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Małgorzaty Adamskiej

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SŁOWO WSTĘPNE

Issue No. 38 of the Journal of Applied Sciences is the result of a collaboration with St. Elizabeth University of Health and Social Work in Bratislava. The first five articles, reflecting the Bratislava University's specialization, are dedicated to the broad field of social work, while the final contribution addresses inclusive education of Roma youth.

The opening article, by Anna Pavlovičová and Tatiana Pavlovičová ("Impact of Social Services Transformation Process on Feelings and Emotionality of Seniors"), offers a thorough examination of the changes introduced over the past decade in social service provision for older adults. Drawing on in-depth qualitative interviews with more than fifty participants in a pilot program in the Bratislava region, the authors explore seniors' subjective experiences of reform–from initial anxiety about new procedures to subsequent adaptation and a sense of increased autonomy. Findings reveal that, although some beneficiaries felt uncertain at first, personalized support from social workers and peer support groups gradually fostered significant improvements in emotional well-being and overall satisfaction with services. The article concludes with concrete recommendations for optimizing transformational processes in social services by strengthening psychological support mechanisms for the oldest members of our communities.

Eva Dirgová's article, "Job Satisfaction and Motivation in the Profession of Social Workers," investigates the determinants of professional satisfaction and motivation among social work practitioners. Based on a comprehensive survey distributed to over two hundred professionals across various social service centers, the study identifies key sources of fulfillment—meaningful work, team support, and fair compensation relative to effort invested. Statistical analysis shows that the highest motivation levels occur among those employees who have genuine influence over client support plans and can participate in institutional policy-making. Dirgová also highlights areas in need of intervention, particularly preventing burnout through stress management training and mentoring programs. Her conclusions lay the groundwork for designing integrated HR strategies in both non-profit and public social service organizations.

In their article "Ethical Dilemmas in the Process of Family Environment Rehabilitation in Review of Social Workers," Elen Kenderešová and René Rác provide an in-depth analysis of the ethical challenges social workers face when rehabilitating family environments. Employing a critical-case approach, the authors present four complex family narratives in which the tension between child welfare and parental autonomy creates moral dilemmas. Each case meticulously details conflicts of values—for example, protecting a child from domestic violence versus preserving family cohesion. Grounded in document analysis, interviews with social workers, and ethics workshops, the paper proposes a decision-making framework that enables practitioners to navigate difficult choices reflectively and recommends implementing supervisory training to bolster ethical competencies.

Eva Dirgová and Pavol Tománek, in "The Significance of Communication in Working with a Social Work Client," focus on the role of interpersonal communication in social work practice. Their study is based on observations of workshops and analytical evaluation of more than one hundred consultation sessions across multiple institutions. The authors identify key communicative strategies—such as active listening, open-ended questioning, and motivational techniques—that significantly influence the quality of client–worker relationships. The paper describes how nonverbal cues (body posture, eye contact) and the practitioner's emotional self-management affect client trust and engagement in the change process. Additionally, the authors present a communication training model for social workers, featuring crisis-simulation exercises and structured feedback sessions designed to enhance practitioners' skills.

Katarína Bundželová and Janette Neboráskova's contribution, "Burnout Syndrome among Social Workers in Social Service Facilities in the Context of the Survived COVID-19 Pandemic Situation and Possibilities of Its Prevention," assesses occupational burnout among social workers in the post-pandemic period. Using the Maslach Burnout Inventory survey administered to three hundred employees of social care facilities, the study examines levels of emotional exhaustion, depersonalization, and diminished personal accomplishment. Results show that nearly 60 percent of respondents experienced moderate to high burnout, with risk factors including excessive workloads, insufficient psychological support, and lack of post-crisis debriefing procedures. The article proposes a multidimensional prevention program comprising regular supervision, access to psychological counseling, and flexible hybrid work arrangements to rebuild staff resources and strengthen system resilience.

The final article, by Szilvia Buzalová and Libuša Radková ("Development of Roma Youth through Inclusive Education"), analyzes the impact of an inclusive education model on the psychosocial development of Roma adolescents. Employing mixed-methods research—from statistical analysis of academic outcomes in inclusive schools to narrative interviews with students, teachers, and parents—the authors document how joint lessons and intercultural projects have enhanced communication skills, boosted self-esteem, and improved social integration of Roma children. They emphasize the teacher's role as cultural mediator and the importance of ongoing support from school counselors and psychologists. The paper concludes with recommendations for scaling the program and proposes a policy framework to promote equal educational opportunities.

The editors of the Journal of Applied Sciences trust that the studies presented in this issue will engage readers and inspire both social work practitioners and researchers in this interdisciplinary field.

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IMPACT OF SOCIAL SERVICES TRANSFORMATION PROCESS ON FEELINGS AND EMOTIONALITY OF SENIORS

Summary: The process of transformation of social services has significantly affected the lives of seniors, not only in terms of their physical and social environment, but also at the level of emotional well-being and feelings. These changes have brought new approaches to care that emphasize individualization, dignity and active involvement of seniors in decision-making about their own lives. The change of environment from large-capacity facilities to smaller community-based forms of care or the expansion of field and outpatient services has affected the emotional stability of seniors, as it has allowed many to remain in familiar surroundings or in facilities with a more personal approach. One of the main benefits of the transformation is the reduction of social isolation of seniors. Modern approaches to social services support the active involvement of seniors in community activities, which increases their sense of belonging and social acceptance.

WPŁYW PROCESU TRANSFORMACJI USŁUG SPOŁECZNYCH NA ODCZUCIA I EMOCJONALNOŚĆ SENIORÓW

Streszczenie: Proces transformacji usług socjalnych znacząco wpłynął na życie seniorów, nie tylko pod względem ich otoczenia fizycznego i społecznego, ale także na poziomie dobrego samopoczucia emocjonalnego i odczuć. Zmiany te przyniosły nowe podejście do opieki, kładące nacisk na indywidualizację, godność i aktywne uczestnictwo seniorów w podejmowaniu decyzji dotyczących ich własnego życia. Zmiana środowiska z dużych placówek na mniejsze formy opieki oparte na społeczności lub rozszerzenie usług ambulatoryjnych i wyjazdowych wpłynęły na stabilność emocjonalną osób starszych, ponieważ wielu z nich mogło pozostać w znajomym otoczeniu lub w placówkach o bardziej osobistym charakterze. zbliżać się. Jedną z głównych korzyści transformacji jest zmniejszenie izolacji społecznej seniorów. Nowoczesne podejście do usług socjalnych wspiera aktywne uczestnictwo seniorów w życiu społecznym, co zwiększa ich poczucie przynależności i akceptacji społecznej.

Keywords: social services, transformation, seniors, feelings of loneliness.

Słowa kluczowe: usługi socjalne, transformacja, seniorzy, uczucie samotności.

1. INTRODUCTION

The transformation of social services, which included the transition from large-scale facilities to smaller community-based forms of care,

created an opportunity for a more individual and personal approach to seniors. This step was aimed at supporting autonomy, integration and maintaining social ties. For many seniors, these changes meant an improvement in quality of life and a sense of dignity. The opportunity to remain in a home or community environment instead of moving to large institutional facilities had a positive impact on their emotional stability and sense of security. On the other hand, the process of decentralization also brought certain challenges that could affect the emotional well-being of seniors. For some individuals, the change of environment and adaptation to new care systems could be a source of stress and uncertainty. The loss of stable routines, fears about new conditions or insufficient support in the transition to a new environment could negatively affect mental health. Seniors' feelings about these changes are closely linked to their social support, which plays a key role in adapting to new conditions. Support from family, community networks and social professionals can mitigate the negative impacts of the transformation and create a positive environment in which seniors can experience satisfaction and emotional well-being. The process of transformation and decentralization has therefore brought many benefits, but also challenges. For the full implementation of these changes, it is essential to ensure that not only the practical and organizational needs, but also the psychological and emotional aspects of the lives of seniors are taken into account. This will ensure that these reforms will truly contribute to a better quality of life for this vulnerable group of people.

2. SENIOR CARE IN SLOVAKIA

Social services also include their adaptation to the changing needs of society and individuals, and are provided in various forms, such as field, outpatient or residential services. These services should be available to all age groups and groups, including people with disabilities, seniors, people in crisis situations or socially excluded. An important part of their implementation is cooperation with the community, public institutions and other entities, thus ensuring a comprehensive and effective approach to solving social problems. The transformation of social services has brought significant changes in their organization, accessibility and quality. A wider range of social services provided by church and public entities has made it possible to respond more effectively to the diverse needs of society. In addition to expanding the spectrum of services provided, emphasis was placed on an individualized approach to each recipient, which increased the quality and effectiveness of social care [Ludvigh Cintulová at al. 2022a]. An important contribution of the

transformation was also the involvement of non-profit organizations and the private sector, which enabled the diversification of social service providers and supported the decentralization of the system. This decentralization brought about a better adaptation of social services to the needs of local communities, increased the availability of care and strengthened the individualized approach to beneficiaries [Ludvigh Cintulová, Buzalová 2021]. Another important step was the gradual reduction of large-capacity facilities, which were often perceived as impersonal and not very flexible, and their replacement with smaller community facilities or field services. This trend enabled the creation of an environment that takes into account the individual needs of beneficiaries more, supports their autonomy and improves the quality of the care provided [Ludvigh Cintulová, Buzalová 2022c: 19].

At the same time, the transformation brought about the introduction of quality standards into social services, which increased their professionalization and efficiency. These standards serve as a tool for assessing the quality of services provided, ensuring dignified access to recipients and continuous improvement of working practices in the social field [Ludvigh Cintulová, Buzalová 2022b: 11]. The study by Bundzelová et al. [2023: 14] confirmed that the quality of services provided in social work with seniors has significantly improved, while their availability and diversity have also expanded. This progress makes it possible to better respond to the individual needs of seniors and to provide comprehensive care that includes not only basic services, but also specialized programs to support physical, mental and social health. The variety of therapies that are available today prevails mainly in institutional care, where seniors are actively involved in various therapeutic activities, such as occupational therapy, reminiscence therapy, art therapy, music therapy, or movement and relaxation exercises. These therapies not only support their health status, but also contribute to improving their mental well-being, social interaction and overall quality of life [Bundzelová et al., 2023: 28]. Unlike home care, where access to therapies is often limited to individual initiatives of family caregivers or the services of external professionals, institutional care provides a systematic and professional framework [Ludvigh Cintulová, Buzalová 2022b: 45].

Bursová et al. [2024] writes that in cases where the loss of self-sufficiency of a senior has a fundamental impact on their quality of life and care in the home environment is not possible or sufficient, whether from the family or the caregiver, a care (field) service is created for professional care through residential social service facilities with all-day care.

The placement of a senior in a social service facility is often the result of a combination of several factors that significantly affect the quality of his or her life. The most common reasons include social isolation, which can be caused by the absence of family and social contacts, which leads to feelings of loneliness and exclusion. Inappropriate housing conditions, such as barrier-free housing or insufficient household equipment, reduce the senior's ability to function independently. The absence of a family caregiver or the senior's inability to take care of themselves and their household, which may include neglect of hygiene, appearance, or basic daily needs, often contributes to the decision [Ludvigh Cintulová, Buzalová, 2021]. Other factors include the loss of a partner, which can lead to emotional and psychological problems, such as withdrawal or loss of motivation for an active life. Adaptation problems that arise in connection with a change in health status or social environment can also affect the senior's ability to cope with everyday life. In addition, the overall health status and the need for continuous care, which the family or other informal networks may not be able to provide, also play a role. Together, these reasons create a complex picture of the need for institutional care, which allows seniors to experience a dignified old age in a safe and supportive environment [Ludvigh Cintulová, Buzalová 2022c: 9].

Šimová and Ondriová [2010] add that with the increasing number of seniors dependent on the help of others, the number of families caring for a senior who is sick and not self-sufficient is also increasing. However, such long-term care often represents a high burden for family members. However, if a situation arises where the senior is completely dependent on the help of others and home care is not enough, the senior may find himself in a situation where he needs help in an institutionalized environment [Šrobárová, Ďalaková 2011: 7]. It can be said that the institutional environment stands as if in opposition to the family environment, to the environment of natural social structures. The exception is still seniors from Roma environments, where home care by a family member is predominantly represented. This type of care is often preferred due to the preservation of cultural traditions, strong family ties and limited possibilities for using formal social services. In addition, economic and social factors play a significant role in family decision-making, as professional care can be financially demanding and not always available in localities with a higher representation of the Roma community [Ludvigh Cintulová 2019]. The emergence of socially excluded communities is the result of several factors; some examples are the low social status of families, low level of parental education and

school aspects in the locality where primary school is associated with segregation [Rác 2021: 4]. Zanovitová [2015] claims that in the life of a senior, there may be a situation where he or she finds himself in a situation where he or she cannot cope with what old age brings (adverse health status, reduced income, reduced social contacts, social isolation, loss of social status, social and economic prestige, loss of loved ones, change of residence, increase in debts, etc.). Some of them find help in their family or loved ones. Another negative is undoubtedly the need to adapt to the new regime in the facility, although not everyone is comfortable with staying in a group, at the same time contact with family and acquaintances may no longer be so frequent, or the quality of social services provided in the facility may not suit the senior. The fact that the social service provided in the facility can be very expensive cannot be overlooked [Davideková 2016]. Határ [2012] also points out the limitation of privacy, mainly due to the overcapacity of the facilities and disorientation in the new space, when clients often experience stressful situations and so-called reality shock despite the fact that they went to the facility voluntarily.

3. RESEARCH

The primary goal of the research was to explore the emotional states and feelings of loneliness among seniors residing in a social care center. The study sought to determine the extent and intensity of loneliness experienced by the elderly and how these feelings are influenced by their personality traits and attitudes toward their living environment and the provided services. The research sample comprised 105 seniors aged between 65 and 75 years. A notable finding was that emotionality was strongly correlated with the personality characteristics of the seniors, their coping mechanisms, and their perspectives on life in the social care center. Additionally, over half of the participants had been residents at the center for more than five years, indicating a long-term interaction with the care environment. 58% were women and 32% were men. The primary method of data collection involved the use of a structured questionnaire, designed as the central tool for qualitative research. This questionnaire aimed to capture the seniors' emotional states, social interactions, and overall experiences of loneliness. The data collection was conducted in late 2022, with the questionnaires administered through in-person interactions to ensure clarity and accuracy. The results of this study were expected to provide valuable insights into the psychological well-being of seniors in care centers, highlighting

areas that require attention to improve their emotional health and reduce feelings of isolation.

The following criteria were applied to ensure the relevance and reliability of the findings:

- **Age Range:** Participants were required to be between 65 and 75 years old to focus on the emotional experiences of older adults within this specific stage of late adulthood.

- **Residence Status:** Only seniors who had been living in the social care center for at least one year were included to ensure participants had sufficient experience with the care environment. Notably, more than half of the participants had resided in the center for over five years.

- **Gender Representation:** The sample included both women and men to capture a diverse range of emotional experiences, with 58% of participants being women and 32% men.

- **Cognitive and Communicative Ability:** Participants needed to possess adequate cognitive function and communication skills to understand and respond to the structured questionnaire accurately.

- **Willingness to Participate:** Participation was voluntary, and individuals who expressed willingness and consented to be part of the research were included.

Hypothesis:

H1: There are different reasons to providing social care service among seniors.

H2: There is connection between reasons to institutional care and emotionality of seniors.

H3: There is different level of feelings of loneliness among seniors and adaptation proces.

4. RESULTS

The reasons for placement into institutional care among seniors are multifaceted, as demonstrated by the findings of this study, which reveal a variety of factors influencing the decision or necessity for institutionalization. The results highlighted physical dependency as a major factor driving this decision. As seniors' health deteriorates, particularly with conditions like dementia or severe physical impairments, the need for specialized, continuous care often becomes unavoidable. Another significant reason for institutionalization, reported by 28.6% of participants,

is the lack of family support or relatives. The results identified the absence of family caregivers as a key factor leading to institutional placement. When family members are either unable or unwilling to provide care, seniors may have no other choice but to enter an institutional setting. This underscores the critical role that family support plays in enabling seniors to remain in their homes, and how the breakdown of these support systems can result in institutionalization [Dirgová 2023].

Financial difficulties and the inability to maintain a home accounted for 14.3% of the placements in this study. Dirgová, Pariľáková [2023] have similarly identified financial constraints as a barrier to home-based care, with seniors in lower-income brackets often unable to afford the necessary assistance or modifications to their homes. As the costs of healthcare and home care rise, financial barriers increasingly contribute to institutionalization, as seniors may find it more feasible to enter institutional care than to manage on their own at home.

The desire for community living and social interaction was cited by 9.5% of seniors as a reason for institutional care. Some seniors, particularly those experiencing isolation, preferred the social environment of a care facility to living alone. This highlights the complex emotional and social needs of older adults, and how the communal nature of institutional care can provide a sense of belonging and social engagement that may be absent in their home environments. Loneliness and the inability to take care of the household were cited by 4.7% of seniors as reasons for entering institutional care. Loneliness, particularly when combined with the inability to manage household tasks, can lead to a decline in well-being, prompting seniors to seek care in institutional settings. This emotional and psychological factor, while not as commonly emphasized in past studies, is gaining attention as a significant contributor to institutional placement.

Lastly, safety concerns and housing loss were mentioned by 4.7% of participants. Research by has also highlighted these factors, showing that seniors who face threats to their safety, whether from crime or physical incapacity, or those who experience housing insecurity, are more likely to enter institutional care. Housing instability, often compounded by financial difficulties or family issues, is becoming a more pressing concern, as urbanization and rising housing costs increase the vulnerability of seniors.

Table 1.

Reasons to apply for institutional senior care

Reasons to Institutional care	N	%
Health issues and inability to live independently	45	42.9%
Lack of family support or relatives	30	28.6%
Financial difficulties and inability to maintain home	15	14.3%
Desire for community living and social interaction	10	9.5%
Loneliness and inability to take care of the household	5	4.7%
Other (e.g., safety concerns, housing loss)	5	4.7%
Total	**105**	**100%**

Source: own research

Table 2 summarizes how emotional factors are linked to the reasons for institutional care. The connection between emotional experiences and institutionalization highlights the complexity of decision-making and the importance of considering both practical and emotional needs in elderly care.

Table 2.

Correlation between the reasons for institutional care and the emotional experiences of seniors

Reasons for Institutional Care [%]	Emotional Impact	Connection to Institutionalization
Health issues and inability to live independently 39%	Feelings of frustration, helplessness, anxiety, loss of autonomy	Emotional distress related to the loss of independence can make institutional care a more acceptable option, as it provides specialized, professional care and a structured environment.
Lack of family support or relatives 26%	Emotional isolation, loneliness, depression	Absence of family led to emotional isolation, making the communal, supportive environment of institutional care an appealing alternative.
Financial difficulties and inability to maintain the home 18%	Stress, anxiety, feelings of inadequacy, shame	Financial strain led to feelings of failure and insecurity; institutional care offers a more predictable, affordable solution, alleviating emotional concerns about financial instability.
Desire for commu-	Loneliness, desire	Emotional need for companionship

nity living and social interaction 11%	for connection, need for social engagement	drives seniors to seek institutional care, where socialization and community living are prioritized.
Loneliness and inability to take care of the household 10%	Sadness, frustration, depression, diminished sense of self-worth	Loneliness and inability to manage household tasks create emotional distress, which can be alleviated by the emotional support and practical assistance available in institutional care.
Safety concerns and housing loss 5%	Anxiety, fear, vulnerability, stress over future security	Safety concerns and housing instability generate emotional distress, leading to the decision for institutional care due to the secure, monitored environment it provides.

Source: own research

Table 3 categorizes the adaptation process based on the level of loneliness experienced by seniors, highlighting how loneliness can affect their emotional well-being and their ability to adapt to changes in their living environment.

Table 3.

Feelings of loneliness among seniors

Level of Adaptation %	Feelings of Loneliness Among Seniors	Key Characteristics of Adaptation Process
Good Adaptation 30%	Low loneliness, strong social connections, active participation in social activities	Seniors with good adaptation experience a sense of belonging, frequent social interaction, and emotional support. They actively participated in community and find purpose and meaning in daily life.
Moderate Adaptation 38%	Mild loneliness, occasional feelings of isolation	Seniors showed some social engagement but may still struggle with occasional loneliness. Their adaptation includes establishing routines but needed more emotional or social support to reduce isolation.
Limited Adaptation 19%	Noticeable loneliness, limited social interactions	Seniors experience more frequent feelings of loneliness. They had difficulty adjusting to institutional care or home care, and their social interactions are often limited. Emotional support is crucial.
Poor Adaptation	High loneliness,	Seniors in poor adaptation experi-

12%	emotional distress, deep sense of isolation	ence chronic loneliness and emotional distress. They struggled to form connections and felt isolated even in communal settings. Their adaptation process requires intensive intervention.

Source: own research

Approximately 30% of the seniors in the study reported good adaptation to their living circumstances. These seniors experienced minimal feelings of loneliness due to their strong social support networks and active involvement in social activities. Around 19% of seniors reported limited adaptation, experiencing noticeable loneliness and restricted social interactions. These individuals faced difficulties in connecting with others, due to physical, emotional, or social barriers. Their isolation was more pronounced, and they had fewer opportunities for social engagement. For this group, the adaptation process was more challenging, as they struggled to find a sense of belonging or establish strong community connections. Increased support and intervention were likely needed to help them manage their feelings of loneliness and improve their well-being. The smallest group, 12% of seniors, reported poor adaptation, marked by high levels of loneliness, emotional distress, and a deep sense of isolation. These seniors faced significant emotional challenges, feeling disconnected and unsupported. Their adaptation was poor, and they struggled to form meaningful relationships, even in communal settings. The loneliness they experienced was associated with profound psychological distress, which likely led to further mental health issues. This group required intensive emotional and social support to improve their adaptation and alleviate their feelings of isolation.

5. DISCUSSION

The decision for seniors to enter institutional care is influenced by a variety of factors, ranging from health-related concerns to social and financial challenges. The results of this study reflect the complexities surrounding institutionalization and highlight the multiple reasons that contribute to the need for such care.

1. Health Issues and Inability to Live Independently (42.9%)

Health issues and the inability to live independently emerged as the most significant factor for seeking institutional care, with 42.9% of participants citing this reason. The aging process is often accompanied by chronic health conditions, mobility issues, or cognitive impairments,

which can severely limit a senior's ability to manage daily tasks without assistance. For many, institutional care provides a necessary solution, offering specialized medical care, 24/7 support, and safety features that cannot always be provided in a home setting. These findings are consistent with other research, which suggests that seniors with significant health problems or disabilities are more likely to require institutional care. The emotional toll of struggling with health issues and the loss of independence often pushes seniors to seek care in institutions, where they can receive the help needed while maintaining some sense of security.

Health issues and the inability to live independently are indeed significant factors influencing seniors' decisions to seek institutional care. Research supports this finding, highlighting that chronic health conditions and mobility impairments often necessitate such transitions [Kearns 2015].

A study analyzing the risk of long-term institutionalization found that conditions like dementia, Parkinson's disease, stroke, and mental health problems were strongly associated with higher risks of moving into institutional care. These health issues can severely impact daily functioning, making independent living challenging and increasing the reliance on institutional support [Kemp 2012].

2. Lack of Family Support or Relatives (28.6%)

A lack of family support or the absence of close relatives was the second most common reason, cited by 28.6% of participants. This finding highlights the social dimension of aging and the importance of family and community networks in ensuring the well-being of seniors. When seniors are unable to rely on family members for care–whether due to distance, family dynamics, or the inability of relatives to provide the necessary support–they may be left feeling isolated and vulnerable. Institutional care provides an alternative support system that offers companionship and a structured environment. The absence of familial support often correlates with feelings of loneliness and helplessness, which can make the idea of institutionalization more appealing. This finding echoes the results of other studies, which have found that a lack of family involvement is a significant determinant in the decision to enter institutional care.

Furthermore, research on the "sandwich generation" highlights the challenges faced by individuals caring for both aging parents and children. The study found that family caregivers encounter communication, financial, medication management, and transportation challenges in

caring for elderly relatives at home, which can impact their ability to provide adequate support [Johnson et al. 2021: 1].

3. Financial Difficulties and Inability to Maintain the Home (14.3%)

Financial difficulties and the inability to maintain a home were reported as reasons for institutional care by 14.3% of seniors. Many older adults face economic challenges in their later years, especially if they are on fixed incomes or unable to afford the cost of home care. In some cases, seniors may struggle to maintain their homes or afford necessary modifications to ensure their safety, such as wheelchair ramps or medical equipment. Institutional care, although often expensive, can offer a more predictable cost structure, including room, board, and care services, which may be more affordable in the long run for those unable to maintain their homes. This financial barrier can lead to institutionalization as a practical solution to ensure seniors' safety and well-being. It also emphasizes the need for financial planning and support services to help seniors manage their care options effectively [Inzitari et al. 2020].

Your study reports that 14.3% of participants identified these challenges as reasons for entering institutional care. This finding aligns with existing research highlighting the economic strains faced by older adults. For instance, a report from the Office of the Assistant Secretary for Planning and Evaluation estimates that 15% of older adults who survive to age 65 will experience household income below the federal poverty level for at least one year, with this figure rising to 69% when accounting for out-of-pocket spending on health care and long-term services and supports [Coile 2009: 45].

4. Desire for Community Living and Social Interaction (9.5%)

Approximately 9.5% of seniors expressed a desire for community living and social interaction as their primary reason for seeking institutional care. Social isolation is a well-documented issue among older adults, particularly those who live alone or in rural areas where access to social networks may be limited. Institutional care often offers seniors a sense of belonging, where they can interact with peers, participate in activities, and build relationships. For some seniors, the social benefits of living in a community setting outweigh the challenges of leaving their homes. This finding highlights the importance of social connections in the well-being of seniors and suggests that fostering social engagement within institutional care can significantly enhance their quality of life.

Moreover, social isolation is a recognized public health concern, with studies indicating that up to 50% of older adults over 60 are at risk of experiencing social isolation. This isolation is associated with higher risks of chronic illness, depression, and premature death. Therefore, the desire for community living among seniors in your study reflects a broader need for social engagement opportunities [Boamah et al. 2021: 611].

Another research has shown that strong social connections can significantly reduce the rate of cognitive decline and dementia among seniors, emphasizing the cognitive benefits of social engagement [Courtin, Knapp 2017: 800].

5. Loneliness and Inability to Take Care of the Household (4.7%)

Loneliness and the inability to take care of household tasks were cited as reasons for institutional care by 4.7% of seniors. Loneliness is a major risk factor for mental and physical health decline in older adults, and the inability to manage household chores often exacerbates this feeling. Seniors who struggle with basic tasks such as cooking, cleaning, or maintaining their home may feel a loss of control and independence, which can negatively affect their emotional well-being. Institutional care provides not only the physical support needed to complete daily tasks but also offers an environment where seniors can interact with others and receive emotional support. This suggests that addressing loneliness and supporting seniors in managing daily tasks are crucial aspects of promoting independent living and delaying the need for institutional care.

A small percentage (4.7%) of seniors cited other reasons, such as safety concerns and housing loss, for seeking institutional care. Safety concerns, such as the risk of falling or living in unsafe conditions, can drive seniors to seek a more secure environment. Housing loss, whether due to financial constraints or other circumstances, can leave seniors with limited options, and institutional care may be the only viable solution. These reasons, though less common, emphasize the vulnerability of seniors who face external pressures beyond their control, highlighting the need for targeted interventions that address safety, housing stability, and accessibility for older adults. Our study found that 42.9% of participants sought institutional care due to health problems and the inability to live independently. This finding is consistent with other research indicating that health issues significantly influence the decision to move into care facilities. For instance, Study of Ageing found that loneliness is associated with an increased risk of moving into a care home, even after

adjusting for factors like age, depression, dementia, disability, and social isolation [Grenade 2008: 470]. When seniors lack familial support, they may experience increased feelings of isolation, making institutional care a more appealing option [Portacolone 2018: 80]. A study on social factors influencing the utilization of home care found that environmental hazards and housing problems are associated with higher utilization of home care services among older adults [Portacolone 2019: 273].

This finding is consistent with other research that highlights the effects of loneliness and the inability to complete everyday tasks on seniors' decision to move to institutional care. A study by Portacolone [2018] found that loneliness and social isolation increased the likelihood of moving into long-term care facilities. This research emphasizes the importance of addressing both the emotional and practical needs of older adults in order to minimize the desire for institutionalization. In line with this, studies like those by Grenade [2008] have demonstrated that even after adjusting for variables like depression and disability, the emotional toll of loneliness is a key factor in long-term care decisions. The inability to care for oneself can be emotionally distressing, and institutional care offers not only practical help but also a sense of security and social engagement, which can alleviate feelings of isolation.

 Additionally, research by Portacolone [2019: 978] indicated that environmental hazards, such as the inability to maintain a safe living environment, are significant factors in seniors' decisions to use institutional care. These environmental factors often compound feelings of loneliness, creating a situation where institutional care is seen as the safest and most supportive option.

Another study, conducted by Courtin and Knapp [2017], found that social isolation can have a profound effect on seniors' cognitive health, with isolated individuals exhibiting faster cognitive decline. These findings emphasize the critical role of social interaction in institutional settings, underscoring that beyond just fulfilling physical needs, care homes also serve as crucial social hubs that promote better mental and emotional health for seniors.

6. CONCLUSION

The study demonstrated that the level of adaptation among seniors is closely linked to their feelings of loneliness and emotional well-being. A substantial proportion (68%) of seniors experienced moderate to good adaptation, suggesting that, with appropriate support systems, many were able to manage feelings of loneliness and maintain meaningful

social connections. However, 31% of seniors faced more significant emotional challenges, with noticeable to high levels of loneliness, limited social interaction, and poor adaptation. This highlights the need for targeted interventions that address not only the physical and social aspects of aging but also the emotional needs of seniors, particularly those struggling with isolation and emotional distress.

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JOB SATISFACTION AND MOTIVATION IN THE PROFESSION OF SOCIAL WORKERS

Summary: The study is focused on the satisfaction and motivation of the social worker. The aim of the survey was to determine the job satisfaction of social workers and to examine the motivational factors that affect their work performance. Social work is a helping profession. Social work is based on the framework of social solidarity, as well as on the ideal of fulfilling individual human potential. Factors that influence job satisfaction and motivation are various, working conditions, relationships with superiors and colleagues, opportunities for education and development, etc. appear to be important. It is important to monitor employee satisfaction, try to improve their working conditions, motivate them and provide support.

SATYSFAKCJA Z PRACY I MOTYWACJA W ZAWODZIE PRACOWNIKÓW SPOŁECZNYCH

Streszczenie: Artykuł koncentruje się na satysfakcji i motywacji pracownika socjalnego. Celem badania było określenie satysfakcji z pracy pracowników socjalnych oraz zbadanie czynników motywacyjnych wpływających na ich efektywność w pracy. Praca socjalna to zawód wspomagający. Praca socjalna opiera się na ramach solidarności społecznej, a także na ideale realizacji indywidualnego potencjału ludzkiego. Czynnikami wpływającymi na satysfakcję i motywację z pracy są różne warunki pracy, relacje z przełożonymi i współpracownikami, możliwości edukacji i rozwoju itp. wydają się ważne. Ważne jest monitorowanie satysfakcji pracowników, dążenie do poprawy ich warunków pracy, motywowanie ich i zapewnianie wsparcia.

Keywords: social worker, job satisfaction, motivation.

Słowa kluczowe: pracownik socjalny, satysfakcja z pracy, motywacja.

1. INTRODUCTION

The creation of high-quality working conditions is very necessary for social workers in social services, which form the basic premise of a stable and full-fledged society. A social worker is an implementer of social work tasks and this profession includes a wide range of job positions. The personality of a social worker depends on quality education, erudition, expertise, ability to communicate and establish contact with people, institutions and organizations.

Part of the social worker's personality is independence in decision-making, which is necessary because he is in contact with individual cases that require his own decision [Tokárová 2003].

The profession and occupation of a social worker requires professional training, which has a fundamental impact, both on the performance of social workers and also on the identity of social work [Mátel, Schavel 2015]. A social worker is an expert who contributes to improving the life situations of individuals, groups and communities. It leads the client to personal responsibility, to the development of critical thinking and to the purposeful use of own resources. To the professional competences of social workers, we can include the ability to use oneself as a work tool - to act in favor of the client with one's abilities, knowledge and skills. Professional competence is to be able to initiate the client to cooperation. The social worker knows how to navigate the problem and can plan the necessary solutions in cooperation with the client, where the work plan is the way to achieve the set goals. Client support is the most important professional skill of a social worker.

Work and life satisfaction are very close to each other, and for most people the joy of work is a basic need for a happy life [Fritz 2006].

It is important that we have sufficient conditions to fulfill work needs. From a psychological point of view, work has two interconnected aspects:

1. The objective side expressed by manifestations of work behavior – performance, efficiency, quality of work results, etc.

2. The subjective side – job satisfaction, personal preferences and values, expectations [Fuchsová 2004].

Both sides are very closely connected, but it may not be the case that satisfied employees are always efficient, and on the contrary, efficient employees are those who show satisfaction. Some may also be satisfied because they don't have to show performance [Fuchsová 2004].

When describing the issue, the authors use two terms – job satisfaction and job satisfaction. Job satisfaction is a broader definition in terms of content and includes personality criteria, values. We can understand satisfaction as personal happiness and satisfaction of individual needs [Sojka 2007]. Job satisfaction is associated with certain psychological states, e.g. to satisfy the needs of the individual. Therefore, it is very closely related to human motivation [Kollárik 2002].

Job satisfaction represents well-motivated workers, and their evaluation is an indicator of work behavior, work performance and other factors associated with work performance.

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2. SURVEY METHODOLOGHY AND RESULTS

In the survey, which was focused on job satisfaction and motivation among social workers in the Košice region, we set ourselves the goal of finding out the level of job satisfaction and motivation among social workers.

Hypothesis 1: We assume that the level of working conditions of social workers has a significant impact on job satisfaction and motivation.

Hypothesis 2: We assume that the job satisfaction of social workers influences the motivation for better work performance.

In the following section, we present a selection of the findings of the conducted survey: the respondents were social workers in social services operating in the Košice Region. In the survey, we addressed randomly selected respondents in specific organizations, 249 questionnaires were sent out in electronic form, the return rate was 117 questionnaires, which represents 46.99%.
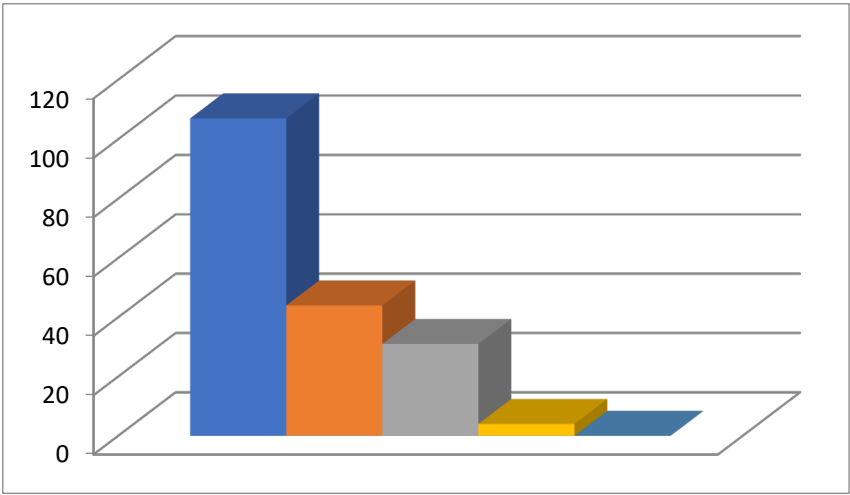
Source: own study.

Figure 1. Illustration of the influence of working conditions

In the survey, we found that up to 57.53% of respondents, which represents 107 social workers, have a significant impact on their job satisfaction and motivation, and 23.66% (44 respondents) have the greatest impact. This is followed by a more significant influence with 16.67% (31 respondents). 2.15% (4 social workers) marked the option "can't assess".

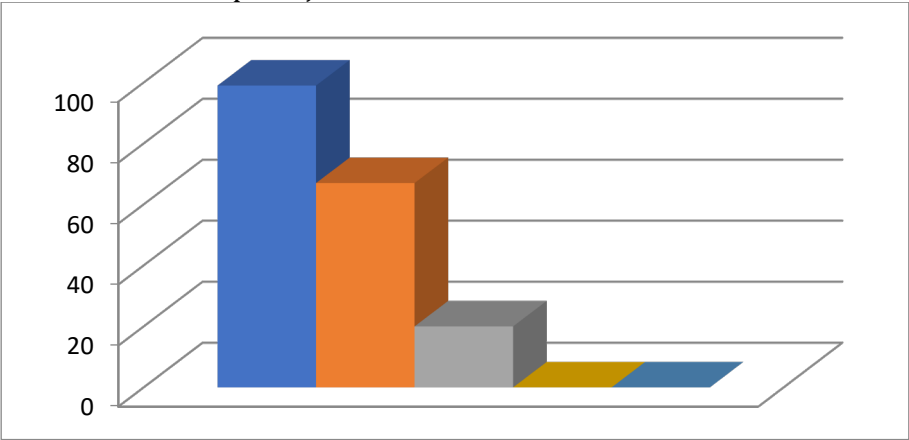In one of the questions focused on the impact of relationships with superiors and colleagues on job satisfaction and motivation, 99 respondents, representing 53.23%, answered that interpersonal relationships significantly affect job satisfaction and motivation at the workplace. They even have a significant influence on 67 (36.02%) social workers. 10.75% (20 respondents) reported a more significant influence of relationships on job satisfaction.

Source: own study.

Figure 2. Representation of the influence of interpersonal relations in the workplace

Another question was focused on the impact of job satisfaction of social workers – whether it also motivates them to better work performance. As many as 178 respondents (95.7%) chose the "yes" option.

In the first hypothesis, we assumed that the level of working conditions would be the strongest influence on job satisfaction and motivation. After the evaluation, we found that the level of working conditions for social workers has a significant impact on their job satisfaction and motivation, but it is not the greatest. Personal satisfaction from work has the greatest impact, which very nicely confirms the claims that social work is a mission.

The hypothesis was not confirmed.

In the second hypothesis, we assumed that overall job satisfaction affects the motivation of social workers. After evaluating the answers from the questionnaire, we found that the hypothesis was confirmed.
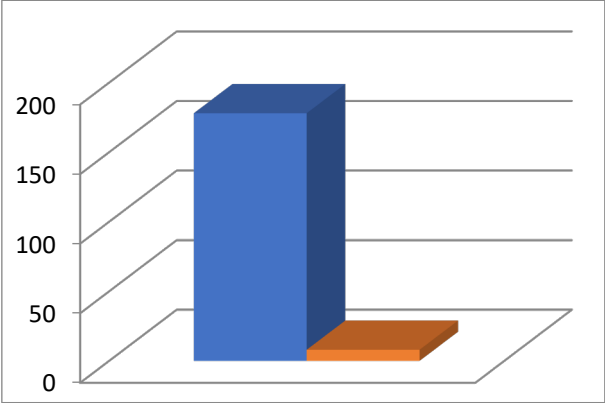
Another question was focused on the impact of job satisfaction of social workers - whether it also motivates them to better work performance. As many as 178 respondents (95.7%) chose the "yes" option.

Source: Own study.

Figure 3. The influence of job satisfaction on motivation for better work performance

In the first hypothesis, we assumed that the level of working conditions would be the strongest influence on job satisfaction and motivation. After the evaluation, we found that the level of working conditions for social workers has a significant impact on their job satisfaction and motivation, but it is not the greatest. Personal satisfaction from work has the greatest impact, which very nicely confirms the claims that social work is a mission.

The hypothesis was not confirmed.

In the second hypothesis, we assumed that overall job satisfaction affects the motivation of social workers. After evaluating the answers from the questionnaire, we found that the hypothesis was confirmed.

3. CONCLUSION

Social workers are also significantly influenced by relationships with colleagues and superiors. Therefore, the support of these relationships is very important and completes the overall level of satisfaction in social services.

Every social worker who wants to perform his work effectively, creatively and responsibly must be satisfied with his work and sufficiently motivated. Personal satisfaction from work has the greatest impact, which strongly confirms the claims that social work is a mission. Job satisfaction and motivation are very closely related and have a positive impact not only on social workers, but also on the quality of services provided.

A social worker in the field of social services takes responsibility for many activities when working with target groups of clients who are in difficult life situations. For various reasons, sufficient conditions are often not created for such demanding work. This situation also affects the overall satisfaction of social workers in social services. At the same time, uneven connections between satisfaction, motivation and the quality of professional activities can also be created.

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Elen KENDEREŠOVÁ

René RÁC

ETHICAL DILEMMAS IN THE PROCESS OF FAMILY ENVIRONMENT REHABILITATION IN REVIEW OF SOCIAL WORKERS

Summary: In this paper, we analysed the rehabilitation of the family environment in the context of ethical dilemmas that social workers encounter in the performance of their profession, especially when it comes to the interests of minor children. The results of research that was aimed at determining how social workers perceive rehabilitation, what obstacles they most often encounter within the agenda of socio-legal protection and social guardianship of children. The study pointed out the importance of assessing the family and indicators of its functionality, and also focused on steps that should be directed towards the return of the child to the original family environment. A significant part of the research is to offer interesting results stemming from the statements of social workers about practical experiences in performing rehabilitation of a dysfunctional family environment.

DYLEMATY ETYCZNE W PROCESIE REHABILITACJI ŚRODOWISKA RODZINNEGO W OPINIE PRACOWNIKÓW SOCJALNYCH

Streszczenie: W artykule przeanalizowano rehabilitację środowiska rodzinnego w kontekście dylematów etycznych, z jakimi spotykają się pracownicy socjalni w wykonywaniu swojego zawodu, zwłaszcza gdy chodzi o interesy małoletnich dzieci. Wyniki badań, które miały na celu ustalenie, jak pracownicy socjalni postrzegają rehabilitację, jakie przeszkody najczęściej napotykają w ramach programu ochrony socjalno-prawnej i opieki społecznej nad dziećmi. W badaniu zwrócono uwagę na znaczenie oceny rodziny i wskaźników jej funkcjonalności, a także skoncentrowano się na krokach, które powinny być ukierunkowane na powrót dziecka do pierwotnego środowiska rodzinnego. Znaczna część badań ma na celu przedstawienie interesujących wyników wynikających z wypowiedzi pracowników socjalnych na temat praktycznych doświadczeń w przeprowadzaniu rehabilitacji dysfunkcyjnego środowiska rodzinnego.

Keywords: family sanation, social work, social and legal protection, social care.

Słowa kluczowe: rehabilitacja rodzinna, praca socjalna, ochrona socjalna i prawna, opieka socjalna.

1. INTRODUCTION

This study explores the rehabilitation of the family environment through the lens of social workers, focusing on the ethical dilemmas they face when balancing professional responsibilities with the best

interests of minor children. The research investigates how social workers perceive the process of family rehabilitation, identifying the most common obstacles encountered within the framework of socio-legal child protection and social guardianship.

A key aspect of the study is the evaluation of family functionality, emphasizing the importance of thorough assessments to guide decisions about a child's potential return to their original family environment. By analyzing real-world experiences and perspectives, the research highlights practical insights into the challenges and opportunities that arise during the rehabilitation process.

Based on the fundamental principles of state family policy, the family is a key entity in terms of the personal development of every individual. The family is not only a space where a child finds physical shelter but also an environment that shapes their emotional, social, and psychological growth. Integrating a child into a family is a vital prerequisite for healthy development, providing the opportunity to experience relationships, learn responsibility, and feel positive emotions. Unfortunately, not all families can create a safe and supportive environment, which may necessitate institutional care. However, such care should not be seen as a permanent solution, as its primary goal is the child's return to their natural family environment. Today, family structure is undergoing significant changes, many families are threatened by unemployment, unable to economically provide for their basic needs, and living in economic and social insecurity [Dirgová 2020].

In the past, contacts between children and their biological families were often viewed as an unavoidable burden. Today, this perspective is rarely encountered, and the work of child care institutions should not be about "claiming" the child but about supporting the biological family in overcoming difficult life situations. The main priority is to enable the child to return home, to their natural and appropriate family environment.

When assessing a family, various indicators are considered to evaluate its functionality. This includes mapping family relationships, assessing housing conditions, analyzing interactions among household members, evaluating health conditions, identifying pathological behaviors within the family, and analyzing the child's social and psychological development. If a family persistently fails to fulfill its basic functions, exhibits pathological behavior patterns, or experiences disruptions in its

system that negatively affect the child and fail to meet their essential needs, it is considered a dysfunctional family [Matoušek 2001].

2. FAMILY SANATION

Based on the basic principles of the state's family policy, the family represents a key entity from the perspective of the personal development of each individual. The family is not only a space where the child finds physical refuge, but above all an environment that shapes his emotional, social and psychological development [Ludvigh Cintulova 2022a]. The inclusion of a child in the family is a necessary prerequisite for his healthy development - it allows him to experience relationships, learn responsibility and experience positive emotions [Ludvigh Cintulová, Buzalová 2018c]. Unfortunately, not all families are able to create a safe and supportive environment, which may lead to the need to order institutional care. However, this form of care is not intended to be a permanent solution, because its goal is to return the child to the natural family environment. In the past, children's contacts with biological families were often perceived as a necessary evil. Today, such a view is gradually disappearing, and the work of children's facilities should not be focused on "appropriating" the child, but on supporting the biological family in coping with difficult life situations. The priority task is to enable the child to return home, to a family environment that is natural and suitable for him. Rehabilitation can be understood as "a set of measures of socio-legal protection, social services and other measures and programs that are provided or imposed mainly on parents of children and children whose social, biological and psychological development is at risk. The consequence of an unresolved or acute situation of threat to a child may be his placement outside the family. The basic principle of family rehabilitation is to support the child by helping his family" [Bechyněová, Konvičková 2008]. When assessing a family, various indicators are taken into account that help assess its functionality. These include mapping family relationships, assessing housing conditions, analyzing interactions between household members, assessing health status, identifying pathological behavior in the family, or analyzing the child's socio-psychological development. If the family is unable to fulfill its basic functions for a long time, pathological patterns of behavior appear, or the family system is disrupted, which negatively affects the minor child and does not satisfy his or her basic needs, we speak of a dysfunctional family [Matoušek 2001]. The primary prerequisite for working with a family is to clarify who exactly is the client – whether an individual or the whole family. Authors Ludvigh Cintulova et al. [2022b] distinguishes between a situation where the family acts as the client's social environ-

ment and when the family itself is the client. In the first case, social work is focused on eliminating or alleviating the individual's social problems through the family system, which can act as a source of problems, but also as a support network in solving them. In the second case, when the whole family becomes the client, social work is "focused mainly on changing the functioning of the family system, or on adapting the whole family to new conditions" [Smutková 2007]. We believe that in the case of family rehabilitation, both variants are possible. The first case may occur when family rehabilitation is necessary for objective reasons related to one family member. If we look at rehabilitation through the tool of protecting a child at risk, this situation occurs only when the child himself is this client. An example can be, for example, a mentally disabled child, when a social worker helps the family to manage this situation [Ludvigh Cintulová, Buzalová 2018a].

The family is responsible for meeting the needs of its members, and its active participation in resolving adverse life situations is essential. According to Gaburu [2012], the initial problem is usually the motivation of the family to cooperate. Parents in a chronic problem situation often see no reason to change their family life and the lives of their children. The intervention of the responsible worker often has a repressive effect rather than a motivational effect. The worker should find a way to gradually motivate the family to cooperate. A prerequisite for effective rehabilitation is that the family agrees with the rehabilitation plan, participates in its creation, and is actively engaged in its implementation. In the process of family rehabilitation, emphasis is placed on family participation, which means that professionals should strive to win the family over to cooperation on a voluntary basis. If the parents nevertheless refuse to cooperate and the child's threat persists or worsens, in accordance with the child's interests, measures of social and legal protection of the child and social guardianship are implemented, even without the parent's consent. In more serious cases, the court acts in this way.

In the area of threat, there are already known indicators pointing to low, medium, or serious threats to the child. To assess the degree of threat to the child, the responsible social worker uses the methodological tool "Assessment of the life situation of the child and his family" [IN 067/2012]. In the case of an acute threat to the child's life and health, crisis intervention is initiated.

Schneiberg [Švrčinová et al. 2009] criticizes the myth about children who remain in institutional care for a long time and states that 85% of children leave the children's home for a family within three

years, half of the total number of children to the family of origin. He interprets this fact as "something happens to this family over time, that it is managed to rehabilitate it, to help it so that it can take the child into its care".

Jánský [2014] does not share the above optimistic view of the current level of family rehabilitation. "Because the family situation is absolutely crucial for the healthy development of a child and the family as a primary social group is a fundamental factor for the successful socialization of a child, in the current system preventive (ongoing and subsequent) work with a family at risk is significantly undersized, which has a demonstrable direct impact on the number of children placed in institutional care".

Matoušek and Pazlarová [2014] argue that the rehabilitation team should include a worker from OSPOaSK and a worker from the children's home where the child is placed, or a foster parent, who work together on the rehabilitation process. They recommend that a judge be included in the team, as his presence can be motivating for the child's parents, or they recommend consultations with other experts and a close social network who have close contact with the family.

The impact of social and economic changes, particularly the Covid-19 pandemic, on family rehabilitation and unemployment has been addressed in recent studies. Dirgová [2021a] highlights the influence of the corona crisis on youth unemployment, pointing out how structural shifts in the labor market have exacerbated vulnerabilities among young people. This aligns with the findings of Dirgová [2021b], who examines unemployment issues in the context of social work and emphasizes the need for a comprehensive approach to family support during crises. Furthermore, Dirgová [2021c] stresses the role of education as preparation for employment, underlining its significance in helping families address long-term challenges and maintain stability in adverse conditions.

3. RESEARCH ASUMPTIONS

It is assumed that social workers' personal perceptions, attitudes, and ethical considerations significantly influence their approach to re-habilitation. Their sense of duty, concerns about ethical dilemmas, and cooperation with biological families impact their decision-making processes and interventions. The research assumes that the legal dimension of child protection heavily shapes social workers' actions. It is expected that their prioritization of the child's welfare over family unity stems

from their legal obligations, which may at times conflict with their personal judgments or emotional connections to the cases. It is assumed that the emotional connection social workers develop with children, combined with their frustration over parental disengagement, influences their sense of professional satisfaction and resilience. This emotional toll is expected to affect their attitudes towards the feasibility and long-term success of rehabilitation. The assumption is that systemic factors, such as administrative burdens, institutional oversight, and rigid legal mandates, create obstacles for social workers, limiting their autonomy and sometimes forcing them to act against their professional judgment. These barriers are expected to shape their attitudes toward the effectiveness and sustainability of rehabilitation. The research assumes that parental willingness to change and actively participate in the rehabilitation process is a critical factor in determining its success. Without parental motivation and responsibility, it is expected that social workers will perceive rehabilitation efforts as futile, reinforcing their skepticism about the process's effectiveness. It is assumed that social workers rely on their professional knowledge, but real-life complexities often challenge theoretical frameworks. Their experiential learning from direct engagement with families is expected to refine and reshape their understanding of rehabilitation, influencing their future practices and recommendations for systemic change.

Research was done over the three months in 2022, we conducted qualitative research in the form of a guided interview, which focused on identifying aspects of rehabilitation from the perspective of social workers, we identified their attitudes towards rehabilitation, analysed the statements through open coding and drew conclusions. Švaríček [2007] claims that open coding is a process by which data is analysed, conceptualized and composed in a new way". We divided the text into meaningful units, which we then regrouped into categories. This resulted in four categories: perceptions and attitudes towards rehabilitation, practical experiences with rehabilitation, contact between biological parents and the child and setting the boundaries of rehabilitation. Based on the coding of the statements, we established the following dimensions in the first category, perceptions and attitudes towards rehabilitation: rehabilitation as a duty, ethical dilemmas and contradictions, cooperation, conditions of rehabilitation, prejudices and myths.

The aim of the research was to find out how social workers perceive rehabilitation, what they encounter most often when implementing rehabilitation, how contact between biological parents and children is implemented in practice and what is the willingness of parents to

change family conditions towards the return of the child to the original family. The research sample consisted of 9 social workers who work at the Department of Social and Legal Protection and Social Guardianship for Children in the Bratislava Region, whose age structure was 25–40 years with an average length of practice of 3.4 years in the position of social worker/collision guardian. At the time of the research, the condition was that they had worked at least two years continuously at the SPOaSK department and were involved in the rehabilitation program, which represented the criteria for selective sample selection.

4. RESULTS

The research data were analysed by open coding system to systematically analyze interview data collected from social workers involved in child rehabilitation. Through this approach, the data is organized into distinct categories that correspond to the study's core themes, providing a structured framework to interpret the findings.

Legal Dimension: This category captures insights related to the regulatory framework, policy guidelines, and ethical obligations that shape social workers' decision-making and practices in child rehabilitation. It highlights the influence of legal standards on intervention strategies and the complexities of balancing professional duties with children's rights.

Practical Dimension: This theme encompassed the real-world challenges social workers encounter, including resource limitations, case complexity, and institutional constraints. It sheded light on the practical barriers to delivering effective rehabilitation services and how workers navigate systemic hurdles to support children's well-being.

Experiential Dimension: This category reflected the emotional and personal impact of the work on social workers. It explored aspects such as compassion fatigue, emotional resilience, and the intrinsic motivation to continue working despite the emotional toll, providing a human-centered view of the profession's realities.

Barriers to Rehabilitation: This theme identified critical obstacles that hinder effective child rehabilitation. Key factors included parental resistance to change, lack of family engagement, and societal stigmas.

Coding and Results from Social Workers Interviews

Table 1.

Legal Dimension of children care and protection

Codes	Social Workers Interview	Results & Descriptions
Rights and obligations	"We must follow the laws. The child's rights come first, and there are boundaries that we cannot cross."	Social workers are bound by legal regulations, which define their scope of action, establishing clear rights and responsibilities for all parties involved.
Child's interests first	"Our duty is to protect the child's rights. They cannot defend themselves, so it's our responsibility to step in."	Social workers prioritize the child's well-being, which they see as paramount over family interests. This duty is seen positively as it ensures the protection of vulnerable children.
Ethical dilemmas	"On the one hand, a child belongs with their biological family, but on the other, there are situations where that's simply not safe."	Social workers face ethical challenges when balancing the ideal of family unity with the realities of protection and care, especially when dealing with cases of abuse or neglect.
Protection of the child	"Our task is to safeguard the child, even if it means taking difficult decisions that aren't easy for the family."	Social workers' role is to act in the best interests of the child, sometimes requiring them to make hard decisions that prioritize safety and protection over family reunification.

Source: own research.

The Legal Dimension of social work in rehabilitation is defined by strict rules and ethical considerations that prioritize the child's rights. Social workers acknowledge their role in ensuring the child's safety, sometimes making difficult decisions that contradict family expectations. Ethical dilemmas arise when biological family ties are strong but are in conflict with the child's best interests, especially when cases of neglect or abuse are present. Social workers feel a deep responsibility to protect children, and while the legal framework supports this, it also places them in situations where they must balance the law and their moral compass.

Table 2.

Practical dimension

Codes	Social Workers Interview	Results & Descriptions
Case-specific conflicts	"Sometimes, parents refuse to engage with us, and there's a conflict in what we are legally required to do versus what is in the child's best interest."	Social workers often encounter cases where the requirement to maintain biological contact clashes with their assessment of what's best for the child. These situations lead to internal conflict.
Administrative burden	"Mediating contact can feel like an administrative task, especially when the parents show no interest or actively harm the child."	Social workers see the obligation to maintain contact as an administrative burden when parents are uncooperative or pose a risk to the child.
Double-edged sword	"If a parent isn't interested or negatively influences the child, maintaining contact can be detrimental, but we still have to try."	Maintaining contact with biological parents is viewed as a double-edged sword: it can either benefit or harm the child, depending on the parent's behavior and involvement.
Institutional oversight	"We are monitored, and sometimes feel as though we are only doing our duty because we're being watched, not because it's always the right thing for the child."	Social workers' actions are monitored by external entities, which constrains their autonomy and often creates a sense of obligation rather than personal judgment in their decision-making.
Contact necessity	"Even when we see no benefit, we still have to mediate contact because it's a legal requirement."	Despite personal doubts, social workers feel compelled to facilitate contact because of legal obligations, even when they believe the parent-child interaction may be harmful.

Source: own research.

The Practical Dimension reflects the real-world challenges social workers face in implementing rehabilitation programs. Conflicts between legal obligations and the best interests of the child are common, particularly when the required actions, such as facilitating parent-child

contact, may be harmful or futile. The administrative burden associated with maintaining these contacts, particularly in cases where parents are disengaged or abusive, detracts from the focus on the child's welfare. While social workers acknowledge the necessity of legal compliance, they often express frustration over the perceived lack of autonomy and the external oversight that affects their decision-making. This tension between legal obligations and practical realities creates a significant challenge in the rehabilitation process.

Table 3.

Experimental dimension

Codes	Social Workers Interview	Results & Descriptions
Emotional involvement	"You get attached to the kids, and it's hard not to feel frustration or helplessness when the parents don't do their part."	Social workers' emotions are deeply tied to the fate of the families they work with. Frustration arises when parents show little interest in improving the child's situation.
Judgment of parents	"There's this feeling that if I were in their shoes, I would do everything possible to care for my child. When parents don't even try, it's hard not to judge them."	Social workers tend to judge parents who are apathetic or neglectful. They often compare their own hypothetical responses to those of the parents, leading to frustration when parents don't act.
Empathy gap	"It's tough to understand why some parents don't take responsibility, but we try to empathize, even if their actions make it difficult."	Social workers express a gap in empathy towards parents who remain indifferent or make poor choices, though they try to maintain professionalism and empathy for the family's situation.
Professional knowledge and experience	"You apply your training, but in the end, you are faced with real-life situations that are much more complex and emotionally charged."	Social workers' professional skills and training help them navigate complex cases, but emotional and ethical challenges can complicate their ability to apply theory in practice.

Source: own research.

The Experiential Dimension highlights the personal and emotional toll on social workers as they navigate challenging family dynamics. Social workers feel deeply connected to the children they serve and are often frustrated by the lack of parental responsibility and cooperation.

They judge parents' actions based on their own personal values, which can lead to emotional conflicts. Although they strive to maintain empathy for parents, the gap between professional training and the emotional challenges of real-life cases creates a complex and often difficult dynamic. This emotional involvement can lead to burnout, especially when social workers feel powerless to make a meaningful impact in cases where parents show little interest in improving their situation.

Table 4.

Barriers to family rehabilitation

Codes	Social Workers Interview	Results & Descriptions
Parental acceptance	"Some parents never accept that they are the problem. They don't see their own behavior as an issue."	Social workers identify parental denial of responsibility as a significant barrier to successful rehabilitation. Until parents recognize their role, change is unlikely.
Low motivation	"When parents don't show the motivation to change, the child's situation just keeps repeating itself. It's exhausting."	A lack of motivation to change is seen as one of the key barriers to successful rehabilitation. Without active parental engagement, social workers see little hope for meaningful change.
Advantage of separation	"For some parents, it's easier for them if the child is in a children's home. They don't have to worry about them."	Social workers note that some parents view the removal of the child as advantageous, seeing it as a way to simplify their lives without the burden of childcare.
Irretrievable cases	"In cases of domestic violence or extreme neglect, it's clear that returning the child isn't safe or in their best interest."	There are cases where rehabilitation is simply not possible due to the severity of the conditions, such as domestic violence or child abuse, making it unwise or unsafe to reunite the child.
Doubt in effectiveness	"I sometimes question whether rehabilitation works. If the parents don't change, what's the point of even trying?"	Social workers often express doubts about the effectiveness of rehabilitation in situations where parents lack interest, skill, or motivation to change, leading them to question the process.

Source: own research.

The barriers to rehabilitation primarily involve parental behaviors and attitudes that hinder the effectiveness of rehabilitation efforts. Parental denial of responsibility and low motivation to change create a significant challenge for social workers, as these factors prevent the rehabilitation process from moving forward. In some cases, parents view the child's removal as a relief, which complicates efforts to reunify families. Additionally, severe cases involving violence, neglect, or abuse often make rehabilitation unfeasible, leading social workers to question the value of continued intervention. The combination of these barriers leads to feelings of doubt about the long-term effectiveness of rehabilitation and contributes to the frustration and emotional strain felt by social workers.

5. DISCUSSION

Based on the results of the research, we have come to the conclusion that from the perspective of social workers at SPoaSK, we can divide the perception of the essence of rehabilitation into three dimensions. The first is the legal dimension, which social workers must necessarily follow, determining the boundaries and limits within which they can operate. This dimension establishes rights and obligations for all parties involved that cannot be circumvented. From this perspective, social workers perceive their role as protecting the rights and interests of the child, who, due to their age, cannot defend themselves [Tomanek 2019]. This duty is perceived positively by social workers, as the child's interests are prioritized, followed by the family's needs. However, the belief that a child needs their biological family raises ethical dilemmas and exposes the tension between rehabilitation, institutional care, and empathy. This contradiction points to the complexity of navigating these boundaries in practice. Radková et al. [2023: 60] study focuses on ethical dilemas working with vulnerable groups that might affect the social work practice.

The second dimension involves the practical work of social workers with specific families, where they may face conflicts regarding the significance of biological contact. Some view it as an obligation or an administrative task, especially when it involves maintaining contact between the biological parent and the child. In cases where the parent shows no interest or has a negative influence on the child, social workers describe this contact as a double-edged sword. They struggle to reconcile their duty to facilitate such contact with their professional judgment about its potential harm to the child. While they are legally

bound to mediate these contacts, even when parents show little interest or when the contact may be detrimental to the child, they are left questioning whether this is always in the child's best interest.

The third dimension comprises the experiences and attitudes of social workers towards rehabilitation, which are influenced not only by their professional knowledge and practical experience but also by their emotional responses to the fate of individual families. In interviews, social workers expressed frustration with parents who showed little interest in their children and appeared content with a "free" lifestyle. Their attitudes toward these parents are often colored by feelings of helplessness in cases where they feel that their intervention has not led to significant change. Social workers frequently condemn the behavior of such parents, seeing them as apathetic, intolerant, and unwilling to take control of their lives, which they believe negatively impacts their children's futures.

Based on interviews with social workers, we concluded that the failure of rehabilitation is often due to parents' acceptance of their life situation and their low motivation to change. For some parents, removing the child represents a simplification of life, as they no longer have the responsibility of childcare [Matejová, Tománek 2023b]. This decision is sometimes seen as more advantageous, as it allows them to live more freely with fewer worries about the child. Social workers view such parents from their own perspective, assuming that if they were in a similar situation, they would make every effort to keep the child within the household. However, if a parent does not cooperate, shows no interest, or fails to take steps toward improving their conditions, rehabilitation is neither successful nor feasible.

The ressult focuses on cases where it is neither possible nor desirable to return a child to their original family environment due to factors such as domestic violence, the presence of any form of child abuse or neglect (CAN syndrome), and the endangerment of the child's healthy upbringing. While social workers do not question the importance of rehabilitation, interviews reveal that, due to parents' low interest, weak motivation, and lack of key skills, the conditions for a child's return to the family are not corrected. This has led social workers to question the effectiveness of rehabilitation in practice, as they often encounter cases where rehabilitation fails to produce the desired results.

The crisis of the family as a value in society significantly impacts the possibility of adjusting the family environment and improving its

functioning, as pointed out by Vaľko and Budayová [2023]. This crisis has led to increasing disharmony within families. Several interviewees expressed doubts about whether family rehabilitation is a universal tool for helping families in crisis, especially when no corrective measures are made or when the intervention fails. In many cases, parents have no real interest in changing their living conditions and are apathetic toward making any improvements because the current situation suits them. For these parents, fewer children mean fewer worries and financial burdens, which ultimately leads to the failure of rehabilitation efforts. It is particularly disheartening that the welfare of the child is not sufficient motivation for parents to change and adapt their family conditions, thus preventing the child's return to the family home [Bujdová, Tománek 2023a]. Burnout syndrome is a significant issue among social workers, especially given the emotional and psychological demands of the profession. Research highlights the factors contributing to burnout and its effects on both individual workers and the quality of care provided.

According to Vaľko and Budayová [2023], the perception of social work and social workers by the general population in Slovakia can impact the well-being of these professionals. Negative societal attitudes and a lack of recognition for their work may contribute to stress and professional dissatisfaction, which are precursors to burnout. These perceptions can lead to feelings of undervaluation and emotional exhaustion, further intensifying the challenges social workers face in maintaining their mental health and job satisfaction.

Furthermore, Ludvigh Cintulová and Budayová [2022] address the specific risks of burnout among social care workers in Slovakia. They emphasize that the combination of high emotional demands, insufficient systemic support, and limited resources places these workers at a heightened risk for burnout. The study underscores the importance of providing adequate support mechanisms, professional development opportunities, and mental health resources to mitigate these risks and ensure the sustainability of social work as a profession. The authors suggest that fostering a culture of appreciation and promoting public awareness of the value of social work could help shift societal perceptions and alleviate some of the pressures social workers experience.

Buzalová and Ludvigh Cintulová [2021: 84], in their study, highlighted the crucial role of workplace conditions in influencing burnout rates among social workers. They found that factors such as excessive caseloads, inadequate supervision, and limited opportunities for reflective practice significantly contribute to emotional exhaustion

and depersonalization. The study advocates for structural changes within social service organizations, including workload redistribution, regular supervision, and the creation of peer support groups, to build a more resilient workforce.

Additionally, the researchers stress the need for policy-level interventions to secure more funding for social services, enabling organizations to offer better working conditions and more comprehensive support for their staff [Ludvigh Cintulová, Buzalová 2022: 7].

6. CONCLUSSION

In conclusion, alternative care and rehabilitation remain complex and multifaceted areas within social work, often sparking debate regarding their effectiveness, practicality in addressing severe family crises, financial viability, and the motivation for professional parenting. The absence of consensus among experts on the advantages and disadvantages highlights the individualized nature of these interventions, as their success depends on the specific needs and circumstances of each family.

However, the ongoing ethical dilemmas and critical discussions present an invaluable opportunity for systemic improvement. By addressing these challenges, stakeholders can strive to create more effective, ethically sound, and supportive conditions for the implementation of rehabilitation, alternative care, and the facilitation of alternative family environments, ultimately ensuring better outcomes for children and families in need.

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THE SIGNIFICANCE OF COMMUNICATION IN WORKING WITH A SOCIAL WORK CLIENT

Summary: Communication is a key element in the work of a social worker, communication skills can significantly affect the quality of social assistance provided. Empathy, active listening and the ability to build trust between client and social worker play an important role in communication. The aim of the conducted survey was to examine the impact of the social worker's communication skills on the quality of life of the client in social service facilities. It was a quantitative survey of client satisfaction in selected social service facilities with social worker communication, carried out in the form of questionnaires. Using the selected survey methodology, we evaluated how clients perceive the social worker's communication, and also identified potential areas for improvement.

ZNACZENIE KOMUNIKACJI W PRACY Z KLIENTEM PRACY SOCJALNEJ

Streszczenie: Komunikacja jest kluczowym elementem pracy pracownika socjalnego, umiejętności komunikacyjne mogą znacząco wpłynąć na jakość świadczonej pomocy społecznej. Empatia, aktywne słuchanie i umiejętność budowania zaufania pomiędzy klientem a pracownikiem socjalnym odgrywają ważną rolę w komunikacji. Celem badania było okreslenie wpływu umiejętności komunikacyjnych pracownika socjalnego na jakość życia klienta w placówkach pomocy społecznej. Było to ilościowe badanie satysfakcji klientów wybranych placówek pomocy społecznej z komunikacją pracownika socjalnego, przeprowadzone w formie ankiet. Korzystając z wybranej metodologii badania oceniliśmy, jak klienci postrzegają komunikację pracownika socjalnego, a także zidentyfikowaliśmy potencjalne obszary wymagające poprawy.

Keywords: communication, social worker, client of social work.

Słowa kluczowe: komunikacja, pracownik socjalny, klient pracy socjalnej.

1. INTRODUCTION

Communication is a primary aspect of social work. Social workers perform their profession in accordance with the functions of social work. This means within specific activities of social assistance to clients – individuals, groups and communities in solving their social events [Mátel – Schavel et al. 2015]. In a social work context, it is important to understand that each client is unique with their own needs and expecta-

tions. Payne [2014] states that social workers must be able to adapt their communication to the cultural and individual needs of clients. One of the fundamental principles mentioned by Rogers is the authenticity of the helping worker, empathy towards clients and acceptance of their personality [Rogers 2019].

Healy [2005] complements communication skills with empathy and active listening, which are essential for overcoming barriers and effectively solving problems that clients face. Empathy is key to building trust and mutual understanding. A multidisciplinary approach is key in taking into account the changing health status and living conditions of individuals, which is especially important when working with seniors. The study by Ludvigh Cintulová and Buzalová [2022] highlights the impact of the pandemic situation on the activation of seniors, while the authors identify factors that have positively or negatively affected their involvement in social life and their psychological well-being. They present a specific tool that can achieve better psychological well-being of clients by introducing therapies into social services that increase the quality of life in seniors [Cintulová, Buzalová 2018].

According to Bundzelová et al. [2023], understanding communication as a dynamic and two-way process is invaluable, because social work requires the active involvement of clients in this process. Communication must always be interactive and sensitive to recorded feedback. This allows social workers to not only provide help and support, but also to learn from their clients, which strengthens the relationship based on understanding. Rogers [2019] defined empathy as the ability to absorb the inner world of another person with accuracy. This perception is essential for creating a safe environment in which the client feels heard and understood. He also points out the importance of authenticity and congruence in the approach to clients, with an emphasis on developing an understanding of their individual needs. As part of building a professional relationship, it is also important to gain a deeper understanding of the context in which the client exists and lives his or her life.

Kappl [2011] mentions empathy as a way for the social worker to help the client to sort out his views, emotions and abilities so that the social worker can help him plan the process of change. With the help of feedback, the client is able to correct his behavior, opinions and feelings, all in accordance with his interests and in a safe space, which the worker is obliged to provide for him. In the practice of social work, empathic behavior is also manifested by focusing on the client's verbal and non-verbal expressions, in addition to listening and also mirroring the cli-

ent's non-verbal expressions, where we notice facial expressions, gestures, rhythm of speech, etc. and accordingly we pay attention to the feelings and emotions of the client.

2. COMMUNICATION IN SOCIAL WORK

Communication in social work should not be a one-sided process, but a dialogue in which both parties are actively involved. It is often assumed that the social worker understood the client's problem only on the basis of a superficial conversation, which can lead to incorrect interventions. Therefore, it is necessary to devote sufficient time to deeply understand how the client perceives their situation and what they need. This process requires active listening, empathy, and adaptability, enabling the social worker to align their assistance with the client's genuine requirements.

Another common mistake is the assumption that social workers inherently know what is best for the client without involving them in the decision-making process. This top-down approach not only risks resistance from the client but also undermines the trust and mutual respect necessary for effective collaboration. As highlighted by Ludvigh Cintulová and Buzalová [2022] in their publication "Sociálne služby v súčasnosti," social work prioritize participatory methodologies to ensure that clients feel empowered and engaged in shaping their care plans. This participatory approach fosters stronger relationships and more sustainable outcomes.

The risk of burnout syndrome among social care workers further underscores the importance of effective communication. Ludvigh Cintulová and Budayová [2020] identified that inadequate communication channels and the emotional strain of unreciprocated efforts often contribute to burnout. Creating a supportive environment where social workers can openly express concerns and seek guidance is critical for maintaining their well-being and professional efficacy. Additionally, the transformation of social services in Slovakia, as explored by Ludvigh Cintulová and Buzalová [2022] in "Transformation of social services and long-term senior care provided by nongovernmental organisations in Slovakia," emphasizes the dynamic interplay between communication, care provision, and client outcomes. Effective dialogue is particularly vital in long-term care settings, where the needs and conditions of clients evolve over time. By fostering transparent and continuous communication, social workers can adapt their interventions to better serve clients while mitigating the emotional toll on both parties.

Šlosár considers it necessary for the social worker to work with the client as an equal partner. In order for a client, especially an older client, to cooperate, communication must be not only effective, but also positive and active. This requires from social service providers both communication skills and professional knowledge, as well as a huge amount of empathy, patience and the ability to listen not only with hearing, but also with sight (observation of non-verbal communication) and heart (showing empathy) [Šlosár 2017]. Accepting the client as a person, accepting their opinions and thoughts as well as actions, means that we show sympathy with clients as human beings and should receive them positively in all circumstances, express interest in what they think and how they feel, without moral judgment and evaluation [Rogers 2019]. The client deserves respect, the client should be able to choose how the social worker should address him. Effective communication of a social worker can significantly influence the satisfaction of clients and their perception of the services provided.

3. SURVEY METHODOLOGHY AND RESULTS

The survey was carried out in the form of a questionnaire in selected social service facilities social for seniors in the Košice district with the aim of examining the impact of the social worker's communication skills on the quality of life of the client in social service facilities.

In the conducted survey, we chose clients of selected social service facilities in the district of Košice as the survey sample. We approached 93 respondents, of which 67 were women and 26 were men aged 62 to 85. The survey was carried out in 2 social service facilities in Košice.

Hypothesis 1: Social workers master and effectively use communication skills in everyday practice.

Hypothesis 2: The majority of respondents, clients of selected social service facilities, consider professional communication essential when assessing overall satisfaction with the services provided.

The quantitative survey was carried out in the form of an anonymous questionnaire in selected social service facilities in the city of Košice in March 2024. A total of 106 questionnaires were distributed, of which 93 were returned. The return rate of the questionnaires was 87.74%. The questionnaire consisted of 24 questions, of which 3 were of a demographic nature, 20 questions were closed and 1 question was open. The questionnaire questions were designed to provide a deeper insight into the individual experiences of clients and to enable the analy-

sis of the quality and effectiveness of social workers' communication practices.

In the following section, we offer a selection of the obtained results of the conducted survey:

In our research, we, among other things, investigated clients' satisfaction with the time that a social worker devotes to communication. The results showed that 20 (21.74%) respondents were completely satisfied, 34 (36.96%) clients expressed partial satisfaction, 25 (27.17%) clients expressed partial dissatisfaction, and 13 (14.13%) clients expressed complete dissatisfaction and would therefore welcome more time.
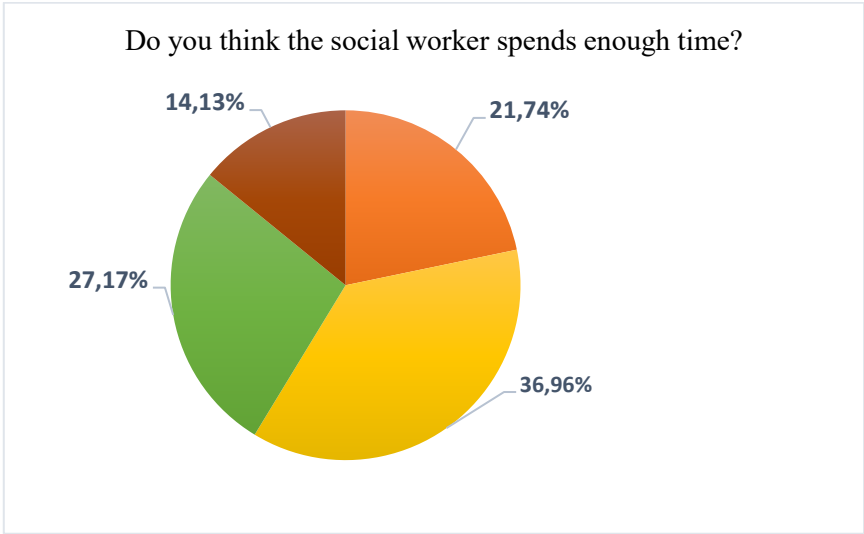
Source: own research

Figure 1. The social worker devotes enough time to communication

We used the question to find out which of the above-mentioned aspects of communication are considered important by clients when talking to a social worker. Several listed multiple options. The survey revealed the following: the preference for eye contact during the interview is represented by up to 84 responses (which represents 40.38% of the total number of responses); calm speech was mentioned as important by 62 respondents (29.81%); 38 (18.27%) indicated the pitch of the voice and 24 (11.54%) of the interviewees perceive non-interruption (not jumping into speech) as an essential aspect of communication.

Women in particular said that they prefer the mentioned eye contact to be at a direct level, that is, as according to the respondents, they

mostly sit when the social worker sits down, they consider it a very favorable fact. They appreciated the communication conducted in this way the most. However, the workload of the social worker, who cannot always sit down and talk according to the needs and expectations of the facility's clients, plays a role here.

Could you mark the aspects that are for you important to you during an interview by a social worker?

11,54%
40,38%
18,27%
29,81%
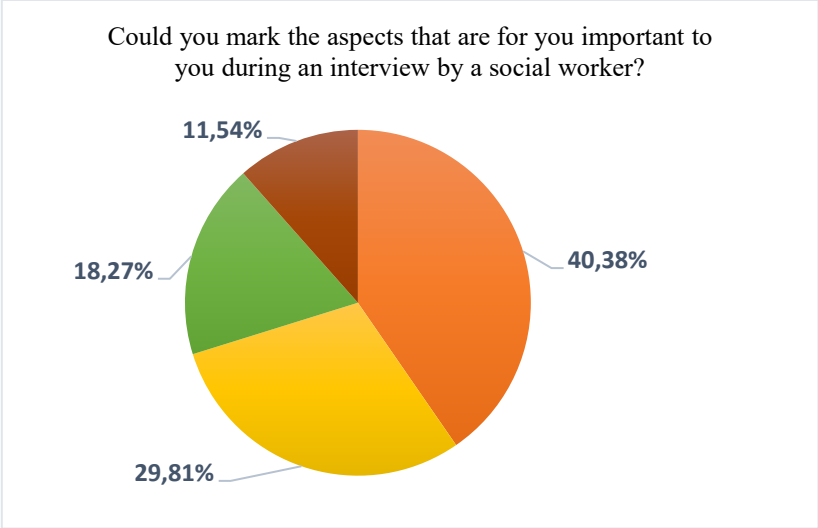
Figure 2. Importance of aspects during the interview for the client (eye contact, calm speech, voice pitch, non-interruption)

The social worker's willingness to clarify, to explain in case of misunderstanding, examined in question no. 12, rated 65 clients (69.89%) as completely adequate, 12 (12.90%) partially, on the contrary, 14 respondents (15.05%) expressed that they only had a partial possibility and two (2.15%) of they all stated that they do not have such an opportunity and willingness with a social worker at all.

The question was aimed at the feelings of being heard, respect during communication and generally preserving the dignity of the client. 62 (66.67%) respondents expressed full agreement, 17 (18.28%) – partial agreement, 11 (11.83) more or less disagreed and only three (3.23%) answered negatively and felt that their dignity is not respected. The percentage of positive answers is highly prevalent in the overall examined sample, which represents favorable and positive findings for us.

You have the opportunity to ask the worker questions that bother you, or if you do not understand something, are they willing to explain it to you?

2,15%
15,05%
12,90%
69,89%
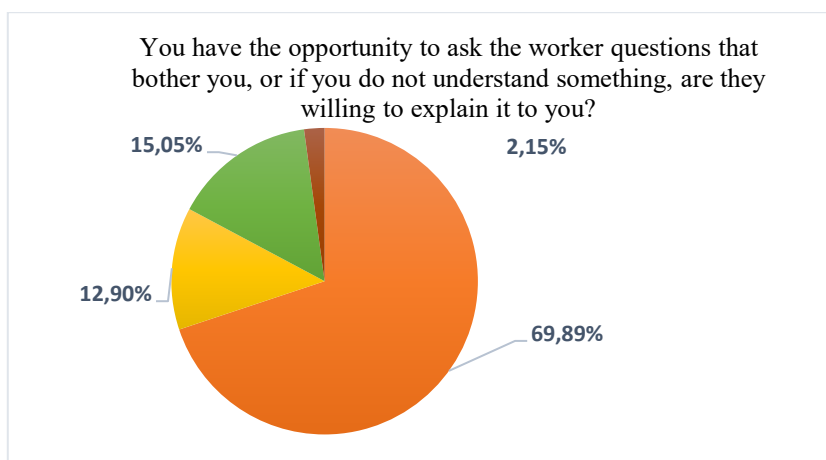
Source: own research

Figure 3. Possibility of asking questions in case of ambiguities, willingness to explain

During communication with a social worker, do you feel listened to, respected, Your dignity?

3,23%
11,83%
18,28%
66,67%
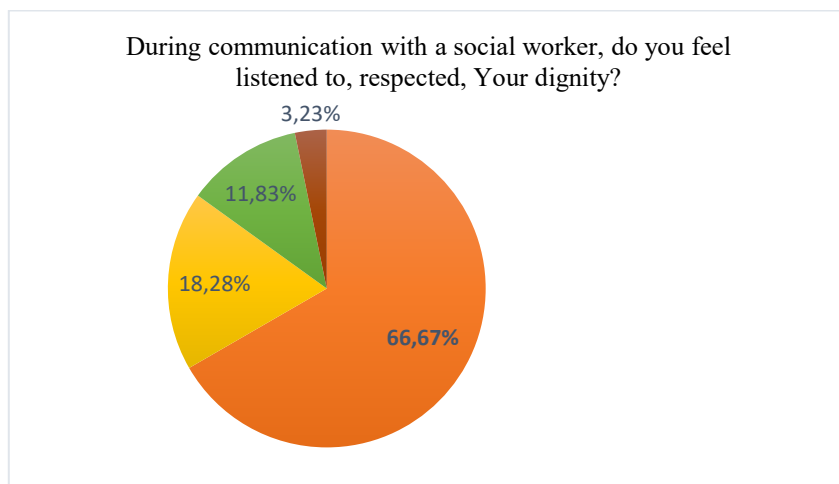
Source: own research

Figure 4. Feeling of being heard, respected and preserving the client's dignity

With the question, we found out how the quality of communication with the social worker affects the overall satisfaction and quality of life of the client in the facility. 72.04% (67 respondents) said that the quality of communication significantly affects their perception of satisfaction and standard of living; 16.13% (15 respondents) perceive the quality of communication as partly influencing their life; 6.45% (6 respondents) attribute less importance to the quality of communication on satisfac-

tion, and 5.38% (5 respondents) do not consider communication to significantly influence their life satisfaction.

Do you feel that the quality of communication affects your overall satisfaction with the device?
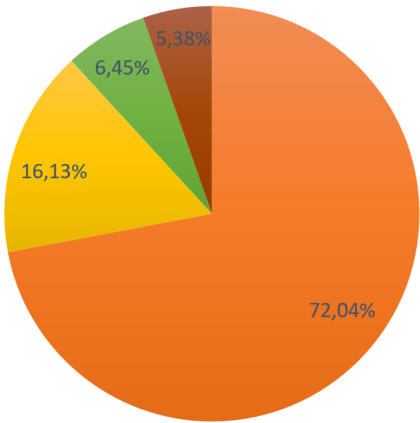
Source: own research

Figure 5. The influence of the quality of communication on the overall satisfaction of the client in the facility

4. CONCLUSION

In order for communication to be not only effective, but also pleasant for all involved, it is important to follow certain ethical principles. The importance of ethics in daily communication with the client is what distinguishes the professional from the amateur. In communication with the client, ethics is not only a moral requirement, but also the key to long-term success. As Levická [2018] states, it is important for social workers to observe the principles of empathy, respect and authenticity. Transparency and confidentiality are key to building trust between worker and client. It is these principles of ethics that create the basis for effective and ethical communication. Discretion and privacy protection are other ethical elements, ethical communication should also include responsible information sharing and protection of personal data and privacy of people we talk to or whose information we share. One of the main pillars of ethics in communication is truthfulness. If we emphasize the importance of truth and authenticity in both personal and professional communication, we must avoid lies and half-truths that can lead to misunderstandings and loss of trust. In accordance with this princi-

ple, it is important to be open, honest, but at the same time take into account the other party's feelings and situation.

Ethics in communication is therefore a mosaic of many elements – truthfulness, respect, empathy, discretion, etc., it is necessary to incorporate these values into everyday interaction. Ethical aspects of communication with the client are not only a matter of decency, but also of professional integrity. In practice, this means that we should communicate with clients transparently, with respect for their needs and protect their privacy at all Times.

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BURNOUT SYNDROME AMONG SOCIAL WORKERS IN SOCIAL SERVICE FACILITIES IN THE CONTEXT OF THE SURVIVED COVID-19 PANDEMIC SITUATION AND POSSIBILITIES OF ITS PREVENTION

Summary: The article describes, using qualitative research, how social workers reflect on their profession, the impacts of the pandemic situation on their work and personal life, and what their resources are that have effectively helped and are helping them prevent burnout syndrome, as well as specific prevention options directly in the facilities. The article contains knowledge about how the pandemic situation affected the work of social workers in social service facilities in the Bratislava Region. The result is the identification of preventive and protective factors, both at the institutional and personal levels.

ZESPÓŁ WYPALENIA PRACOWNIKÓW SOCJALNYCH W PLACÓWKACH POMOCY SPOŁECZNEJ W KONTEKŚCIE PRZETRWANEJ SYTUACJI PANDEMII COVID-19 I MOŻLIWOŚCI JEJ ZAPOBIEGANIA

Steszczenie: Przy wykorzystaniu badań jakościowych, w artykule przedstawiono, w jaki sposób pracownicy socjalni myślą o swoim zawodzie, jaki wpływ ma sytuacja pandemiczna na ich pracę i życie osobiste oraz jakie zasoby skutecznie im pomogły i pomagają zapobiegać wypaleniu zawodowemu, a także konkretne opcje prewencyjne bezpośrednio w placówkach. Artykuł zawiera spostrzeżenia na temat tego, jak sytuacja pandemiczna wpłynęła na pracę pracowników socjalnych w placówkach pomocy społecznej w regionie bratysławskim. Rezultatem jest identyfikacja czynników zapobiegawczych i ochronnych na poziomie instytucjonalnym i osobistym.

Keywords: social workers, burden, stress, covid-19 pandemic, burnout, supervision.

Słowa kluczowe: pracownicy socjalni, obciążenie, stres, covid-19 pandemia, syndrom wypalenia zawodowego, nadzór.

1. INTRODUCTION

In the presented article, we write about how the pandemic situation has affected the work of social workers working in social service facilities in the Bratislava region. Using qualitative research, we describe how social workers perceive their profession, the impacts of the pandemic situation on their work and personal lives, and we analyze the resources that have effectively helped them and are helping to prevent burnout.

Social workers who work in various social service facilities, but of course also in institutions such as labor, social affairs and family offices, are, according to Lukáčová, Paľuna [2018], at increased risk of psychological and physical strain, as they are exposed to direct and long-term contact with people, they often encounter distressed, depressed clients in the facilities, and they have to react almost immediately to changes in clients' behavior or changes in their health. Social workers are thus more at risk of loss of energy, exhaustion, and their work performance decreases. According to the authors, this profession and generally helping professions are characterized by high demands on performance, empathy, often without rest, workers reach a stage that can be called burnout, in connection with extreme exhaustion, decreased performance, resignation and even psychosomatic difficulties. Responsibility and commitment, sometimes even a sense of mission, are also characteristic of the performance of this work.

Lukáčová, Žiaková [2018] explain why it is not easy to clearly determine what leads to burnout. According to the authors, it can be a long-term persistent internal conflict, excessive stressful and stressful situations, work environment, length of practice, but also demographic variables, such as age, gender, marital status. In younger social workers, it is the initial enthusiasm and personal contribution to the profession that can lead to burnout. In professionally older workers, the reason may be stereotypical activity, e.g. long-term administration, even if the helping work itself is assessed as diverse, since the worker is in contact with multiple, new clients. Increasing demands placed on workers, the number of clients, while several factors also play a significant role here, such as the individuality of cases, cooperation of the client, his family, etc. Other stressors may include responsibility towards the client, the competences of the helping professionals, the legislative framework, since the helping social worker can do what is permitted within his competences and the legislative framework, any initiative to exceed this framework can lead to frustration and the development of burnout [Buzalová, Ludvigh Cintulová 2021].

According to Fontana [2016], risks that increase stress in social workers in the work environment include unrealistic expectations and perfectionism, setting challenging tasks and difficult-to-achieve goals, and a lack of realism, or satisfaction with the work done, which also contribute to the development of burnout syndrome.

Matoušek points out that workplaces, including social service facilities, can significantly contribute to the development of burnout syn-

drome if they do not pay sufficient attention to the needs of workers, new workers do not receive sufficient training from more experienced professionals, personal development plans are lacking, supervision is rarely used or its quality level is low. Furthermore, in facilities where bureaucratic control of behavior, an atmosphere of competition and rivalry prevail [Schavel 2018].

Coronavirus disease 2019 – Covid-19, caused by SARS-CoV-2, was first identified in December 2019 in Wuhan, China. Since then, Covid-19 has spread rapidly around the world in 2020. In early March 2020, the World Health Organization [WHO] declared Covid-19 a pandemic. Individuals around the world have faced human losses during the Covid-19 pandemic – loss of loved ones, loss of resources, opportunities, etc. Social workers, who are frontline non-healthcare professionals during the pandemic crisis, have often been exposed to high levels of stress, physical and mental strain, increased workload and thus the potential risk of burnout. Stress is caused by the difficulties in providing services to clients who are in crisis situations and often face the coronavirus disease itself, while social workers themselves have experienced trauma related to Covid-19 in their lives.

Doctors, nursing staff, but also social workers were among the frontline workers. In this difficult period of the pandemic, they had a challenging task, which according to Truell [2020a], in addition to adapting to the conditions and continuing to provide social services, was also to strengthen and help clients cope with fear, sadness, and the loss of their loved ones, while constantly striving to maintain the safety of clients, respect, and justice towards them. These were often very emotional situations, ethical dilemmas, in which, for example, it was necessary to explain to clients and family members why they could not see their loved one, unfortunately often also dying, and thus violate the established measures. According to the author, telephone hotlines providing family counseling were also established in many countries, e.g. in cases of increasing domestic violence, and social services to support homeless people were also targeted.

In Slovakia, the introduction of government measures to prevent the introduction and subsequent spread of Covid-19 in the country was felt by everyone in their daily lives. This primarily concerned, for example, restrictions on free movement, some business activities, the closure of schools, preschools, shops except food stores, drugstores and pharmacies, travel restrictions and the obligation to undergo quarantine upon returning from abroad, a ban on holding various events with a large

number of people, e.g. cultural, sports, educational meetings, etc. However, the introduction of measures to prevent the spread of the virus among people had a negative impact on the economy, the educational level of children and students, on the deterioration of people's health, e.g. as a result of postponed planned surgeries, prevention, deteriorated mental health, e.g. due to fear of losing their job, isolation or even fear of the disease itself, etc.

According to the Ministry of Social Affairs and Social Work [2020a], employees working in social services and social service facilities where they provide for the needs of the most vulnerable, such as seniors, people with severe disabilities, etc., were exposed to extraordinary work demands during the pandemic and the adverse epidemiological situation, including the threat of contracting Covid-19. In order to mitigate the impacts of the pandemic situation in facilities, the Ministry of Social Affairs and Social Work and the Association of Social Work Educators signed a Memorandum of Cooperation in November 2020. These were agreements with higher education institutions - a total of 11 were involved, including the St. Elizabeth University of Health and Social Work.

MPSVaR [2020b] reported that homeless people and social service facilities providing crisis intervention services, such as dormitories and shelters, could not remain unnoticed. During the worsening epidemiological situation in connection with the pandemic, social service providers were allowed to operate continuously around the clock with the obligation to comply with hygiene and anti-epidemiological measures. The financial contribution provided to the facilities per place was increased; in the case of unfilled places, the financial contribution did not have to be returned to the ministry. When verifying the clinical condition of clients and their travel history, contacts with persons suspected of Covid-19, if the finding was positive, such a person was ordered to be isolated and transferred to a quarantine facility [MPSVaR 2020c].

2. SURVEY METHODOLOGY AND RESULTS

The main goal was to find out how the pandemic situation in connection with the Covid-19 disease affected the work of social workers in social service facilities and whether it led to an increased incidence of burnout symptoms in social workers. Another goal was to find out what prevention options were provided to social workers by their employers directly in the facilities to prevent the possible risk of burnout and which ones helped them the most. To what extent did they use them, or had the opportunity to use them during the first and second waves of

the pandemic situation. Another sub-goal was to examine what social workers have their own methods and resources that help them prevent burnout and which ones helped them effectively during the pandemic situation.

RESEARCH QUESTIONS

In our research, we created the following research questions to obtain the necessary data:

RQ 1. How did the pandemic situation - the first, second wave - affect the work of social workers working in social service facilities, leading to an increased incidence of burnout symptoms?

RQ 2. What prevention options have been and are being provided to social workers by their employers directly in the facilities to prevent the possible risk of burnout, and which ones help them the most?

RQ 3. What methods and resources do social workers have that help them prevent burnout and that have effectively helped them during the pandemic?

SELECTION FILE

The research was conducted in social service facilities in the Bratislava region. The sample consisted of nine social workers from seven social service facilities that provide social services: a specialized facility, a social services home, and a facility for seniors, which primarily provide long-term stays to mobile clients, but also to immobile or partially immobile clients.

The following table presents basic data about the participants in our research, with their names changed to maintain confidentiality.

Table 1.

Participant characteristics

P. no.	Participant name	Age	Gender	Professional experience in the social sphere [years]
1	Zdena	53	woman	21
2	Silvia	36	woman	3
3	Erica	48	woman	20
4	Marianne	56	woman	18
5	Hannah	35	woman	8
6	Beata	34	woman	3
7	Liliana	42	woman	5
8	Katka	48	woman	5
9	Eve	37	woman	8

Source: own research

As a research method, we chose a controlled, partially structured so-called semi-structured interview with participants. Qualitative research was conducted. We chose the methodology of grounded theory, the founders of which are Anselm Strauss and Barney Glasser. According to the authors Pavelek, Dobríková [2013], grounded theory is an approach that seeks to generalize theoretical knowledge by inductive procedures from empirical data, i.e. the result is a theory developed inductively from a complex of data without having previously prepared criteria for selected data or hypotheses. It is an approach of reading and re-reading, e.g. the text of notes and discovering variables, so-called categories, concepts - a group of codes of similar content and mutual relationships between these variables. The ability to recognize which data are essential, so-called theoretical sensitivity, is important. The most important procedure in grounded theory is coding. We chose the coding process, which was discussed and described in more detail by Strauss and Corbin. In the research, we used open coding, which is one of the three types of coding in grounded theory. The advantage of this technique is its simplicity and effectiveness.

3. RESULTS

Due to the extensiveness of the research, we describe some codes in abbreviated form.

Table 2.

Breakdown of research areas, categories, codes

Research areas	Categories	Codes
The impact of the pandemic situation on social workers in SSF	Social worker job	substituting for clients' families, administration, communication with family members, psychological demands , method of carrying out activities with the client, negative perception of the duration of the crisis situation, occurrence of symptoms of burnout syndrome
	Close family	claims on the psyche of those closest to you
	Relationship to the profession	a sense of satisfaction, a sense of meaningfulness in work, a lasting joy from helping

Research areas	Categories	Codes
Preventing burn-out during a pandemic	Preventive methods used by the employer	supervision, possibility of consultation with the facility's psychologist, peer support and team building, educational activities, relaxation techniques and others
	Own preventive methods	physical activity, psychohygiene

Source: own research

RESEARCH AREA 1: IMPACT OF THE PANDEMIC SITUATION ON SOCIAL WORKERS IN SOCIAL SERVICE FACILITIES

Research category: **Social worker job**

Research codes: substituting for clients' families, administration, communication with family members, psychological demands , method of performing activities with the client, negative perception of the duration of the crisis situation, occurrence of symptoms of burnout syndrome

Research Category: **Close Family**

Research codes: demands on the psyche of loved ones

Research category: **Relationship to the profession**

Research codes: feeling of satisfaction, feeling of meaningfulness of work, lasting joy from helping

Code: client family substitution

We asked questions to find out how the pandemic situation affected the work of social workers, what had changed. The answers of the participants in our research were similar in this area of research, they had common features. A common feature in their answers was replacing the clients' families, trying to maintain the clients' psychological balance. Participant Zdena answered: *"... It added more work to us. We had to devote more time to those clients. Because those clients were cut off from their families, we replaced their daughters, sons, grandchildren, the whole family."* She adds: *"We had more work, we definitely had more work. But in a "psychological" way, because we had to give ourselves to them, surrender ourselves, we dealt with their requests right away, not like, "I'll come in 5 minutes..."* Participant Erika expressed herself similarly: *"...Because visits were limited and they needed that contact, clients asked for us much more, asked us much more, which is normal human behavior*

because they needed that contact." Participant Marianna expressed her-self: *"...practically, it was necessary to support the clients psychologically, because their psyche was very low and even when it came to walking, they couldn't walk, people were locked up in the facility, they couldn't meet their families, there were video calls, there were a lot of individual conver-sations, because the clients had no one here..."* Participant Beáta reacted similarly: *"...professional social work as such had to go aside and we had to devote ourselves more to people in those ordinary matters...actually replacing their families, because the family couldn't go to the facility, they were banned from entering...and most importantly the psyche of those clients, so our support for them had to be maximum."* Participant Eva re-plied: *"...The clients, because they were closed, were always with us, in the office, so they got used to it when they were long, they had no one to talk to, so the administrative work was also harder for us, it was more de-manding and we couldn't keep up with our administrative work".*

Code: administration

Another common feature in the responses of the participants in our research was administration and its significant increase. Participant Zdena answered: *"... Administration has also increased ..."* Participant Silvia: *"...at first I perceived it as having a lot of work, but over time, the work became so much that one got lost in it.* In the next question, partici-pant Silvia clarifies: *"In administration. Records. Visits, recording visits, every name, recording it, uploading it to the PC in the system, archiving it. Constantly calling family members, testing, vaccinations, a lot of paper-work for testing, a lot of paperwork for vaccinations."* Participant Mari-anna expressed herself similarly: *"We had a lot of administration in-crease.* Participant Beáta answered: *"...Administration increased, for ex-ample, when it came to testing, we had to prepare everything there, we prepared documents, we explained to clients all the time what was actual-ly expected of them, because they forgot that, for example, they were test-ed a week ago and how it was done, that they could not put drops in their nose, eat beforehand, etc."* Participant Katka answered: *"...Testing was done every day, recording, temperature measurement, so there was defi-nitely more work."* Participant Eva's answer was also similar: *"...More administration increased.*

Code: communication with family members

Another significant common feature in the responses of our partici-pants to questions about the impact of the pandemic situation on their work was a significant increase in communication with family members. Participant Zdena answered: *"... communication with family members*

also increased, because they were constantly calling for it..." Participant Erika said: *"... relatives also had to be informed about the conditions, whether they were vaccinated, if not, they had to get tested, so there was a lot that was added to our regular work."* Participant Marianna: *"... there were a lot of phone calls from family members. Then we decided to use email communication, every week we informed family members about the measures, the status of those who tested positive, what had changed regarding visits, etc...."* Participant Beáta: *"... we were constantly in contact with families by phone, we had to give them information..."* Participant Katka answered: *"... we needed to call and communicate with loved ones much more".*

Code: mental demands

We had a prepared question with which we asked our participants whether work during the peak pandemic situation was more demanding for them than they could bear. Participant Zdena answered: *"... My closest friends were bearing it very hard, and so was I..."* Participant Marianna clearly stated: *"It was more demanding on the psyche. My closest family was helpful to me, when it works, it can be done."* In response to another question, she further specified: *"...We were very worried that we could infect the clients, the clients are here, they don't go anywhere, but the risk that we could infect them. The psyche in us, ourselves inside, and with these feelings we went to work every day..."* Participant Beáta said: *"As for the work, it wasn't more demanding, it was more demanding from the psychological side to keep myself calm and be constantly available to the clients...".*

Code: method of performing activities with the client

Another common feature that was mentioned in the answers was the changed way of carrying out activities with the client. With its arrival, the pandemic also stopped the usual course of life and activities of clients in social service facilities, clients remained isolated, in the facilities in their rooms, without the possibility of going out outside the facility, visits or some group activities. Participant Silvia said: *"... If the pandemic had not happened, I could have individually dedicated myself to activating those clients, I had more options. Since the pandemic ended, I could not do group activities, or even if I could, they were very limited in number."* Participant Liliana also explained this very succinctly: *"In normal situations, we act as personal assistants to clients, we accompany them, whether in the context of some private matters, bank transfers, fees, when something needs to be done at the offices, or doctor's requests, we give them various programs, group therapies, cognitive processes, memory training, both in*

a group and individual form. During the pandemic, this stopped and we seemed to be completely replacing their family here, since family visits were not possible. There was fear among clients, we had deaths, which naturally caused depression and fear in them." "... My colleague and I tried harder to keep clients in a state so that they did not deteriorate and remained in the state they were in..." Participant Eva clarified in her answer: *"... we had to primarily address whether there were protective equipment, disinfection, whether someone was positive, and the recipients suffered the most, not us as social workers, precisely because of the limited contacts. It was not possible to pay enough attention to everyone individually. Before, we used to do groups with clients, but during the crisis situation, it was not possible".*

Code: occurrence of burnout symptoms

Our questions also asked about the negative consequences of helping, whether our participants felt them to an increased extent during the pandemic situation compared to the period outside the pandemic. We investigated whether the pandemic led to an increased occurrence of burnout symptoms in them. Their answers were answered very clearly, with certainty without much thought. The result and the overall attitude of our participants pleasantly surprised us. Participant Zdena answered: *" I do not or did not feel that I experienced negative consequences from helping to an increased extent."* In response to another question, she added: *"...it was very exhausting, tired, but I really did not feel burned out."* Participant Silvia: *"I perceive negatively that I could not help as much as I would like."* She further answered: *"No. I've felt burned out before, but not now and due to the pandemic."* Participant Erika said: *"I didn't feel so exhausted that I just couldn't handle it. As I said, it was more of a worry."* And when asked whether work was too demanding for her during the crisis situation associated with the pandemic, or whether she felt burned out, she answered: *"No. I definitely didn't. I was looking forward to work and I still look forward to it."* Participant Marianna said: *"I don't feel like it was burnout. It was more of a feeling of helplessness that you couldn't help those clients. I know what I'm talking about, because I was here for about 20 days straight from morning to night, but I never felt the burnout syndrome."* Participant Liliana said whether she felt the symptoms of burnout syndrome or the negative consequences of helping: "No." *"None here in this facility, I didn't feel it, I didn't notice it."* Participant Katka replied: *"I was more sorry for the whole thing, the whole situation, I tried to help as much as possible. When my colleagues were locked up here, I tried to bake something for them, bring them something, do the shopping. It definitely wasn't burnout."* Participant Eva,

when asked whether the pandemic situation was associated with too much stress related to work, emotional exhaustion, or a feeling of burnout, said: *"No. Not during the first or second wave. More so now. When more responsibility was transferred to me. Also, the division of labor is not quite right, but it's not because of Covid, no".*

Code: demands on the psyche of those closest to you

The difficult situation associated with the Covid-19 pandemic was a stress test not only for the professionals working in helping professions themselves, but also for their family members, who experienced it with them, perceiving their fatigue, perhaps even nervousness, irritability from exhaustion, and were afraid for them and their health. We also found out how the closest people around our research participants perceived this situation, how they experienced it during the peak of the pandemic. Participant Zdena replied: *"... we were locked up there from minute to minute. We were not prepared for it. We went to work in the morning with our handbag and returned home only 10 days later. So our families were on standby to wrap us up, they came to terms with it and since I also have some health problems, my closest people were worried about me, my husband, daughter and son, they were worried..." "...and especially when your family calls you 3 times a day and checks on you, your husband, your adult children called me crying, your granddaughter told me on the phone to come home because she was worried about me. That fear is still there. There's a difference between being at work for 8 hours and being at work for 240 hours straight. My son, my family, took it very badly and it had a very bad effect on me..."* Participant Beáta said: *"...And my family, my husband and I tried not to think about it and we always made some kind of program with the children on the weekend."* Participant Katka noted: *"...unfortunately, my relationship fell apart. Covid and everything around it was not the direct cause, but it accelerated the breakup of my family."* Participant Eva, who still has very young children, said: *"It didn't have a significant impact on my family, what was worse for us was that the children couldn't go to school...".*

Code: feeling of satisfaction

We also used prepared questions to examine satisfaction with work, chosen profession, how they perceive it, and their feelings of satisfaction and meaningfulness of work. Participant Zdena answered us: *" I have a great feeling of satisfaction, because my work has a lot of feedback. The gratitude when that person looks at you."* Participant Katka: *"...this is my dream job. That satisfaction has been coming and is still coming. The feeling that I am helpful is always present."* Participant Marianna answered:

"I am happy when a client comes to thank you, encourages you, tells you that he is happy to see you and that you are here, that you are helping him".

Code: sense of meaningfulness at work

Participant Zdena replied: *" I was not discouraged by my profession and this is exactly what attracts me to it, the feedback, the fact that the work is meaningful. Those people are waiting for you, they need you and this is what attracts me to it."* Participant Erika: *"...I like my job, it fulfills me at the moment, it still fulfills me, I like what I do..."* Participant Beáta also expressed a positive attitude: *"...the knowledge that we are often the only ones they can turn to and that still attracts me to them."* Participant Katka replied: *"I still have a very good feeling. I feel that my relatives are very grateful".*

Code: enduring joy of helping

All our participants expressed not only verbally, but also with their eyes, speech and pleasant tone that they like to help, it is the meaning of their life, work and that is why they chose this profession. Regarding their relationship to the profession, the participants of our research answered that if they did not have a relationship to this work, they would certainly not do this profession. The work itself as a profession did not discourage our participants even during the crisis situation associated with the Covid-19 pandemic and they continue to enjoy doing this work. Participant Beáta answered: *" I still have great feelings, I like to give of myself, I don't mind helping and I also help in my free time."* Participant Erika answered: *"...I like my job, it currently fulfills me, it still fulfills me, I like what I do..."* Participant Silvia expressed herself similarly: *"I love my job. I just want to help and that's how it was outside the pandemic. I chose this profession because I always wanted to help..."* Participant Eva said: *"...I like my job".*

RESEARCH AREA 2: PREVENTION OF BURNOUT SYNDROME DURING A PANDEMIC

Research category:	**Preventive methods used in SSF (social service facility)**
Research codes:	supervision, possibility of consultation with the facility's psychologist, peer support and team building, educational activities, relaxation techniques and others
Research category:	**Self-preventive methods**
Research codes:	physical activity, psychohygiene

Code: supervision

Supervision is mandated by legislation in the Social Services Act for social service providers. All participants in our research confirmed to us that they have regular supervision provided by their employers. When asked how often they had it during the first and second waves of the pandemic situation, she answered: *"Supervision was not more frequent. We were locked down and because we had covid there, no one could visit us..."* Participant Silvia said: *"I have only had it twice so far, so I can't really judge it yet. One supervision didn't give me anything... The second supervision was very good, now we are going to have another one with the same supervisor as the last time and I am really looking forward to it."* When asked how often they have supervision in SSF, Silvia answered: *"We had supervision sometime in the spring, then in the summer and now we are waiting for it in September. It was more frequent now, maybe also because the supervisor was changing. Before, it was every six months."*

Participant Erika said: *"Supervision roughly every six months, or as needed. During the pandemic, it wasn't more often. But if we had approached the manager and said we needed something, there would certainly have been a positive response."* Participant Hana replied: *" We have supervision as required by law, twice a year. Group and individual, as needed."* Participant Beáta said: *"... We have supervision once a year."* In response to our next question, she added: *"During the pandemic, we had supervision repeatedly, once every 5 months."* Participant Liliana said the following about the supervision provided: *"We have it once every six months as standard. That's how it was before and during the pandemic. My colleagues and I are quite strong individuals, we didn't need to have it more often..."* Participant Katka also commented: *"We have regular supervision..."* Participant Eva told us: *"We have as much supervision as we need, because we are currently involved in a deinstitutionalization project in social services and there is support for transformation teams. We have a lot of supervision hours there, we do group and individual supervision".*

Code: possibility of consultation with the facility's psychologist

We received the following answers from the participants of our research to the question in which we examined other possibilities of preventive methods at our employers. Participant Erika said: *"...We also have psychologists, although they are primarily here for clients, but if a person needs help, we can certainly turn to them."* Participant Marianna responded similarly: *"...We also have a psychologist here, who is available for clients, but if an employee needs help, he will definitely help them too."*

Participant Hana said: *" Yes, we have a psychologist and he was at the facility for us".*

Code: collegial support and teambuilding

The responses of the participants in our research to the types of preventive methods they use and that help them combat stress and the possible risk of burnout were similar in that peer support, help, supporting each other, and team cooperation were and are very important to them even during a crisis situation.

Code: educational activities

Our participants also have the opportunity to complete educational activities focused on personal development. They usually receive offers by email. However, during the crisis situation associated with the pandemic, they were implemented online.

Code: relaxation techniques and others

Participant Katka said: *"... And we also have the opportunity to go for a massage. It's very nice, the masseur comes directly to the facility. We even have the opportunity to do it during working hours, when we can't arrange it any other way, it's half an hour. I've managed to use it once so far and I was very satisfied... And whatever we suggest to the employer, he is very open to accommodating us."* Participant Eva also stated: *"... During the pandemic, we received vitamins in tablets from sponsors, C, D, Zinc".*

Code: physical activity

Through our questions in the interviews, we also explored the participants' own preventive methods for taking care of themselves and protecting themselves from burnout. We were interested in how often they did them before the pandemic and how it was during the pandemic, and whether anything had changed. Participant Silvia answered: *" Sports. I actively do sports, that's what I do."* When asked how often she did it before the pandemic and how often during the pandemic, she answered: *" Daily. The daily relaxation, sports, definitely daily."* Participant Erika also does physical exercise, she answered: *"...I always did and still do something for myself daily."* Participant Marianna answered: *" I go to nature or somewhere outside almost every day. Then I turn off my head, reset and don't think about what was at work."* Participant Hana answered: *" I definitely do sports, hiking..."* Participant Beáta said: *" I try to run every day. Before and during the pandemic, probably the same."* Participant Liliana replied: *"Still the same, I walk 10 km or more home every day."* Participant Katka said: *"For example, I go jogging regularly, for the*

third year in a row. I always find the time, it's something that really helps me".

Code: psychohygiene

In response to our prepared question about their own effective preventive methods that the participants practice and that effectively help them against stress and burnout, the participants in our research clearly told us in their answers how important psychohygiene is to them.

4. DISCUSSION

Consequences of the Covid-19 pandemic in relation to the work of social workers in social service facilities

The results of a study conducted in September 2020 in Spain on a sample of 273 participants, which investigated the level of burnout among social workers in Spain during the first wave of the pandemic, showed high levels of emotional exhaustion (70.1%) and depersonalization (48.5%). Data on a reduced sense of personal achievement were low (36.6%). The level of burnout was also low considering the first two values, namely 20.4%). According to the authors, social workers have emerged as a professional group responsible for protecting the most vulnerable people and maintaining their well-being during this difficult period, including those who cannot cover their basic needs, which are people living on the street, lonely people, seniors, people with disabilities, health problems, etc. [Martínez-López et al. 2021].

Similarly, McFadden [2015] published the results of a study focusing on the occurrence of burnout in 1359 social workers in various positions in the UK. The result was that a total of 91% of respondents reported a high to moderate level of emotional exhaustion, and 61% of respondents reported a moderate to high level of depersonalization. And again, in the area of personal performance, sense of competence, and success, a high level of satisfaction of 91% was recorded, despite the high percentage in the two previous areas, which also did not confirm the claims generally reported in the literature, which are associated with a low level of personal performance in burnout.

The results of these studies, compared to our qualitative research, are similar in that, despite the increased level of stress and anxiety, emotional exhaustion, which characterize feelings of helplessness and hopelessness from a situation in which social workers would very much like to help, but are not always able to, they do not experience burnout.

The results of our research turned out to be similar to the results of research by Kuzyšin [2018] or Mesárošová et al. [2017] conducted be-

fore the pandemic in Slovakia in social service facilities among a group of professional employees, where the dominant group was social workers. The research showed a low level of burnout, a risk state and burnout were recorded in 4.22% of participants, as well as a moderate level of emotional exhaustion. Similarly, Ráczová [Bérešová 2018] investigated the level of experienced stress and burnout among workers in helping professions. The research found only a moderate level of burnout in the areas of emotional exhaustion, depersonalization and personal satisfaction with work performance.

In our research, despite the increased psychological demands due to the pandemic, stress, and feelings of helplessness, no subjective or objective feeling of burnout symptoms was demonstrated among social workers.

Our research has shown a greatly increased administrative burden on social workers during the crisis situation associated with the pandemic. As our participants stated, they seemed to have less time for social work with clients. There has also been a change in the way activities are carried out with clients and the types of activities.

Participants reported higher demands on their own psyche and staying well, so as not to burden the client himself while managing their roles of helping clients, in addition to fear of the disease itself or the possible transmission of the disease to the client or their loved ones. They also reported higher demands on the psyche of their loved ones, who are naturally afraid of them - the helping frontline professionals providing direct personal care to clients.

The occurrence of symptoms of burnout syndrome due to the impact of the pandemic situation on social workers practicing their profession in SSF was not confirmed in our research. The participants in our research did not report increased depression, insomnia, but rather fatigue from the amount of work.

Preventing burnout during a pandemic

The aforementioned research by Martínez-López, Lázaro-Pérez, Gómez-Galán [2021] also found that 29.0% of social workers reported needing psychological or psychiatric treatment due to the pandemic. 87.5% believed that their workplaces should provide such treatment to their workers.

The participants in our research answered that the facilities they work in have a psychologist, but his work is directed towards clients. If a helping professional needed psychological help, this psychologist would certainly not refuse him help, but his priority is to serve clients.

Educational activities in the workplace, such as various trainings, professional lectures and social skills training for conflict resolution, effective communication, assertiveness, stress management, etc. are effective methods for learning to cope with workload more easily and thus reduce stress and the risk of burnout. Our research has found that these methods are generally popular, known, and used. In practice, during the pandemic, the obstacle to their more frequent completion has proven to be a lack of time or an unsuitable form of education, which was carried out online during the pandemic and not in person as workers were used to before the pandemic, or a lack of finances – a limited budget for educational activities.

Our research found that supervision is carried out in the facilities where our participants work, but due to lack of time and workload, it was not carried out more often during the 1st and 2nd waves of the pandemic. On average, twice a year as before the pandemic, only in some facilities did it turn out that supervision was carried out more often, approximately at intervals of three to four months. At the same time, however, the participants stated that they did not even need to have supervision more often. The online form of supervision was again not very satisfactory and not used. Our research also showed that the used, preferred form is consulting problems among colleagues, social workers, so-called. supervising each other.

Our research confirmed that the methods most often offered to social workers by their employers are methods for acquiring techniques for managing stress and burden, eliminating the risks of burnout through supervision and educational activities.

5. SUMMARY

Social workers are among the professions that may have experienced loss and trauma by providing social services to their clients who are in emotional distress as a result of the Covid-19 pandemic, while also experiencing the same trauma in their personal lives. The readiness of social workers to respond to the extensive psycho-social needs of clients associated with the pandemic means that they must also be aware of the professional and personal impact they have experienced in this situation, and it is recommended that they always dedicate some of their time to themselves, to their psychological hygiene. With proper prevention, we can prevent burnout and, by being aware of its development, we can fight it at every stage, except for the last stage, when the burnout completely breaks a person. Awareness of the possible need for help, the

limits of one's capacity, and the willingness to change life priorities are the solution to maintaining balance and a more satisfied life.

Through the analysis of interviews, we found in our research that social workers in the social service facilities we selected in the Bratislava Region, which primarily provide long-term stays to clients, are familiar with the problem of burnout. During the pandemic, in addition to loss of interest, apathy and many other negative feelings, they also associated it with a feeling of hopelessness and immense helplessness, when it was not always in their power to help clients, clients became close to their hearts and suddenly everything changed due to the impact of Covid-19. As our research further showed, social support in the workplace is very important, working relationships at a good level, this includes support not only from close colleagues, but also from superiors and supervisors.

The most important protective factor is mainly the ability to relax, family support and supervision. The most significant finding of our research was that despite the increased stress levels and emotional impact of the Covid-19 pandemic, which was characterized by feelings of helplessness and hopelessness, higher workload, increased administration, and the absence of colleagues receiving social assistance benefits, there were no symptoms or subjective feelings of burnout among social workers due to the Covid-19 pandemic. This finding is similar to earlier findings from research conducted abroad in the first months of the pandemic.

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DEVELOPMENT OF ROMA YOUTH THROUGH INCLUSIVE EDUCATION

Summary: The paper describes the development of a strategy for access to upbringing and education of children from disadvantaged social backgrounds from integration to inclusion. The aim of the research was to find out what barriers teachers face while implementing inclusive education, what myths are associated with Roma inclusion and what teachers consider important in the implementation of the national strategy to support the education of children from marginalized Roma communities. The inclusive paradigm of education is about accepting the diversity of students, we have found out how this diversity is supported or suppressed.

ROZWÓJ MŁODZIEŻY ROMSKIEJ POPRZEZ EDUKACJĘ INKLUZYWNĄ

Steszczenie: Artykuł opisuje rozwój strategii dostępu do wychowania i edukacji dzieci z defaworyzowanych środowisk społecznych od integracji do włączenia. Celem badania było ustalenie, jakie bariery napotykają nauczyciele realizując edukację włączającą, jakie mity kojarzą się z integracją Romów oraz co uważają za ważne w realizacji krajowej strategii wspierania edukacji dzieci ze zmarginalizowanych społeczności romskich. Inkluzywny paradygmat edukacji polega na akceptacji różnorodności uczniów. Określiliśmy, jak ta różnorodność jest wspierana lub tłumiona.

Keywords: barriers of inclusive education, Roma children, inclusion.

Słowa kluczowe: bariery edukacji włączającej, dzieci romskie, włączenie.

1. INTRODUCTION

Ensuring equal access to quality education for all children, regardless of their social background, is a fundamental pillar of inclusive societies. This paper explores the evolution of strategies aimed at fostering the upbringing and education of children from disadvantaged social contexts, with a particular focus on the transition from integration to full inclusion. The research investigates the challenges teachers encounter in implementing inclusive education, uncovers persistent myths surrounding the inclusion of Roma students, and highlights educators' perspectives to support children from marginalized Roma communities. At the heart of the inclusive education paradigm lies the acceptance and celebration of student diversity.

Schools in Slovakia have been trying for several years to address the issues of inclusive education and inclusion of children from disadvantaged social backgrounds. This is a difficult task, as there is still a strong degree of segregation of Roma children, which prevents the implementation of inclusive strategies that are defended by teachers and parents of non-Roma children. The school is made inclusive, first and foremost by teachers who know their students well, choose the most suitable methods and means for successful work with the whole group of students so that it is inclusive, have the skills to create a good inclusive climate, work with family and school staff. In introducing and implementing education in the spirit of inclusion, they have a challenging role to unite the team of students and at the same time strive for the maximum possible development of everyone. Compared to situation in Romania, there are still issues of segregation in education, scrutinized through the lens of Romanian and international education practices [Podea 2010: 50]. Roma children are especially vulnerable to poor health, poor housing, poor nutrition, exclusion, discrimination and violence that has significanrt impact on their inclusive education [European Commission 2011: 9-10]. Low school participation and early school drop-out of the Roma is due to lack of birth registration, low participation in preschool education, and is often linked with labour exploitation, early marriages and trafficking [Pantea 2007: 5] Segregation is a particularly crucial barrier preventing access to quality education for Roma children [European Commission 2011: 10]. Low participation of Roma children in school is associated with a high rate of poverty in Roma families, which is also associated with low parental involvement and child labour [Pantea 2007: 2]. Within the population not following any form of education, approximately 80% are Roma [Roma Education Fund 2007].

There are some parents who do not trust teachers, and do not think that school education can really be useful to their children; however, most of the parents consider that school is important to pre pare their children for the future, while their own knowledge and skills are not suffi ciently valid for what is required in society. Others, consider that a school diploma is required by society – children should obtain a school certificate, but one cannot count on the competencies learned in schools; some parents ask their children to go to school, others leave it for the children to decide, and claim that children cannot be forced to participate in school, where they might feel discriminated against [Vincze, Harabula 2008: 3]. The recent EU Agenda for the Rights of the Child also states that segregation is a crucial barrier preventing access to

quality education for Roma children [European Commission 2011]. European recommendations target desegregation policies, aiming to change the social composition of disadvantaged schools and to improve the educational attainment of children from socially disadvantaged and low education backgrounds. Active desegregation programmes in Hungary and Bulgaria improved at a regional level the educational achievement of Roma, by supporting schools which integrate them and at the same time fostering school quality by extracurricular activities and targeted academic support [European Commission 2011: 6]. Defining the criteria of inclusive education, Project INCLUDED [2007: 59] found out that students from inclusive educational centres obtained higher levels of educational attainment compared to students from non-inclusive educational centres located in similar socio-cultural and socio-economic con texts. Inclusion overcomes streaming and other forms of segregation, leading school children to improve their school performances and social behaviour. Positive eff ects of the inclusion of Roma children in mainstream classes children benefi ted from the support of a Roma teacher assistant [Gerganov et al. 2005: 8]. Research has shown that children in heterogeneous groups usually achieve better results than those in streamed groups if inclusion is practised by allocating human resources to help children perform better. Splitting classes in inclusive groups, by extending the learning time when needed, by individualizing the curriculum when necessary and by off ering inclusive choice to students, are important methods aimed at successful inclusion [Milcher, Ivanov 2004: 7].

2. ACTUAL SITUATION IN SLOVAKIA

The integration of children with special needs has long been a school reality in Slovakia, as in most other countries. Although the legislative framework for integration and its real forms differs from country to country, they are based on a common idea: that part of the pupils who have been educated in special schools due to severe mental or physical functioning can (and should) be integrated into mainstream schools. This aspect of integration in Slovakia is mainly oriented towards children with disabilities. Although integrated education allowed a large number of children with disabilities to attend mainstream schools, it did not meet original expectations. The presence of students with disabilities did not lead to fundamental changes in pedagogical theory and practice. Strict external differentiation (special schools for pupils with disabilities and mainstream schools for regular pupils) has been broken, but this has not led to real internal differentiation.

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Today, the approach is changing, in the process of change we are moving from integration to inclusion, which points to the need for inclusive approaches for all children, to have the conditions for equal education and their otherness to be perceived as positive features in developing their personalities so that they can respect themselves [Ludvigh Cintulová 2019: 21].

Despite the fact that the legislation of the Slovak Republic in the field of education in relation to national minorities and ethnic groups is not segregating, in the long run we have not been able to create an inclusive school environment for these students. The proof is the long-term unsatisfactory results of their education [Ludvigh Cintulová et al. 2022: 3].

It is often argued that progressing toward inclusion is difficult when even the process of integration remains incomplete. This raises an important question: should efforts focus on optimizing integration before shifting toward inclusion, or should integration be set aside in favor of building inclusive systems from the outset? From the perspective of inclusion, it is valuable to examine the existing integration measures that shape the education of children with special needs [Špotáková et al. 2018: 25].

Options for inclusion:

- The presence of children from different backgrounds is an opportunity for children's interactions, which differ significantly in some areas, to learn what unites us, despite the differences, it is a chance for children to experience that otherness is normal.
- The recognition of special educational needs can be the basis for the acceptance of natural diversity in educational pathways, which must be met.
- The cooperation of a teacher, a special pedagogue and a teacher's assistant can be an important step in forming an inclusive team.
- Experience with the development of an individual educational program can be an inspiration for differentiated teaching.

Risks for inclusion:

- Diagnosing special needs can confirm the idea of two more or less homogeneous groups ("normal" children and children with a disorder). This means not only overestimating differences between groups, but also underestimating differences within groups and is an obstacle to the individualisation of approaches.

- The pedagogical assistant and the special pedagogue, who only deal with a child with a diagnosis, can strengthen the child's exclusion from the peer group and contribute to its stigmatization.
- The individual education program (with the exception of the gifted) focuses on the diagnosed deficit.
- The Education Act provides a detailed taxonomy of differences that can be considered as special educational needs and on the basis of them to give the student an individualized procedure (individual integration with the development of an individual educational program).

However, there is a large group of students who do not meet any of the categories listed in the law and are not entitled to apply special procedures, although they would be beneficial for them [Špotáková et al. 2018: 10].

3. ASPECTS OF INCLUSIVE EDUCATION

Inclusive education means creating in schools for all pupils, without distinction, such conditions for education that will help them to overcome barriers in learning and support the development of their individual potential. An inclusive approach is defined as "the unconditional acceptance of the special needs of all children." Heterogeneity is perceived as normal [Bagalová et al. 2015: 14]. The importance of inclusive education is emphasized by Budayová [2019a: 29], who highlights the moral and ethical dimensions of creating equal opportunities for all children in diverse educational settings.

According to Dirgová [2022, 2023], inclusive education is justified in several respects:

1. **Educational aspects:** inclusive schools must use learning techniques that respond to individual differences and therefore benefit all pupils.

2. **The social dimension:** inclusive schools have the power to change attitudes towards diversity and form the basis for a fairer and non-discriminatory society.

3. **Economic aspect:** it is less costly to set up schools in which all pupils can be educated together than to constantly open new schools targeting different groups of children. Budayová [2018: 17] also emphasizes that addressing social exclusion through education contributes to broader societal cohesion and harmony.

The difference between special and inclusive education lies mainly in the perception of the cause of the difficulties that a child may encounter in education and thus in the perception of the concept of SEP. On the one hand, it is possible to think that the source of the problem is the child himself, who needs to be separated from other children and paid special attention to him (medical model). On the other hand, the opposite perception is also possible – those educational difficulties are not caused by disadvantages borne by the pupil himself, but by his "failure" as a result of how schools work and teachers who do not have the capacity to respond adequately to their differences and effectively help him to overcome barriers – a social model [Booth, Ainscow, 2002; Ainscow, César, 2006]. Budayová [2017: 22] points out that these systemic barriers often perpetuate cycles of exclusion, particularly for marginalized groups such as the Roma community.

Highly qualified professionals are necessary for inclusive education. If teachers and other education professionals are to be prepared for inclusion, changes are needed in all aspects of training – in training programs, daily practice, funding, etc. The next generation of teachers and education professionals must be prepared to be able to teach all children/pupils. Teaching and professional staff must be trained not only in competence but also in ethical values. Budayová [2019b: 14] stresses the importance of training professionals to address the specific needs of socially excluded individuals effectively.

Zelina [2012: 9] confirms in words that: "...in previous years, the main paradigm of upbringing and education of disadvantaged children was integration. It meant the joint education of children with disabilities, children from disadvantaged backgrounds, other ethnic groups, children of different mental levels and the like in mainstream primary schools." The inclusive paradigm of education is to accept the diversity of pupils. Diversity is taken for granted. One of the basic characteristics of inclusion is the heterogeneity of students in the classroom, which means that there is no need to achieve the same goals with all students. To distinguish the term integration from the term inclusion, e.g., in Germany, the concept of integration is increasingly perceived as assimilation. Rather, integration was perceived (and perceived) as the coexistence of two or more groups, subgroups in the classroom, school, community, society, where the intentionality was to gradually draw minority groups (minorities) or different individuals, to assimilate into the majority culture [Tomanek, 2019].

The education and training of the growing generation must, on the one hand, focus on humanism and democracy, on the other hand, be

bound by the requirements of a performance-oriented society and take into account that profit-oriented individual performance is important in the labour market and determines social status [Zelina 2012: 13]. Budayová [2020: 16] advocates for balancing these competing demands by prioritizing family-centered approaches that foster both academic and social development. Inclusion is often identified with integration, or inclusion is considered a higher degree of integration. Inclusion presents that disadvantaged students can be fully integrated into general schools, and schools' ways and methods of education should be based on their abilities and not incapacities. Inclusion includes:

a) physical integration – pupils with disabilities are in classes with pupils without disabilities,
b) social integration – there are pupils from different social groups in the class,
c) instructional integration (teaching, didactic) – education is based on students' needs and not on predetermined curricular standards [Klein et al. 2012: 8]. Budayová [2018: 4] highlights that inclusive instructional strategies can significantly benefit all students, particularly those from disadvantaged or marginalized communities.

Kocurová et al. [2002: 31] perceive the differences between integration and inclusion in the school environment as follows:

Integration:
- Focusing on the needs and specifics of the individual from a disadvantaged environment.
- Professional approach of specialists and special intervention.
- An approach focused on an integrated Roma child and education tailored to his needs.
- Partial change of environment, but special education programs introduced.
- Evaluation and assessment of a Roma child by a professional team.

Inclusion:
- Education is aimed at all members of the group.
- Teachers' professional approach and intervention replaced by an inclusive environment and school approach.
- Development and benefit is oriented towards all children.
- Focus on the group and the class, not just the integrated student.
- The teacher's strategy is supported for the development of educational goals in class.
- The evaluation is carried out by a teacher who focuses on educational factors.

The current problem of the low standard of the educational system for pupils from socially excluded communities is that it is not a flexible system and the primary schools do not only provide an educational but also a space to socialize for children. It is important to create a functioning education strategy that will not only respond to specific aspects of the personality of children from excluded communities, but will also be able to create a stimulating environment for them to develop. The emergence of socially excluded communities is the result of several factors; some examples are the low social status of families, low level of parental education and school aspects in the locality where primary school is associated with segregation [Rác, Ludvigh Cintulová 2021: 12].

4. RESEARCH

The main purpose of the research is to map the current situation of inclusive education of Roma children in Slovakia, while analysing the development of approaches from integration to inclusion, which has different goals of focus and approach to disadvantaged groups of children.

The basic method of data collection is interview as the main tool of qualitative research, with the help of which primary school teachers were involved in the research, in which an inclusive approach in the education of Roma pupils is promoted.

Teachers were selected for the research based on their direct experience with inclusive education practices for Roma pupils in primary schools across Slovakia. The primary method of data collection was qualitative research through interviews, allowing for an in-depth understanding of teachers' perspectives. The research sample included 25 primary school teachers, aged 40–55, with 8–12 years of practical teaching experience. The selection process emphasized the connection between teachers' professional and practical experience with Roma communities and the attitudes they promote in the school environment. Data collection took place between May and June 2021, capturing valuable insights into the evolving landscape of inclusive education.

Research limits

While the research provides valuable insights into the inclusion of Roma children in Slovak primary schools, several limitations should be considered. First, the sample consisted of 25 teachers from a specific age and experience range (40–55 years old, with 8–12 years of practice), which may limit the generalizability of the findings to younger or less experienced educators. Additionally, the research relies on self-reported

data from interviews, which can be influenced by personal biases or social desirability. The study also focuses on teachers' perspectives, without incorporating the voices of Roma students, their families, or other stakeholders, which might provide a more comprehensive understanding of the inclusion process.

Research questions:

RQ1: How does inclusive education look like in Slovakia?

RQ2: What are the barriers of inclusive education of Roma children?

RQ3: What is the practical work with the Roma children in school environment?

5. RESULTS

Data were analysed by open coding to find the answers to research questions.

Table 1.

How does inclusive education look like in Slovakia?

Category	Codes	Expression
Active approach There is school team responsible for the inclusion strategy	Inclusive approach Positive thinking Cultural diversity Differences as advantage	"In our school, we support inclusion, not only integration" "We support learning needs of each child and differences are accepted as cultural diversity that is good"
Problematic approach Searching for problems due to no readiness of the school to implement inclusive education directly	Roma children as a problematic group No inclusive approach No believe in the Roma future and development Limitations	I can not imagine this us many parents do not agree to have Roma children in basic class" "Roma people are problematic and their special needs make them different" "It is worth of time to work with them as there are no perspective of change". "We bring up children with less perspective to be succeed in the future" "The Roma has their limitations due them they are stucked and blocked."
Segregation approach Only Roma children in school environment	Segregation still supported Integration of Roma children with different family background	"There are still so many Roma children segregated especially in the east of Slovakia." "The integration at school is still more concrete than inclusion"

Source: own research

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The results have found the three basic approaches to the inclusion of Roma children in the school environment that open or close their possibilities to be better developed and skilled, each approach is based on the personal or professional attitude and practical experiences in the field of the work with the Roma people which are transferred to the strategies of the inclusion at school.

Table 2.

What are the barriers of inclusive education of Roma children?

Codes	Barriers of inclusive education
Strategies and management	Absence of strategies of inclusive education and its implementation in a practice and also willingness of heads of the school
Missing school Roma assistants	Missing bridge between Roma children and important adults making decisions to avoid misunderstanding and support mutual respect and acceptation in the way to inclusion
Weak preparedness and lack of trainings	No awareness and professional skills in the field of inclusive education, lack of knowledge, skills and attitudes to make inclusive education in the right way
Misunderstandings	Adults do not understand differences between integration and inclusion and its aims in the real life
Myths about Roma	These prejudices and myths about Roma make a great impact on the attitude and approach of the teacher
Lack of community services	Community services can help overcome barriers on the side of the Roma and support school attendance, motivation to achieve learning goals and inclusive education

Source: own research

The results of the research showed the basic barriers that have a negative impact on the development of inclusive education in mainstream schools, stemming from the outdated education system and low ability to implement strategies and rules of inclusion, mixing integration and inclusion together, lack of trainings, Roma assistants and management strategies.

The inclusion of a teacher's assistant among the pedagogical staff of schools (with special emphasis on the highest possible representation of Roma) and their work with the family will contribute to changing parents' attitudes to the value of education and especially to increase parents' trust in school. Teachers' assistants also help to involve families in the activities of schools aimed at strengthening cooperation with chil-

dren's families, and through their activities they also influence parents' views on the perception of the value of education. Teacher assistants address overcoming the linguistic, social and cultural barriers of socially disadvantaged children in the school staff and are an important factor in creating inclusive education.

Table 3.

What is the practical work with the Roma children in school environment?

Code	Category	Description
Creation of aids in the Romani language	Resource Development	Developing educational materials in the Romani language to support linguistic inclusion and identity.
Creation of aids for children with special needs	Resource Development	Designing adaptive learning tools and resources to meet the individual needs of students.
Cooperation with a Roma assistant	Collaboration and Support	Working with Roma teaching assistants to bridge cultural gaps and foster stronger family-school ties.
Curriculum structure and its modification	Curriculum and Learning Design	Adjusting the curriculum to reflect diverse learning needs and promote inclusive practices.
Creation and implementation of educational goals	Curriculum and Learning Design	Setting personalized educational goals and tracking progress to support each student's development.
Communication with the Roma people	Communication and Relationship Building	Engaging in meaningful, respectful communication with Roma families and communities to build trust.
Individual educational plan and its implementation in practice	Individualized Support and Planning	Creating and applying tailored educational plans to address students' unique abilities and challenges.

Source: own research

The findings highlight a stark reality: while pockets of progress exist, the inclusive education of Roma children in Slovakia remains inconsistent and fragmented. The presence of an *active approach* in some schools demonstrates the potential for successful inclusion, but the persistence of *problematic* and *segregation approaches* strongly suggests that systemic change is still needed.

One of the most critical factors for successful inclusion appears to be the presence of Roma teaching assistants. These assistants serve as cultural mediators, helping to bridge linguistic, social, and cultural divides while fostering trust between families and schools. Strengthening this

role – and increasing the representation of Roma staff – could be a powerful step toward transforming school environments.

Teacher training also emerged as a crucial gap. Without adequate professional development, even well-intentioned educators may struggle to implement inclusive practices effectively. Training programs focused on cultural competence, inclusive pedagogy, and the distinction between integration and inclusion can provide teachers with the tools and confidence needed to foster more equitable classrooms.

The persistence of myths and stereotypes about Roma communities remains a significant obstacle. Addressing these biases through ongoing reflection, community engagement, and education is essential for dismantling the prejudices that hinder inclusive practices. Teachers also need to collaborate with local community services to provide holistic support for Roma children and their families, addressing issues like poverty, discrimination, and limited access to resources.

From the above table it is quite clear that the knowledge necessary for the education of pupils with special needs is lacking in most pedagogical staff. There is a lack of knowledge in the field of creating aids, didactic material for students from Roma communities in their language, identification of goals according to the individual abilities of pupils and more.

The inclusion of a teacher's assistant among pedagogical staff (with special emphasis on the highest possible representation of Roma) and their work with the family will contribute to changing parents' attitudes towards the value of education and especially to increasing parents' trust in school. Teacher assistants also help to involve families in school activities aimed at strengthening cooperation with children's families, and their activities also influence parents' views on the perception of the value of education. Teacher assistants address overcoming the linguistic, social and cultural barriers of socially disadvantaged children in the kindergarten team and are an important factor in creating inclusive pre-primary education.

6. DISCUSSION

The research was of a retrospective nature and sought the opinions, attitudes and experiences of pedagogical staff on the above-mentioned domains, which relate to practical inclusive education. It turned out that for the successful implementation of this strategy are important not only legislative and methodological procedures, but especially people - school staff willing to take responsibility for inclusive education and

solve problems that arise in its implementation, or provide recommendations and suggestions for improvement.

The low level of formal education achieved is one of the reasons for the difficult access of members of marginalized Roma communities to society and the labor market. A large group of Roma under the age of 15 does not complete compulsory school attendance, often due to family relationships, but also to a segregated way of education in which they do not find positive role models.

As many as 16.73% of the population of identified Roma settlements have not even completed primary school, 28.05% have only basic education, only 4.98% have completed secondary school and 0.18% have completed university [Klein 2018: 9]. The main causes of early school leaving (and thus low educational attainment) include a high percentage of unprepared and incapacitated socially disadvantaged children entering primary school. This situation is mainly due to the low level of training of Roma children in kindergarten, which reaches 34% compared to non-Roma children – 77% [European Union Agency for Fundamental Rights 2016: 1].

Children from socially disadvantaged backgrounds need increased support when entering education system. Research has shown that children from low-school backgrounds who have attended a pre-school facility have much less adaptation problems in further education, a better chance of graduating from primary school and then continuing into secondary school. They are also less likely to be included in the special education system due to insufficient cognitive abilities [Korčeková 2013: 11].

At todays, volunteering become part of the school environment and it can help to support inclusion, because children and youth can participate in the volunteering programme where there are no differences in the groups, they are working on the same aim – make a good and feel good. This can help to open supportive environment for the inclusion as well [Ludvigh Cintulová et al. 2021: 60]. Pavlovičova et al. [2024] focused on the study on the aspects of general poverty that plays important role in the social inclusion. People from Roma community are not used to ask for social care services and the most of the family care is provided within the community. Impact of the poverty is visible among generation living [Pavlovičova 2024].

Social work is a part of society development same as the searching for effective solutions which significantly contributes with its activities, such as preventive programs, professional counselling, etc. [Rác 2021: 7].

7. CONCLUSION

The research highlights the complex and multifaceted landscape of inclusive education for Roma children in Slovakia, revealing both opportunities and persistent barriers. Three distinct approaches to inclusion emerged – an active approach that embraces diversity and sees differences as an asset, a problematic approach rooted in negative perceptions and limited belief in change, and a segregation approach that perpetuates exclusion. These approaches are closely linked to teachers' personal attitudes, professional experiences, and the strategies implemented at the school level.

Despite some positive efforts, significant obstacles hinder the full realization of inclusive education. The absence of clear implementation strategies, lack of school management support, missing Roma teaching assistants, and insufficient teacher training contribute to the gap between policy and practice. Misunderstandings about the differences between integration and inclusion, coupled with persistent myths and prejudices about Roma communities, further reinforce exclusionary practices.

Practical work with Roma children remains limited, with many teachers reporting low to medium levels of competence in key areas such as creating tailored educational materials, modifying curricula, and effectively implementing individual educational plans. The findings emphasize the critical role of Roma teaching assistants in bridging cultural, social, and linguistic gaps, fostering trust between families and schools, and facilitating better communication and cooperation.

For sustainable progress toward inclusive education, systemic changes are necessary. This includes comprehensive teacher training focused on inclusive practices, the development of targeted educational aids, and the consistent involvement of Roma assistants as cultural mediators. Additionally, school management should actively promote inclusion, ensuring that strategies are not only developed but effectively translated into everyday practice.

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