

Applying language Competences when working with Ukrainian Refugees in helping Professions

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Abstract:

The topic of linguistic competence and its practical, creative and, above all, effective application in practice is an extremely important one. It becomes a particularly important and sensitive topic in helping professions, where language needs to be handled with the utmost precision, efficiency and appropriateness.

Among the basic premises of the conducted research, we rank a number of factors that influence and shape the communication and understanding process itself. The most important

factors that constitute the research starting points are: the **effectiveness of communication**, which represents the degree of understanding and the ability to communicate with each other; the **barriers and communication challenges** that cause difficulties in communication or make it impossible, and these barriers need to be overcome in order to provide assistance in an effective way; **cultural sensitivity**, which refers to the degree of work sensitivity that occurs in multicultural communication, taking into account the cultural differences of environments; **education and professional development**, which highlight and reflect the need for language competence and foreign language teaching for flexible communication and language competence management in professional life.

Set and Methods

Targeted respondents directly involved in the care of refugees from Ukraine participated in the survey. All the respondents work in the fields of health and social work, which are the disciplines that have been at the frontline of providing emergency health and humanitarian assistance. The sample consisted of 100 undergraduate social work respondents and 100 undergraduate health respondents. The other part of our study sample was 100 respondents from the field of social work in the work process and 100 respondents from the field of health care in the work process. The total number of research participants was a sample of 400 respondents. We conducted the survey in the period September 2022 - October 2023 in the form of an anonymous questionnaire, purposively selecting social work and health professionals who have experience working directly with refugees from Ukraine.

Introduction

Since the outbreak of war in Ukraine in February 2022, several million Ukrainian refugees have fled their homes and sought refuge in all countries of the European Union and beyond. War refugees from Ukraine have brought with them the stress and trauma of the environment from which they fled. They have escaped life-threatening situations and lost family members, but even the transit itself was a stressful event for them. They were frightened, vulnerable and paralyzed by the change. The uncertainty of social security and the legal status in a new country, poor living conditions, and a lack of resources and food added to their stress. Since the beginning of the Russian invasion of

Ukraine, approximately 8 million refugees have fled to neighbouring European countries. In response to this humanitarian crisis, the European Commission's Temporary Protection Directive 2001/55/EC [1] was activated for the first time, allowing immediate access to health care for Ukrainian refugees. The practice of caring for refugee patients varies in different European countries, as co-payments for medicines and medical services, mental healthcare and dental care programmes are different in each country. According to statistics from the Ministry of the Interior, there were approximately 38,000 Ukrainian refugees in Slovakia in June 2023. If we apply the average 2022 health care costs of Slovak insured persons to them, we estimate that their full health care needs would amount to approximately €33.1 million, which is 0.6% of last year's healthcare expenditure (assuming that Ukrainian expatriates have similar health problems and would receive health care in the same way as the majority).

Because potential vulnerability exists for all refugees and the intersection of multiple vulnerabilities creates unique cases, governments should take vulnerability into account when providing assistance to all refugees and should explicitly protect the rights of vulnerable migrants through their national laws and policies. Based on their recognized status, refugees from Ukraine have varying degrees of access to and scopes of healthcare. They are entitled to urgent healthcare, but the Ministry of Health may determine the scope of medical procedures reimbursed beyond urgent care. "If they obtain permanent or temporary residence, they are entitled to the full range of health care, and Slovak providers are obliged to

conclude a health care agreement with these patients. However, most of the refugees have the status of temporary refuge, i.e., they are only entitled to urgent and necessary health care,” notes a study by the Institute of Health Analysis (IZA) under the Ministry of Health.

During each refugee wave, health and social workers were constantly on the ground providing health and social assistance. Social workers were expected to provide social services, humanitarian assistance and to work with people with whom they could not speak directly, which may have affected the quality of services provided. Ideally, the social worker would have knowledge of the refugee’s specific mother tongue or they could find another language that both parties understand. In most cases, however, interpretation is needed.

The role of the interpreter is very important in such a sensitive process, as the refugee understanding the problem he/she is facing and consequently the social worker’s assistance and interventions depend on the interpretation. The interpreter can be a great help, but also a burden. An experienced interpreter can help overcome language and cultural barriers and enable the social worker to better understand the needs of the refugee migrant. However, if the interpretation is of poor quality, incomprehensible or inadequate, information can be distorted, misunderstood and misinterpreted. In this case, trust and respect can be broken, which can lead to mutual conflict or to the termination of social work and assistance provision. The choice of the interpreter, his/her qualities and skills are therefore crucial in social work with foreigners. When choosing an interpreter, it is important to consider various factors such as age, gender, religion, etc.

Language and the ability to both communicate and understand each other is an imaginary building block on which we can then build (Okech, Otieno, V. 2017). All cooperation and the subsequent provision of social and humanitarian aid depend on understanding. If we understand every single human life as an activity that is carried out by human beings, an essential part of it is communicative language (Muránsky, 2018). Therefore, as a result of the ability to speak a foreign language, we point out the need for education in a foreign language and the importance of communication.

According to the results of the sociological study Language Competence in Slovakia (<http://www.goethe.de/ins/sk/bra/sk7654856.htm>), which was prepared and published in May 2011 by the Institute for Public Affairs, 89% of the young population of Slovakia in particular is convinced that it is not enough to know only English in order to do well in employment. However, in the 2011/12 school year, the teaching of English as the first compulsory foreign language was introduced in Slovakia, and there are discussions about dropping the teaching of a second foreign language in primary school. SUNG – The Society of German Language Teachers and Germanists of Slovakia, ARS – The Association of Russian Studies in Slovakia, SAUF – The Slovak Association of Teachers of French and AESPE – The Slovak Association of Teachers of Spanish have therefore decided to initiate a public discussion on the current forms of language education in Slovakia, the need to master several foreign languages and the advantages of multilingualism, as well as the possible pitfalls of the current changes in the teaching of foreign languages.

Foreign language as a means of substantive communication has its own specific features, which result primarily from its use as a means of mutual communication between members of individual socio-professionally defined groups, as well as its use among individual groups. The demands placed on substantive communication are also reflected in the demands placed on language teaching as a means of this type of communication. Additionally, they influence the foreign language training of university students, as well as the training of professionals - both practitioners and theoreticians in relevant fields.

The aspect of international communication serves to develop and consolidate linguistic competences such as fluency and writing and deepen grammatical structures within professional language and its lexical and stylistic aspects. Emphasis is also placed on mastering the terminological base of a foreign language, its translation into Slovak and the expression of the Slovak terminological base of the discipline in the respective foreign language.

The aim of this study was to find out the linguistic competence of students in undergraduate studies, their practical skills and experience with

the application of a foreign language in practice. Subsequently, we wanted to find out what language skills are possessed by employees in the health and social spheres, since due to the influence of migration flows to Europe, the Slovak Republic has become a country with an influx of migrants from all over the world. Consequently, it is necessary that people working in the social and health spheres possess sufficient language competences.

Language teaching usually aims to prepare graduates to function smoothly in the environment of both the target discipline and the target country. The language system in the target country has emerged as a consensus of codifiers and users of a given language who have agreed on the meanings of the various units of the language.

Ultimately, every communication is the result of mutual agreement and respect of the communicators (Laca – Laca, 2020). In teaching a foreign language as a means of professional communication, there comes a moment when the student learning a foreign language not only demonstrates the ability to practically use textual models, but above all, demonstrates his/her ability to be creative in this language and show his/her potential to convey his/her own thoughts and ideas.

Research

One main aim of the research is to find out more about the use of language competence in helping professions in crisis situations, with a focus on the application of foreign languages in crisis situations (refugee crisis). Another main aim is to identify language competence in working with refugees.

Sample of respondents

The survey targeted respondents in the workforce from the fields of health, social work, psychology and volunteering. The sample consisted of 100 respondents from health care, 100 respondents from social work, 15 respondents from psychology and 50 student volunteers. All respondents worked with and assisted Ukrainian refugees in humanitarian centres and detention camps. They also provided health care and humanitarian aid to this target group.

The survey was conducted between September 2022 and October 2023 in the form of an

anonymous questionnaire. Questionnaires were sent out to respondents with questions related to foreign language skills and their use in practice. The total number of questionnaires distributed was 400, and the return rate was 320 (80%) questionnaires. Incomplete questionnaires were excluded from the analyses, and the final number was 265 fully completed questionnaires, representing 66.25% of the research sample.

Statistical processing

We used descriptive statistics to describe the population. Since all our data are categorical, we used frequency tables. For statistical analysis, we used the Chi-squared test of homogeneity with a significance level of $\alpha = 0.05$.

Results

The survey sample consisted of 100 social work respondents, 100 health care respondents, 15 psychology respondents and 50 student volunteers. We further stratified the in-service respondents by age, namely, respondents up to and including 40 years of age (age ≤ 40 years) and respondents over 40 years of age (age > 40 years). There were 45 respondents in the health care work process in the age category up to and including 40 years and 55 respondents in the age category above 40 years. In the social work work process, there were 22 respondents aged up to and including 40 years and 78 respondents aged over 40 years. In the work process in the field of psychology, there were 8 respondents up to the age of 40 years, and in the age over 40 years there were 7 respondents. Fifty volunteer respondents, all under the age of 25, also participated in the survey. The oldest respondents were in the social work group.

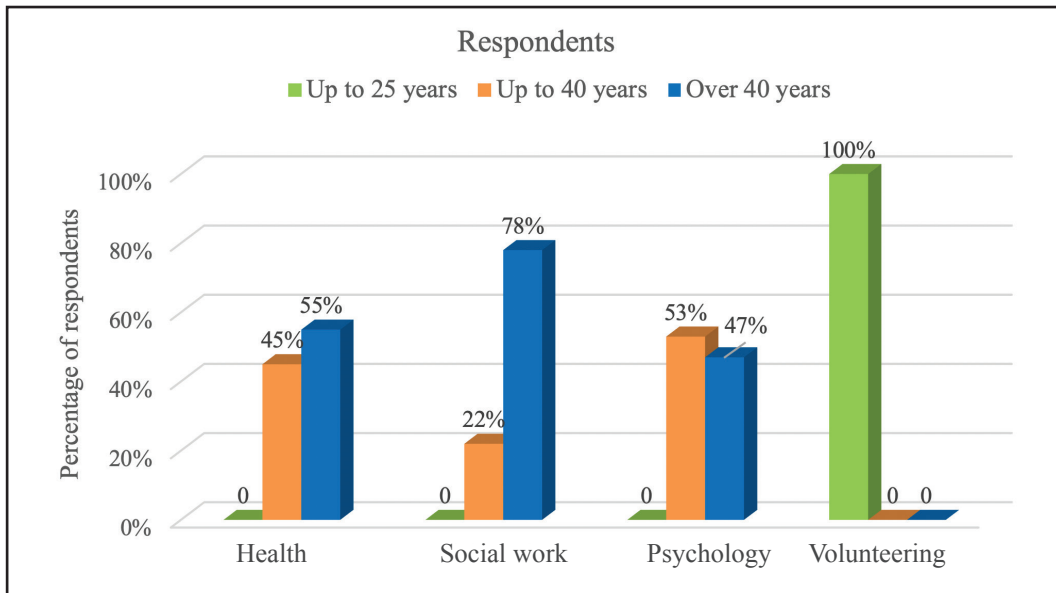
The age distribution of respondents in each job category is shown in Figure 1. Following Figure 1, we present the processed responses to the questions from the distributed questionnaire.

Question: Communication level and foreign language skills

In the health care work process, out of 45 respondents under the age of 40, 33 respondents are proficient in at least one foreign language, and 15 of them are proficient in two or more foreign languages.

In the social work work process under the

Figure 1 Age of respondents in different job classifications



age of 40, 17 respondents out of 22 know at least one foreign language, and 11 know two or more foreign languages.

In the work process of psychology, 8 respondents under the age of 40 answered that they know at least one foreign language, and 3 respondents know two or more languages.

In the age group over 40 years in the health care work process, 38 respondents out of 55 know at least one foreign language, and 13 of them know two or more foreign languages. In the social work workforce over 40 years, 69 out

of a total of 78 respondents speak at least one foreign language, and 28 speak two or more foreign languages. In the work process of psychology, out of a total of 8 respondents over the age of 40, 7 respondents answered that they know at least one foreign language, and 2 respondents know two or more languages. In the area of volunteering, all of them have proficiency in at least one foreign language, and 16 have proficiency in two or more languages.

The language proficiency of the respondents is detailed in Table 1.

Table 1 Language proficiency of respondents

Age	Work process						Volunteering	
	Health		Social work		Psychology		Any language	At least one language
	Any language	At least one language	Any language	At least one language	Any language	At least one language		
Up to 25 years	-	-	-	-	-	-	0	50 (100%)
Up to 40 years	12 (26,7%)	33 (73,3%)	5 (22,7%)	17 (77,3%)	0	8 (100%)	-	-
Over 40 years	17 (30,9%)	38 (69,1)	9 (11,5%)	69 (88,5%)	0	7 (100%)	-	-
Together	29 (29%)	71 (71%)	14 (14%)	86 (86%)	0	15 (100%)	0	50 (100%)

The table below shows the numbers and % of respondents in the age categories of each job classification.

As Table 1 shows, the highest proportion of respondents who know at least one foreign language was in the volunteer group and in the group from the field of psychology, where all respondents (100%) know at least one foreign language. In the field of social work it was 86%, and in the field of health care it was only 71%. There was a statistically significant difference in language proficiency between the groups by area of work, $p < 0.001$.

There was also a statistically significant difference between age groups ($p = 0.002$). In the youngest age category, all respondents (100%) know at least one foreign language. In the over 40 age category it is 81.4%, and in the 26-40 age category 77.3% of the respondents know at least one foreign language.

Question: Use of a foreign language in the work process

The answers to this question are presented in Table 2.

When asked about the use of a foreign language in practice by respondents in the work process in the health sector, out of 45 respondents under 40 years of age, 10 respondents use a foreign language in their profession regularly, 22 respondents answered sometimes and 10 respondents do not use a foreign language in their profession at all. In the age category over 40 years, 22 out of 55 respondents use a foreign language in their profession regularly, 12 respondents sometimes and 22 respondents do not use a foreign language in their profession at all.

In the social work workforce under the age of 40, all 22 respondents interviewed reported

that they only practice language skills in their profession sometimes. In the over 40 years category, 8 out of the total 78 respondents use a foreign language in the practice of their profession regularly, 26 respondents use a foreign language sometimes and 44 respondents do not use a foreign language in their profession at all.

In the psychology work process, all interviewees, regardless of age, communicate with clients in a foreign language at least sometimes. In the age category up to 40 years, 5 respondents use a foreign language in regular communication, and only 3 respondents answered that they only sometimes communicate in a foreign language in the performance of their work. In the age category over 40 years, 2 respondents answered that they use a foreign language in practice on a regular basis, and 5 respondents use a foreign language for communication only sometimes.

In the area of volunteering, 32 respondents use a foreign language regularly, and 18 respondents said that they use a foreign language when carrying out their work only sometimes.

The graph in Figure 2 shows the use of a foreign language in practice in different work processes, regardless of age. As can be seen from the graph, volunteers (64%) communicate most regularly with clients in a foreign language. After this comes employees in the psychology work process (47%) and is followed by employees in the field of health care (40%). Employees carrying out social work (only 8% of respondents) use foreign language communication in practice the least. In the group of respondents in the field of social work, 44% of respondents stated that they do not use a foreign language for commu-

Table 2 Use of a foreign language in practice

	Work process						Volunteering
	Health		Social work		Psychology		
	Age ≤ 40 years	Age > 40 years	Age ≤ 40 years	Age > 40 years	Age ≤ 40 years	Age > 40 years	Age ≤ 25 years
Yes, regularly	10 (22,2%)	30 (54,5%)	0 (0%)	8 (10,3%)	5 (62,5%)	2 (28,6%)	32 (64%)
Sometimes	25 (55,6%)	8 (14,5%)	22 (100%)	26 (33,3%)	3 (37,5%)	5 (71,4%)	18 (36%)
No	10 (22,2%)	17 (30,9%)	0 (0%)	44 (56,4%)	0 (0%)	0 (0%)	0 (0%)

The table below shows the numbers and % of respondents by age in each work process.

nication at all. There is a statistically significant difference ($p < 0.001$) between the groups of respondents according to their work occupation when it comes to the use of foreign language in communication with refugees.

Similarly, in Figure 3 we can see how the frequency of using a foreign language in their work varies by age. The largest number of respondents using a foreign language in their work is in the

under 25 group, which is the same as the number of respondents in the volunteer group. This is logical as all respondents under 25 were only in the volunteer group. Therefore, we only made comparisons of foreign language use in practice between the under 40 and over 40 groups. Again, there was a statistically significant difference ($p < 0.001$) between the under 40 and over 40 respondents.

Figure 2 Use of a foreign language by occupation

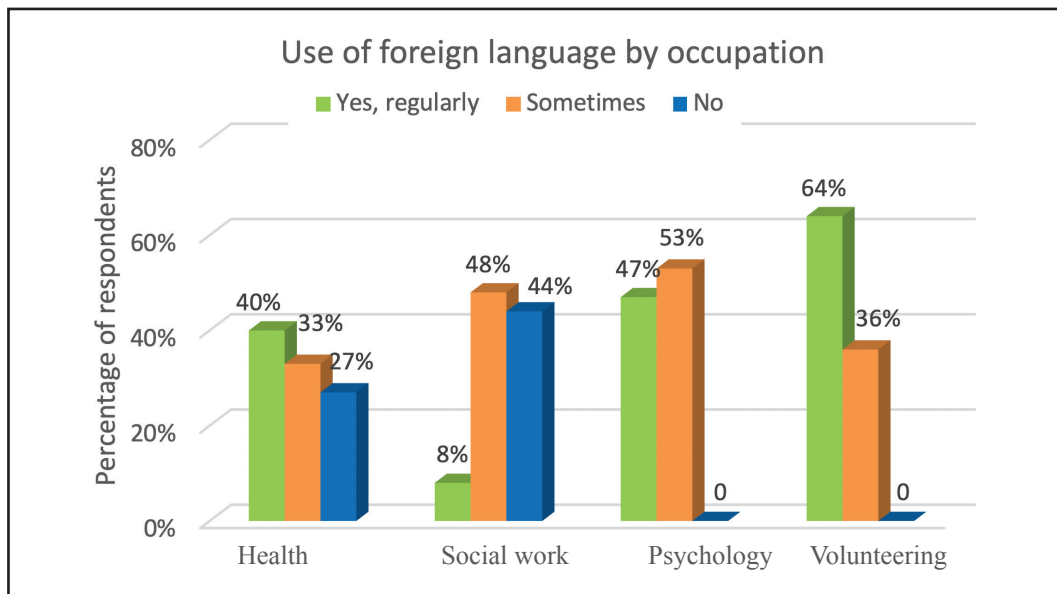
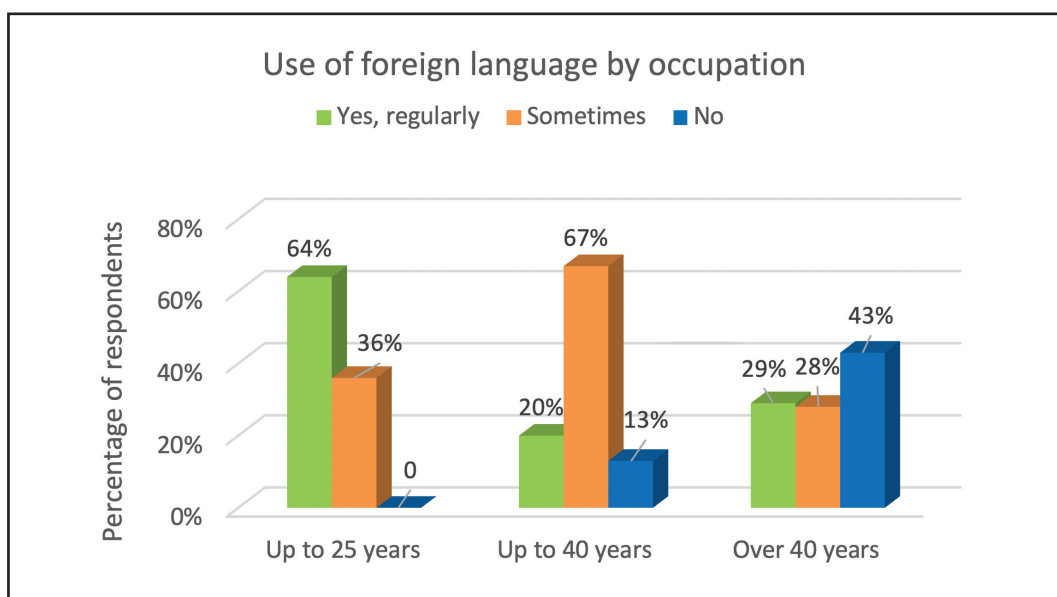


Figure 3 Foreign language use by age



Question: What foreign language have you used in your work with Ukrainian refugees (if you have used more than one, please tick all that apply)

The next question asked which language respondents used in their work: English, Ukrainian, Russian, interpreting, or another language. The answers to this question are presented in Table 3.

English was the language most frequently used by respondents in all categories, by both work process and age. Overall, out of 265 respondents, 221 respondents used English, which is 83.4%. Interpreting into a foreign language was also frequently used, and in our study there were in 98 (37%) respondents reporting having done this. Not a single respondent in the analysis set reported using another language. Ukrainian and Russian languages were equally used by 30 (11.3%) respondents.

Question: What kind of assistance have you provided to Ukrainian refugees (if you have used more than one form, please tick all that apply)

The responses of respondents from the work process - all three forms - are presented in Tables

4-6. While respondents in the Health work process provided only basic health care to Ukrainian refugees, respondents in the Social Work work process, in addition to basic counselling, also provided humanitarian assistance, crisis intervention and dealt with refugees in terms of accommodation. All 15 respondents in Psychology provided counselling, crisis intervention and consultations. As for volunteers, all 50 provided humanitarian assistance to refugees, arranged leisure activities and assisted with data collection.

Question: Improving the level of foreign language proficiency

When asked whether the respondents would like to improve and increase their level of language skills for their profession, all respondents answered unanimously “yes”.

Conclusion

Foreign language as a means of substantive communication has its own specific features that result primarily from its use as a means of communication between members of individual socio-professionally defined groups, as well as between these groups.

Table 3 What kind of language did you use when working with refugees?

Language	Work process						Volunteering
	Health		Social work		Psychology		
	Age ≤ 40 years	Age > 40 years	Age ≤ 40 years	Age > 40 years	Age ≤ 40 years	Age > 40 years	Age ≤ 25 years
English	33 (73,3%)	38 (69,1%)	17 (77,3%)	68 (87,2%)	8 (100%)	7 (100%)	50 (100%)
Ukrainian	0 (0%)	0 (0%)	5 (22,7%)	6 (7,7%)	3 (37,5%)	0 (0%)	16 (32%)
Russian	10 (22,2%)	0 (0%)	6 (27,3%)	12 (15,4%)	0 (0%)	2 (28,6%)	0 (0%)
interpreting	22 (48,9%)	20 (36,4%)	10 (45,5%)	15 (16,2%)	8 (100%)	7 (100%)	16 (32%)
Other language	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

The % share is calculated from the actual number of respondents in each category.

Table 4 Health work process

What kind of assistance have you provided to Ukrainian refugees?	Age ≤ 40 years		Age > 40 years	
	number	%	number	%
Basic health care	45	100%	55	100%
Specialised health care	0	0%	0	0%

Table 5 Work Process - Social Work

What kind of assistance have you provided to Ukrainian refugees?	Age ≤ 40 years		Age > 40 years	
	number	%	number	%
Basic advice	22	100%	78	100%
Specialised advice	0	0%	0	0%
Crisis intervention	20	90,9%	50	64,1%
Humanitarian aid	22	100%	70	89,7%
Accommodation	15	68,2%	49	62,8%

Table 6 Work Process - Psychology

What kind of assistance have you provided to Ukrainian refugees?	Age ≤ 40 years		Age > 40 years	
	number	%	number	%
Advice	8	100%	7	100%
Crisis intervention	8	100%	7	100%
Consultation	8	100%	7	100%

The conducted empirical investigation was carried out on respondents working with refugees from Ukraine, and the respondents came from the field of social work and health care. Volunteers providing assistance to refugees were also involved. The research provided us with results regarding foreign language proficiency, communication levels and use in practice.

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