Polish Association for Spiritual Care in Medicine (PTODM): “Hospital with a Spirit” (2026–2030) - Protocol for Developing, Implementing, and Evaluating a Novel Spiritual Care Model

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INTRODUCTION: Multiple studies have consistently demonstrated independent associations between spiritual well-being (particularly meaning and peace) and patients’ quality of life, including reduced quality of life and greater symptom burden in chronic illness in the presence of spiritual distress. Poland faces a system-level gap: the lack of unified, practical, and structured standards for spiritual care. The Delphi method offers a way to build interdisciplinary consensus in highly complex areas while integrating various perspectives.

AIMS OF THE PLANNED STUDY: Develop a feasible, structured spiritual care model for Polish healthcare.

METHODS: Multi-stage study protocol

Stage 1 "Development" (2026–2027):
Expert panel of physicians, nurses, midwives, physiotherapists, chaplains, patients, PTODM Board members, and representatives of churches and religious organizations will address the following areas via anonymous Delphi online rounds on a dedicated platform (consensus threshold: ≥75%):

A. Screening: defining the target of screening, exact screening tools or screening questions, clinical time points, responsible professionals, documentation and referral pathways.

B. Interventions: a feasible format, spiritual history-taking as an intervention component, conversation algorithms, neutral and non-indoctrinating language, adaptations for religious and non-religious patients, and clear role boundaries, criteria for referral to specialist spiritual care, clarification of what specialist support should include.

C. Evaluation of model effectiveness: feasibility / acceptability indicators, effectiveness outcomes, measurement schedule, data recording and storage.

Stage 2 "Implementation" (2027–2029):
A clinical manual / a list of guidelines or standards consisting of the Delphi Study results will be used to train leaders of healthcare professionals and chaplains. Then a first pilot in a chosen Polish hospital will be implemented (as a “Hospital with a Spirit” program). An adequate funding is required for this stage.

Stage 3 "Evaluation and scaling" (2029–2030):
An evaluation of pilot outcomes (feasibility, acceptability, effectiveness) and refinement of the model will be performed. Then, a sustainable implementation plan will be developed.

EXPECTED RESULTS / PROJECT OUTPUTS: The first expert-based, interdisciplinary standards in Poland for basic spiritual care delivered by healthcare professionals, a structured Spiritual Care Model (including screening, a brief intervention, referral criteria and pathways for specialist support, tools and a timetable for feasibility and effectiveness assessment) complete with implementation materials: algorithms, conversation guides, and documentation templates.