A COMPARISON OF ATTITUDES TOWARDS PROFESSIONAL ACTIVITY BETWEEN PASTORAL CARE PROFESSIONALS AND SOCIAL WORKERS

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Abstract
Caring professionals are one of the largest groups working in the field of human services. Important personal qualities in this area include strong communication skills, the ability to empathise with individuals' experiences and manage one's own emotions, a sense of responsibility, patience and helpfulness, and self-confidence. This article compares attitudes towards professional activity between two caring professions: social workers and pastoral care professionals. The results of the survey revealed that both groups have similar views on the specifics of their work, with more noticeable differences in attitudes related to spirituality. This aspect is significantly more important for pastoral care professionals than for social workers, although the ultimate goal of both professions remains the same: providing professional support to those in need.
KEY WORDS: pastoral care professional, social worker, professional activity, professional identity.

Anotacija
Pagalbą teikiantys specialistai sudaro vieną didžiausių žmonių gerovei dirbančių profesinių grupių. Svarbios šių specialistų asmeninės savybės yra: geri bendravimo įgūdžiai, gebėjimas įsijausti į kito žmogaus patirtis ir valdyti savo emocijas, atsakingumas, kantrybė, paslaugumas ir pasitikėjimas savimi. Šiame straipsnyje lyginamas dviejų pagalbos profesijų – socialinių darbuotojų ir sielovados specialistų požiūris į profesinę veiklą. Tyrimo rezultatai atskleidė, kad abiejų grupių atstovai panašiai vertina savo darbo specifiką, tačiau daugiau skirtumų išryškėjo analizuojant dvasingumo temą. Šis aspektas sielovados specialistams kur kas svarbesnis nei socialiniams darbuotojams, nors galutinis abiejų profesijų tikslas išlieka tas pats – profesionali pagalba žmogui.
PAGRINDINIAI ŽODŽIAI: sielovados specialistas, socialinis darbuotojas, profesinė veikla, profesinis identitetas.
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Introduction

According to the World Health Organization, around six million caring professionals work globally at any given time. In Lithuania, there are currently 743 care

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specialists per 100,000 inhabitants. However, the demand for qualified support professionals, especially those offering social and spiritual assistance, continues to grow both in Lithuania and across Europe. Social workers and pastoral care professionals support highly vulnerable individuals, such as the elderly, people living with complex chronic illnesses, cancer patients, those at social risk, and families affected by suicide, sudden death, or other similarly difficult experiences.

Helping others is not an easy job. Daily direct contact with suffering, life's hardships, and deeply personal emotional experiences are challenging and demanding, even for trained professionals. One of the most common problems when working with these people is the emotional relationship, as people who are ill or suffering from a loved one's difficult situation withdraw into themselves, and do not trust the help offered, or do not accept it at all. As a result, these professions are more likely than others to suffer from professional burnout, or, on the contrary, from excessive involvement in an alien situation.

How do pastoral care professionals differ from social workers? Pastoral care professionals deal with the existential crises of a person who needs careful sacramental assistance from the Church, while a social worker deals with a person's crises of any nature, and his or her activity is aimed at the renewal of person's social activity. This distinction highlights the unique nature of each profession's contribution to human support and care, as well as the need for a clearer understanding of their respective roles.

Providing care to those in emotional or spiritual pain requires social workers and pastoral professionals to possess specific communication skills, professional competencies and personal qualities that ensure the quality of care. Empathy, the ability to understand and share another person's emotional state, is considered the most essential trait in this field. While there is some research focused on spirituality and empathy (Attard, Baldacchino, 2014; Seitz, 2014; McKee et al., 2015), as well as on professionalism (McSherry et al., 2008; Hagedorn, 2009; Cashwell, Watts, 2010; Cobb et al., 2012; Heled, 2021; Darawshy, 2024), social work has been studied more extensively than the pastoral profession, which remains underexplored in academic research.

Research problem. Working with individuals affected by difficult life circumstances requires significant emotional strength, endurance and willpower. This study seeks to answer the following questions: What are the essential qualities of pastoral care professionals and social workers providing human support? And to what extent do the professional identities of these two groups show similarities or differences?

Subject of the study: attitudes towards professional activity.

Aim of the study: to describe and compare the professional identity of pastoral care professionals and social workers, revealing both similarities and differences.

Objectives of the study:

1. To define professional identity at both the personal and group level, seeking connections between the identities of social workers and pastoral care professionals.
2. To identify the attitudes towards professional activity and personal preparedness for work among social workers and pastoral care professionals.

Research methods: literature review, inductive reasoning, questionnaire survey, and descriptive statistical analysis.

1. The concept of spirituality

The concept of spirituality is widely known and frequently used; however, it becomes considerably more complex when a precise definition is required. In recent years, scholarly attention to spirituality has grown across various fields, including organisational management (Krančiukaitė, 2008), personal development and self-help (Palijanskaitė, 2009), and healthcare and patient support (Deikus, 2019). A review of the academic literature reveals that the meaning of spirituality often depends on the context in which it is discussed, and this diversity of interpretations leads to a variety of expressions and manifestations of spirituality. Kontrimienė (2018) approached spirituality from a humanistic perspective, identifying three core components of humanistic spirituality: self-actualisation, transcendence, and the pursuit of the meaning of life. She argues that spirituality is a condition for realising high-level human aspirations, and serves as a fundamental human force, expressing itself in multiple ways that influence a person's thinking and world-view. Krančiukaitė (2008), exploring spirituality within organisational contexts, emphasises its deeply personal nature, often connected to intrinsic motivation and a meaningful relationship with God or a higher being. In the context of professional life, spirituality is seen as a recognition that individuals possess an inner life which drives meaningful work in the context of community. This inner life, in turn, is nurtured and enriched through purposeful activity. From this perspective, workers are not merely rational agents, but also spiritual beings who seek meaning in their work, yearn for connection with others, and desire to be part of a larger community. Palijanskaitė (2009) further broadens the concept by introducing the notion of 'spiritual health', understood as a mature personality's capacity to actualise their innate spiritual potential, and to create an authentic and meaningful existence. Meanwhile, Jucevičienė and Škėrienė (2016) describe spirituality

as a phenomenon that transcends physical, psychological and social dimensions, involving connection with something higher and more profound.

Champagne (2017) contributes by highlighting the deeply personal, intimate and inner character of spirituality, which develops through both individual experience and interaction in social environments. It functions as a kind of 'inner backbone', a stable internal structure that helps individuals locate their existential centre, grounded in joy, safety, and an individualised perception of reality, even amid internal and external contradictions.

Despite the conceptual variation among scholars, in the context of this study, spirituality is understood as a world-view that manifests itself through a system of values and beliefs. It fosters a person's relationship with themselves, others, nature, and a higher spiritual power, and it motivates action in alignment with a subjectively meaningful direction.

2. Professional identity in spiritual care

The formation of a professional identity is a key part of the professional development process, beginning during vocational education and continuing throughout one's career. Professional identity is complex, deeply personal, and varies between individuals. It is a dynamic process in which practitioners interpret their experiences, shaped by multiple contextual factors. Heled (2021) describes professional identity as being shaped both by how the external environment perceives the professional, and by how the individual perceives themselves in that role. Like other aspects of identity, professional identity develops through social interaction, engagement with clients, colleagues and other professionals, as well as through the internal interpretation of professional experiences. Heled distinguishes between individual-level and group-level professional identity. On a personal level, professional identity refers to how an individual identifies with their chosen profession and integrates it into their sense of self. Group-level professional identity, in contrast, refers to the shared culture, knowledge, values, beliefs and skills associated with a particular profession. This collective identity plays a crucial role in shaping how professionals see their work and their place within a broader occupational community. Research shows (Cashwell, Watts, 2010; Cobb et al., 2012) that a well-developed personal professional identity positively influences work values, ethical behaviour, professional competence, personal growth, and a sense of responsibility and solidarity with peers. Group-level identity, meanwhile, is shaped by both internal norms and external perceptions. It represents a set of expectations and recognisable attributes assigned to the profession by both insiders and outsiders.

A clearer and more coherent group identity contributes to a stronger overall professional identity, and enhances the profession's status and credibility, and the development of its members. People who identify strongly with their profession tend to internalise its values and see themselves as inseparable from it (Pratt, Foreman, 2000). This leads to a greater sense of pride and professional satisfaction. Conversely, in professions where group identity is unclear or fragmented, individuals may struggle to fully identify with the role, impacting their sense of purpose and the quality of their practice. Remley and Herlihy (2007) found that, while a clearly perceived group professional identity influences the knowledge of the philosophy of the profession and the services provided, a low group professional identity also has a direct impact on the quality of the practice, so that inadequate performance contributes to a decline in the image.

The scientific literature (Miner-Williams, 2006; Puchalski, 2012; Gideon, 2017; Juškauskienė et al., 2021) presents research on the importance of spirituality in the context of health and well-being. Miner-Williams (2006) defines health as the wholeness, unity and harmony of body, mind and spirit. Puchalski (2012) argues that illness can be seen as a kind of disruption of the integrity of the human being. It is widely believed that people are inherently spiritual, because they have an innate sense of knowing and feeling about themselves, others, nature and other important and sacred things. When someone is ill, these relationships are disrupted not only in the person, but also in their family, home and work environment. Therefore, the first step towards recovery is to rebuild this relationship. Gideon (2017) identifies spirituality as one of the indicators of a person's quality of life, and in the context of nursing or patient care, spirituality is usually seen as a prerequisite for comprehensive and person-centered care (Miner-Williams, 2006). In light of the above, it can be argued that spiritual care remains just as important as physical care in the broader helping professions.

3. Training social and spiritual care professionals in higher education

Higher education in the fields of social and spiritual care is built on the personal qualities, skills and competences that individuals bring with them and further develop during their studies. Successful professional preparation requires a well-balanced integration of theoretical knowledge and practical skill-building. In recent years, both national and international research has increasingly focused on spiritual care competences, and on how prepared future professionals are to address the spiritual needs of those they serve. Scholars have explored how these competences can be clearly articulated and reflected in training programmes for helping professions (Hagedorn, 2009; Cashwell et al., 2010; Cobb et al., 2012; Attard,

Baldacchino, 2014; Seitz, 2014; Fopka-Kowalczyk et al., 2024). Higher education institutions are expected to ensure that graduates acquire not only profession-specific skills, but also general abilities, such as independent problem-solving, critical thinking, emotional intelligence, and effective collaboration (Seitz, 2014). Curricula should be relevant to the needs of the market and motivate students to pursue continuous professional development (Hagedorn, 2009). These should include social policy, psychology and sociology (Fopka-Kowalczyk et al., 2024). Social and spiritual care play an important role in society, and their training requires an integrated approach that includes both theoretical knowledge and practical skills. The versatility of the teaching/learning methods used in the educational process could be reflected through the integration of interactive and classic methods in theoretical and practical lectures. Discussions, role-play and situational tasks develop the practical skills of social workers and build the skills they will need in real practical activities after their studies. The use of interactive methods, where the lecturer only coordinates the processes and the student is active in specific situations, encourages the future social worker's autonomy and critical thinking. The application of classic methods in lectures forms the basic theoretical package of knowledge required for professional activity. Sufficient attention to training/learning methods in social worker training facilitates the achievement of the desired training/learning outcomes, as it is important for a young professional to know, understand and be able to perform the professional functions required by the workplace. Organising internships and placements in studies encourages a more targeted application of knowledge in real work situations and contributes to the inclusion of group projects and interdisciplinary tasks in the development and strengthening of collaborative skills (Roulston et al., 2018). Before choosing a career as a care worker, it is a good idea to look at what innate qualities a person has. These should include empathy and listening skills, stress resilience, emotional stability, responsibility and integrity (Darawshy, 2024). The qualities that a social worker needs and which can be developed during their studies are critical thinking, analytical skills, organisational skills, time management, and the ability to adapt to change and innovation in the field of social work (Cleak et al., 2016).

An analysis of the scientific literature reveals a number of key aspects related to the competences required for the care professions, their development during a course of studies, and personal qualities. Successful training as a caring professional requires a balance of theoretical knowledge and practical skill development. University studies must ensure that graduates are able to solve social problems independently, assess situations critically, and cooperate effectively. It is also important that curricula meet the needs of employers and encourage students to pursue continuous professional development. Many researchers (McSherry et al., 2008;

McKee et al., 2015) have suggested that an education in care should emphasise the importance of spiritual health, and argue that care staff need to have a clear understanding of what spiritual support is and how to provide it. However, there is still some debate as to whether there should be separate disciplines for spirituality, or just separate topics that are integrated into other disciplines. Spirituality is not only what the patient carries within themselves, but also what goes out into their environment and what they receive from the environment.

4. Analysis of research results

The aim of this study was to determine the relationship between attitudes towards professional activities among social workers (SWs) and pastoral care professionals (PCPs) in different professions. An empirical study was carried out using a questionnaire as the research instrument. The questionnaire survey was carried out among 87 respondents, consisting of two target groups: SWs and PCPs. The SWs were from Šiauliai State College (48 respondents) and the PCPs were from St Ignatius Loyola College (39 respondents). Only one man took part in the survey, which shows that women are more likely than men to choose care work. The average age of respondents in both groups was between 30 and 60 years, while there were also younger respondents aged 20 to 29 (10.4%) among the SWs, and respondents aged over 60 (20.5%) among the PCPs. When analysing the respondents by education, almost half of them (45.4%) had a university degree, and the fact that they were still in education (94%) shows that this was not their first profession. Only (SWs 8.3%) up to 10% of respondents had a post-secondary education (PCPs 10.3%). Some respondents (SWs 8.3% and PCPs 5.1%) had already received vocational training in vocational training centres. In terms of work experience, a higher proportion of respondents were in training (SWs 42%, PCPs 72%), but there were also some who had more than five years of practical experience in their field (SWs 23%, PCPs 10%). A small proportion of respondents reported working informally (5% across both groups) or having little work experience of up to one year (SWs 6%, PCPs 0%). The majority of respondents had up to five years of experience (SWs 25%, PCSs 8%).

Table 1. Ranking the personal qualities needed for professional performance

Social Workers	Pastoral Care Professionals
1. Empathy	1. Empathy
2. Tactfulness	2. Tactfulness
3. Communication	3. Communication
4. Openness	4. Patience

Social Workers	Pastoral Care Professionals
5. Trust	5. Spiritual sensitivity
6. Patience	6. Openness
7. Professionalism	7. Trust
8. Self-criticism	8. Self-criticism
9. Commitment to oneself	9. Commitment to oneself
10. Spiritual sensitivity	10. Professionalism

Source: Compiled by the author based on the results of the study

The respondents ranked the qualities needed in a professional job (Table 1). Empathy, tactfulness and communication are key qualities for working with people, and both professions put them at the top of their list. Professionalism is the least important for pastoral care professionals, who place more emphasis on patience and spiritual sensitivity. Social workers, on the other hand, emphasise trust, and spiritual sensitivity seems to be less important to them than it is to pastoral care professionals.

The questionnaire asked respondents to rate their own professional skills (Fig. 1). The most favoured were the ability to be emotionally supportive (SWs 83%, PCPs 82%), the ability to love another person (SWs 77%, PCPs 72%), the level of empathy (SWs 81%, PCPs 72%), the ability to have a sense of humour (SWs 79%, PCPs 74%), the ability to communicate (SWs 73%, PCPs 87%), and the ability to listen (79% each). The least favoured were professionalism (SWs 44%, PCPs 49%), the ability to present valid points in a conversation (SWs 42%, PCPs 41%), the ability to motivate (33% each), and the ability to distance oneself from personal problems (SWs 40%, PCPs 41%).
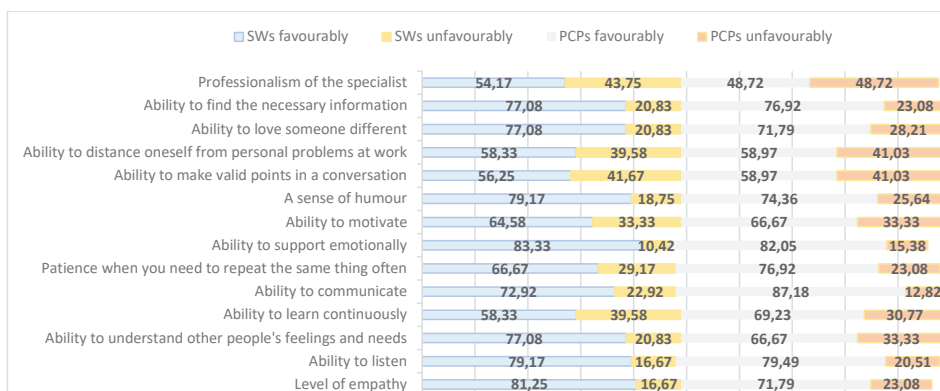

Figure 1. An assessment of the personal professional competences
of social workers and pastoral care professionals
Source: Compiled by the author based on the results of the study

This self-assessment shows that respondents are willing to learn professionalism because they are aware that they lack such experience. Their lack of knowledge is a sign that they lack in their communication with people of a difficult fate, in order to support them, reassure them and gain their trust. The patients of nursing professionals are hypersensitive individuals who need to be given points in a conversation in a way that they can hear and want to accept.

With regard to the difficulties that respondents face in their professional life (Fig. 2), it is clear that there are some difficulties. These include the patient's mental state (SWs 85%, PCPs 78%), the patient's beliefs (SWs 88%, PCPs 80%), the patient's unwillingness to accept reality and come to terms with the situation (SWs 88%, PCPs 92%), the patient's limited perception of the world (SWs 94%, PCPs 85%), and the worker's difficulty in establishing a relation with the patient (SD 94%, PCPs 82%).

Clients of social workers have fewer fears related to death (48%) than clients of pastoral care professionals (18%). This could be explained by the fact that clients of pastoral care professionals are closer to knowing that they are living the last days of their lives (74% of PCPs) than clients of social workers (56%). In both groups, clients are very self-centred and do not want to hear anything (SWs 88%, PCPs 82%) because they know that their situation is hopeless and irreversible (SWs 92%, PCPs 85%). There are cultural differences (SWs 63%, PCPs 74%), illnesses that cause not only spiritual pain (77% each) but also physical pain (SWs 65%, PCPs 72%), which also makes the work of both groups of professionals much more difficult. Patients often distance themselves from God in their difficult experiences (SWs 35%, PCPs 74%), which makes it even more difficult for work-
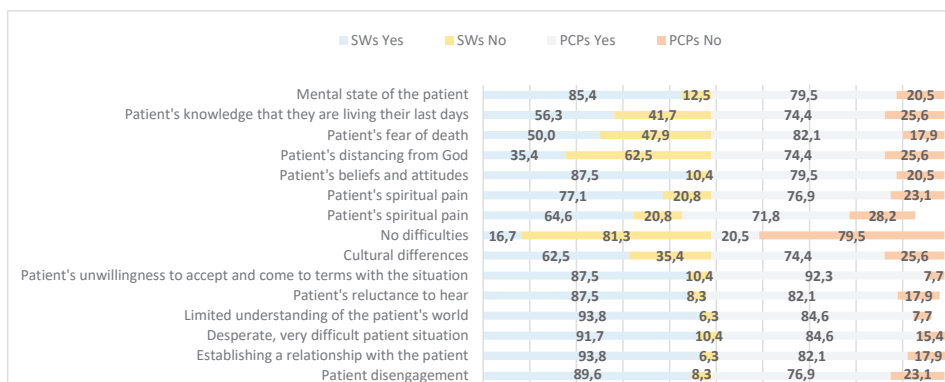

Figure 2. Challenges and difficulties in professional life
Source: Compiled by the author based on the results of the study

ers to connect with them or change their attitudes and beliefs (SWs 88%, PCPs 80%).

It can be seen that *the professional challenges are similar and complex for both groups of respondents, requiring personal qualities and the professionalism of the staff concerned.* The next question was therefore about the goals they set for themselves when working with difficult patients and painful, sensitive situations (Fig. 3). The responses were almost unanimously in favour of waiting for the patient to trust the worker (SWs 94%, PCPs 95%), demonstrating that the patient is not left alone in their troubles (SWs 98%, PCPs 100%). A sick, unhappy and confused person is accepted as they are: without prejudice, judgement or control (SWs 92%, PCPs 100%), with the aim of giving them as much help as possible (SWs 96%, PCPs 95%), by creating a bond of togetherness (98% each), by listening and letting them talk (SWs 96%, PCPs 100%), and by helping them to overcome their fears (SWs 92%, PCPs 100%). Emotional support (SWs 96%, PCPs 100%), and broadening the person's world-view by becoming more aware of oneself and one's essence (SWs 90%, PCPs 97%), are equally important tasks when working with patients. However, *differences emerged in the answers of the respondents when asked about the meaning of life (SWs 77%, PCPs 100%) and the need for reconciliation with God (SWs 27%, PCPs 100%).*

When working with the injured, the elderly, the sick or those with a difficult fate, whether they want to or not, workers give a large part of themselves to the wellbeing of the other person. Therefore, the frequent emotional agitation and anxiety about the client's state of mind or the presence of the patient's future is also debilitating for the worker. Both groups emphasised that professional experience and knowledge are the most effective tools for dealing with personal emotional re-
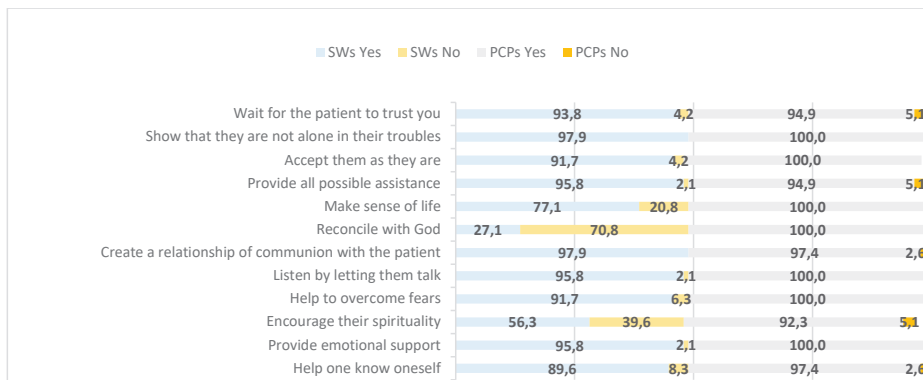

Figure 3. Key objectives for professional activities
Source: Compiled by the author based on the results of the study

actions after working with patients, and that there needs to be continuous work on oneself and lifelong learning. Respondents said that the state of mind of employees does not get fixed on their own, but requires effort and self-knowledge. Outside help is available, although both groups of respondents did not see this as a priority. Psychological, spiritual and philosophical knowledge is essential for personal progress in non-standard work situations. As many as 81% of respondents planned to work in their chosen profession in the future, while 19% were still thinking about it because they were undecided. The specificity of the work will largely be determined by the groups of people to be worked with: the elderly (SWs-33 / PCPs-39%), people at risk (SWs-29 / PCPs-5%), victims of violence and those who have experienced the death of a relative (SWs-6 / PCPs-5%), the seriously ill (PCPs-21%), and children (SWs-6%).

Conclusions

The professional identity of social and spiritual care professionals can be understood at both a personal and a group level. Personal professional identity refers to how an individual identifies with their profession and the activities they perform within it. This form of identification influences their values, professional skills, knowledge, sense of responsibility, ethical and moral behaviour, and personal growth in the field.

On the other hand, a group professional identity is shaped by the shared culture, knowledge, values, beliefs and professional norms in a profession. It defines how a professional group is perceived both internally (by practitioners themselves) and externally (by society and other professional groups). Professional identity, at both levels, plays a crucial role in shaping how professionals understand their work, develop competence, and interact with others.

Spirituality is often associated with religion, but in the context of working with individuals facing serious illness, personal crises or social vulnerability, spiritual care becomes a broader and more inclusive concept. It encompasses a search for meaning, connection, and emotional or existential support, regardless of religious affiliation. Distinguishing between the roles of different caring professions makes it possible to highlight both commonalities and differences in the approach to care, especially when dealing with individuals who are facing complex life challenges.

When comparing the attitudes of social workers and pastoral care professionals towards their professional activities and their individual preparation for work, significant similarities were found in areas such as job responsibilities, emotional challenges, the importance of wellbeing, and the personal qualities required in the

field. Both groups emphasised empathy, patience, responsibility, and a commitment to helping others as essential characteristics for their profession.

However, clear differences emerged in their views on spirituality. Pastoral care professionals placed great value on the spiritual dimension of care, viewing it as integral to their work with clients. In contrast, social workers generally gave spirituality less importance, or did not emphasise it in their practice.

Despite these differences, both groups expressed a positive attitude towards their career choice, and showed a willingness to continue working in their respective fields. Some professionals already had a second qualification, and nearly half the respondents stated that they would recommend their profession to others. Interestingly, pastoral care professionals appeared to have a slightly more positive public perception compared to social workers.

Ultimately, providing person-centred care, especially for those facing serious life challenges, requires understanding an individual's spiritual wellbeing, recognising their unique spiritual needs, and being able to respond to these with sensitivity. Social and spiritual care professionals who are equipped with this understanding are more likely to deliver holistic care, helping people find meaning, navigate suffering, and cope with illness and hardship.

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