential spiritual component in their profession. And yet, in a somewhat larger context, it is worthy of note, that at the present time it is the physical sciences—the nuclear physicists, the biochemists, and the rest who are more and more frequently voicing the necessity of a rediscovery of moral and religious values, while the human and behavioural sciences seem to be sinking ever deeper into the strata of factorial analysis, cybernetics, and logical empiricism. Social work must maintain its commitment to the integral human person, and to whatever dimensions of that human whole may have an effect upon the individual's capacity to deal more successfully with the challenges of living in this uncertain and complex social era. We have long since agreed that this eventually becomes a matter of revitalizing the interpersonal relationships which sustain personal security and social wellbeing. But as Father Bowers said in Gotterer’s book (2001), if religion is essentially man's relationship with the divinity from which he springs and towards which he moves, and if this, as seems inevitable, influences profoundly his relationships with all else which surrounds him, it would seem a dereliction of professional responsibility for social workers not to be at least mindful of this direct and indirect area of the client's relationship needs.

The fact, however and I might say the tragic fact is that this intimate connection between religious and spiritual values on the one hand, and the content of day-by-day activities and relationships on the other, has largely been lost sight of in contemporary scientific, political, and social thinking.

It is not merely that religion has become a compartmentalized aspect of living. It is rather that we, without fully realizing it, are living on borrowed spiritual and religious capital. The most alarming symptom of modern man's crisis is that, while engaged in a death struggle for the defence of certain human values, he has too often lost faith and confidence in the theological principles upon which these values are founded. In fact, we have, more often than not, actually forgotten these principles, while suspecting more or less consciously the weakness of the latter-day ideologies which have preyed upon them like parasites (Marshall, 1990). It is not surprising, therefore, that we speak of “This age of anxiety” but we firmly believe that, before all else, it is an age of metaphysical anxiety.

**PERSONAL IDEOLOGY OF THE PROFESSIONAL PERSON**

Here, precisely, is the nub of the entire question in so far as it concerns the worker on the job. It would be idle to expect that every practitioner will bring a positive and conscious religious ideology to his professional tasks. To the extent that he/she fails to do so, of course, his/her scope for adequate empathy with his client whether individual, family, or group is proportionately diminished. But we have a right to hope that at the very least, he/she shall not systematically disregard the religious and moral preoccupations or needs of his/her case, or harbour a persistent blind-spot in their regard. On the other hand, the practitioner who has mature and enlightened convictions about the powerful spiritual potentialities in his/her own and his/her client's lives vastly expands his/her range of deep identification and at the same time finds access to new reserves of confidence and worthwhileness in his/her labours.

**THE RELATIONSHIP BETWEEN PROFESSION AND CHURCH**

The danger in all that we have been saying may lie in supposing that, if these things be true, then professional social work somehow becomes a branch of evangelism that the social worker, in his/her role of social worker, becomes something of a religious counsellor. Nothing we can think of would do a greater disservice to both religion and the social work profession than this confusion of roles. Despite their unique interdependencies, their proper and specific functions remain fundamentally distinct.

As a professional discipline, social work assumes responsibility for man in his earthly estate, using methods and resources proportionate to earthly effects, for the purpose of insuring earthly benefits for the individual and for the community. In its primary role, the Church assumes responsibility for man's soul in its earthly state, using methods and resources proportionate to supernatural for mankind.

If social work recognizes that moral and spiritual factors enter deeply into earth-bound problems, it must so deal with these factors as to permit the achievement of desired social outcomes. If the Church recognizes that material and social factors enter deeply into spiritual problems, it must so deal with these factors as to permit the achievement of desired supernatural outcomes. Social work, as a professional dis-
imate, is not called upon to save souls. This is not its competence. But its practitioners, as believing people, will not be oblivious to the eternal destiny of those they serve. The Church, as an agency of supernatural life, is not called upon to reconstruct the city of man. This is not its competence. But its representatives, as socially minded people, will not be indifferent to the earthly condition of those to whom they minister.

THE PROBLEM OF COLLABORATION

The net conclusion of all the foregoing is surely that social work and the church should be working together in a relationship of utmost harmony born of reciprocal need. Let us not be so naive as to pretend that this is typically the situation. All too often, if there is not an elegantly disguised mutual suspicion, there is not much more than a casual nodding acquaintance. Far too seldom indeed does there exist that truly dynamic teamwork which would be required to make what I have said anything more than pious philosophizing.

Without attempting to give you any gimmick or trick formulae to get the church and social work working hand in hand, may I merely suggest a few of the basic prerequisites for fruitful collaboration: First of all it would seem to us, we have to do something about the problem of simple verbal communication. If social work has sometimes been rightly characterized as a “culture within a culture,” the same can be said with due modifications about the world of ecclesiastical affairs. Each has developed a technical terminology that effectively renders intelligible dialogue an almost lost cause. Terminology, of course, is really no more than symptomatic. Even if the schools of social work and theological seminaries added a course in comparative semantics to their already overcrowded curricula, we would not automatically overcome all the stumbling blocks in our common pathway. What is perhaps more needed is a relatively better understanding on either side of what the other is really trying to achieve. Only thus will the occasional spasms of scepticism cease to encumber our collaboration.

Only thus will the mechanisms of defence intrude less frequently into our dealings with one another. Only thus will the profession be less likely to reproach the Church for unwarranted insistence upon moral technicalities; only thus will the Church be less likely to censure the profession for arbitrary secularism.

How this quality of improved mutual understanding can be brought into being is probably too large an issue to be dealt with adequately here.

In summary, I believe it must await a spiritual maturation on the part of the social work profession and on the part of social work practitioners, no less than it must await a scientific-social maturation on the part of those who formally speak for the spiritual and moral values in modern life. This undoubtedly has implications for the educational programmes on either side—and I have the impression that the challenge will be and is being met.

The fruit of such efforts will be not only better understanding, leading to more effective communication, but a heightened respect for one another between these two agencies of human betterment. I cannot think of an outcome more ardently to be hoped for because it can only result in advantages to the individuals, the families, the groups, and the communities which, each in our own way, we have assumed the mission to serve.

CONCLUSION

Medical and community social workers help patients and their family transition from one living situation to another one, easing such transitions by providing counsel and identifying resources for support. Relevant to such transitions are the religious beliefs of the patients and their families and the faith communities to which they belong. As a part of a holistic, patient-centered care there is observed in some settings (especially in palliative care) growing interest among social workers (in some countries) to identify the spiritual needs of patients and families and to ensure that those spiritual needs are met during such transitions. Medical social workers are ideally positioned to ensure that spiritual needs identified during hospitalization continue to be addressed as patients are discharged back into the community. This is often done by working closely with the chaplain to locate resources either within or outside of the patient’s religious community to meet those needs, depending on the patient’s choice. Community social workers play a similar but broader role that involves identifying spiritual needs and identifying spiritual resources in an environment where pastoral care specialists may not be readily available.

In hospital settings, the medical social worker should not duplicate the work of physicians, nurses, or chaplains in identifying spiritual needs, although he/she may have to conduct and document a spiritual history if it has not already been done, and may need to follow up briefly at the time of discharge to ensure that spiritual needs were met during hospitalization. Because most social workers are not trained to ad-
dress spiritual issues, however, any in-depth spiritual counseling should be left to pastoral care specialists whenever this option is available. As it is currently a wide experience in many hospitals in Slovakia and other European countries, there is still ongoing need for improvement into identifying of spiritual needs by social workers and delivery it to the patients by pastoral team and chaplains. Social workers are irreplaceable component of social spiritual dimension of care. If the patient is from a religious or spiritual faith tradition that is not familiar to the social worker or if pastoral care specialists are not available then direct contact with the patient’s clergy (after permission has been obtained and documented) may be necessary to develop this plan. Often religious faith is very important and has been a source of strength for many years for people who are having social needs.

References


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