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Author: Michal Olah

## *The Role of spiritual Values in Social Work* Original Articles

- ✓ THE PREDICAMENT OF THE YOUNGER GENERATION
- ✓ SOCIAL WORK FOUNDATIONS IN MENTAL HEALTH CARE – QUANTITATIVE RESEARCH
  - ✓ ATTACHMENT IN PERSONALITY: CONTEMPORARY CHALLENGES
  - ✓ PSYCHOLOGICAL AND SOCIAL DIMENSIONS OF CARING FOR INJURED CHILDREN IN PROFESSIONAL FAMILIES
  - ✓ THE IMPACT OF ANXIETY AND DEPRESSION ON THE QUALITY OF LIFE OF THE UNIVERSITY STUDENTS: THE SLOVAK EXPERIENCE
  - ✓ USING HUMOR IN DIDACTIC MATERIALS FOR ELEMENTARY SCHOOL: POSSIBILITIES OF COMPUTER TECHNOLOGIES
- ✓ ON CALL-DUTY OF MEDICAL PROFESSIONALS – CHANGING THE PARADIGM OF ITS ASSESSMENT AS A RESULTS OF NEW DECISIONS OF THE COURT OF JUSTICE OF THE EUROPEAN UNION
- ✓ YOUTH AND THEIR CURRENT CONCERNS – SOCIAL WORK AND MEDIA AS TOOLS OF INTERVENTION
- ✓ THE ISSUE OF ENERGY-POOR HOUSEHOLDS IN THE SLOVAK REPUBLIC
  - ✓ THE ROLE OF SPIRITUAL VALUES IN SOCIAL WORK – THE CONTEXT OF SUSTAINABILITY

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## Editorial

# The Predicament of the younger Generation

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The Journal of Clinical Social Work and Health Intervention is a distinguished publication within academic circles, providing a valuable platform for the dissemination of innovative research findings from around the globe. The contemporary trends in education and the advancement of critical thinking underscore the necessity for an interdisciplinary approach to addressing the pressing challenges of our era. From a philosophical perspective, the robust concept of ecosystem sustainability represents a paradigm in which partialities from both the natural sciences and the humanities find a firm place, and at the same time, this paradigm offers a creative space for inspiring dialogue beyond the professional mandate of the individual authors of the papers presented. Each issue of the journal presents a range of highly technical perspectives on different issues within ecosystem sustainability, oscillating around a central theme.

An examination of the contents of the latest issue indicates that all the papers included in volume No. 15, Issue 6 are characterised by a common theme: the struggle experienced by the young generation. The questions pertaining to the contemporary young generation are highly valid and pertinent, as they pertain to the teleological dimension inherent in any contemporary reflection and analysis. The quality of the future is, to a certain extent, determined by decisions made in the present. The contemporary young generation is confronted with a future characterised by a multitude of variables that remain to be identified and thus cannot be analysed and incorporated into educational processes, the cultivation of the social atmosphere, the ethical formatting of the media space, the functioning of various institutions, or the incentives that would

improve the functioning of the family. This presents both a challenge and a responsibility for scientific research.

Generation Z, comprising young people born between 1997 and 2012 (Dimock, 2019) and is one of the most distinctive generations in the history of Western society. Shaped by digital technologies, globalisation, and various crises (the threat of climate change, the COVID-19 pandemic, cybersecurity issues, the war in Ukraine), Generation Z has been at the centre of academic debates in various disciplines. This article focuses on the analysis of this generation from the perspectives of sociology, psychology and spirituality.

## 1 A sociological perspective

Sociologists have identified several characteristics that are indicative of Generation Z. A primary trend that has been observed is a high degree of individualism, which is often concomitant with a strong sense of social justice (Twenge, 2017). Generation Z members have been characterised by their upbringing in a world where discussions concerning equality, race and climate issues were prevalent, and this has resulted in them becoming more engaged in these topics.

Nevertheless, the process of digitalisation has also occasioned detrimental outcomes. According to Préra (2019), the prevailing trend of social interaction among Generation Z is characterised by a phenomenon termed “digital loneliness”, a term denoting the tendency for interpersonal relationships to be formed, maintained and communicated via social media platforms. This phenomenon has been shown to have a detrimental effect on the quality of interpersonal relationships, resulting in the emergence of new forms of social inequality.

The constant access to information via the Internet and social networks often causes Generation Z students to prefer superficial information over deep learning and intellectual effort that leads to critical thinking (Smith, 2020). This tendency, as posited by Bloom's taxonomy of learning, often results in their stagnation at lower levels of cognition (Bloom, 1956). This emergent trend poses a grave challenge to contemporary society, a challenge which many scholars are endeavouring to address. Research also suggests that the average length of the ability to concentrate in young people is declining dramatically. As McSpadden (2015) reports, the average attention span has declined from 12 to 8 seconds since 2000, a period which corresponds with the commencement of the mobile revolution.

Contemporary technologies, including online learning platforms, facilitate personalised learning opportunities. As Prensky (2001) observes, digital tools have the capacity to assist students in learning at their own pace and at times that are convenient for them. The contemporary generation of students has a propensity for interactive and collaborative activities. Examples of such activities include project-based learning and problem-solving within teams (Wang et al., 2019). Furthermore, the increasing emphasis on social justice and equity among young people may encourage the education system to adopt a more inclusive approach. Conversely, while the younger generation is often regarded as tech-savvy, a substantial disparity exists among students from different socioeconomic backgrounds. Access to quality equipment and the internet remains non-universal (OECD, 2020). Consequently, the education system faces the challenge of effectively responding to the unique needs of the current generation of young people. A balanced educational model integrating traditional and modern approaches has the potential to unlock students' creativity and engagement while fostering the acquisition of in-depth knowledge. It is therefore vital to ensure that questions remain unanswered to avoid the risk of scientific research and development becoming saturated.

The findings of sociological surveys indicate that the contemporary generation appears to be

the least constrained by conventional norms. This phenomenon is associated with their receptivity to diversity and different cultures. However, it is important to note that this demographic is also facing mounting pressure to construct personal brands and engage in perpetual self-presentation on social media platforms. This phenomenon, as posited by Rideout (2015), can engender a range of psychological challenges, including feelings of anxiety, burnout, a diminution of authenticity, and the development of narcissistic personality disorder.

## 2 Psychological view

From a psychological perspective, the current generation of youth is associated with significantly higher incidences of stress, depression, and general apathy (Twenge et al., 2019). The impact of digital technology and the constant availability of information is causing a strain on mental health (Smith et al., 2021). Notwithstanding this phenomenon, young people of this generation are also becoming active advocates for improved access to psychological help. (Petrovic, et al., 2024). This is evidenced by the efforts to destigmatise psychological and psychiatric interventions, thereby challenging the prevailing social taboo surrounding mental health issues. (Stan-Pavlikova, 2024).

The importance of self-expression and authenticity at all costs is another salient aspect of this generation (Erikson, 1968; Yagil & Medler-Liraz, 2013). Social networks not only facilitate the formation of identity, but also function as a medium for combating stigma and prejudice. This phenomenon is further evidenced by the increasing popularity of mental health movements, signifying that Generation Z places significant emphasis on psychological well-being as a fundamental component of quality of life. Furthermore, Generation Z is distinguished by a strong sense of inclusion and empathy. Psychological studies suggest that their openness to different perspectives contributes to the development of emotional intelligence, making them better at conflict resolution and intercultural dialogue.

Conversely, psychological research has yielded a series of concerning findings that, if disregarded, could potentially lead to deleteri-



ous consequences in the long term. Urukovičova's (2022) study, "Generational differences in narcissism and value orientation" published in the journal *Československá psychologie*, examined the differences in narcissism rates between Generations Y and Z in Slovakia. The results indicated that Generation Y exhibited higher levels of narcissism compared to Generation Z, with males demonstrating higher levels of narcissism compared to females. The study also revealed a positive correlation between narcissism and a preference for individualistic values, and a negative correlation with a preference for collectivistic values, regardless of gender and generational affiliation.

A plethora of studies have indicated that Generation Z young people are frequently regarded as being creative, open-minded and intelligent. Conversely, they are often perceived as lacking in motivation and struggle to overcome obstacles and challenges. Notwithstanding this, a significant proportion of this demographic – up to 80%, according to Mayako (2017) – anticipate that they will need to work harder than preceding generations to achieve success. This attitude may be indicative of a pessimistic outlook towards the future. Conversely, a study by Adecco (2015) posits that contemporary youth exhibit elevated levels of self-assurance and an optimistic perspective towards the future. They are impatient in achieving their goals and extremely creative with an openness to almost limitless innovation.

Recent studies (Shafiq et al., 2024) have indicated a novel phenomenon: the influence of social media and the pressure to attain an idealised appearance is compelling young people to seek aesthetic interventions at an early age. This tendency has been linked to narcissistic tendencies and a desire for recognition.

Conversely, some experts have cautioned against the oversimplification of Generation Z as overly sensitive or self-centred, suggesting a need for nuanced understanding of these complex social and psychological phenomena (Bennett, 2016). It is crucial to acknowledge the significance of individual differences, as not all members of Generation Z necessarily embody these characteristics. While some studies sug-

gest higher rates of narcissism in younger generations, the phenomenon of narcissism remains an open question, and more research is needed to better understand the entire issue.

### 3 Spiritual view

In the context of religion, Generation Z faces unique challenges. According to the Barna Group (2018), trust in institutional religion among Gen Z youth is at an all-time low; yet their interest in spirituality and ethical issues remains strong. The McKinsey Health Institute's global survey (Coe et al., 2024) of 41,000 respondents across 26 countries finds that spiritual health matters to many, regardless of age, country or religious beliefs. Considering these findings, several scholars have proposed that the spiritual dimension of an individual's life should be incorporated into our understanding of health (Chirico, 2016). In addition, scholars have emphasised the importance of religious organisations adapting to the digital sphere and creating authentic spaces for dialogue. For the young generation, the pursuit of understanding the "whole" and "meaning" in their spirituality is of greater importance than belonging to a "tradition" or an "institution".

The family constitutes the primary social environment through which an individual is shaped, both cognitively and behaviourally, as well as spiritually. In accordance with Bauman's concept of "fluid modernity" ("liquid modernity"), contemporary society is becoming less stable and more fragmented (Bauman, 2000). In such a context, the family can serve as a stabilising force by providing a framework of values that helps Generation Z find solace and direction in a rapidly changing and often unpredictable world. The fostering of emotional stability, in this context, is inextricably linked to spirituality, and within the family unit, it assumes a pivotal role. Regular dialogue between parents and children is conducive to the development of young people's ability to express their feelings and resolve conflicts in a constructive way (Siegel, 2015).

In this context, theology has the potential to contribute to a more comprehensive understanding of the value of community and transcendent relationships. The present generation of young

people, known as Generation Z, are seeking answers to their existential questions beyond the confines of traditional frameworks. This development creates an opportunity for the exploration of novel and creative forms of theological discourse. Themes such as sustainability, social justice and individual spirituality have assumed significant prominence in contemporary discourse, and it is imperative that theology engages with these issues to facilitate introspection on the institutional forms of contemporary piety. Despite a decline in formal religious participation, a significant proportion of young people express interest in values and principles rooted in religious traditions (Mindel, 2024). This phenomenon presents both a challenge and an opportunity for theologians and religious organisations to seek new ways of communicating and engaging in an open society.

In this context, the following practical recommendations are posited for the purpose of assisting in the formation of a healthy spirituality in young people:

1. The creation of family rituals - regular meetings and discussions about daily problems help to engender a sense of belonging.
2. Limiting digital time - the introduction of family rules on technology use can encourage a healthier balance between digital and real life.
3. Encouraging active lives - families should encourage their children to engage in extra-curricular activities that develop their skills and build self-esteem.

## Conclusion

Generation Z is a complex phenomenon that necessitates an interdisciplinary approach to its study. Sociological analysis reveals their unique social patterns, psychological studies highlight the challenges of mental health, and spiritual perspectives open up the discussion of new forms of spirituality (Kondrla et al., 2024; Tkacova, Pavlikova, 2024). Understanding this generation is essential for building a sustainable and just community in the perspective of the future. Families are in a unique position to influence the values, emotional stability, and overall structure of Generation Z's lives. The family, therefore,

has the capacity to exert a significant influence on the development of this generation by providing support, facilitating regular dialogue, and establishing stable behavioural patterns. In this way, the family can play a pivotal role in helping Generation Z to navigate and overcome the challenges that the modern age presents to their thought world.

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# Social Work foundations in mental Health Care – quantitative Research

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## Abstract:

**Aim.** In the theoretical-empirical contribution, the author presents and identifies mental health care in connection with social work, its methods of activity and ways of implementing the work. The author analyzed the basic conceptual definitions that are inherent in social work in a psychiatric day hospital. She also pointed out specific work procedures of a social worker in a psychiatric day hospital.

**Methods.** In quantitative research, the author uses the SQUALA self-assessment questionnaire to determine life satisfaction in people with mental problems who have completed hos-

pitalization in a specialized outpatient psychiatric care facility. 70 respondents were approached for the research. Based on the selection of individual partial results of the quantitative research, the author evaluated the most important emotional and internal values in women and men in the average age category of 43 years. The total quality of life score was given by the sum of individual scores within 23 areas. Respondents had the opportunity to choose an answer within the questionnaire items, assigning importance to individual items within a range of eight values.

**Results.** The main indicator of satisfaction with the level of fulfillment in the life of a person with mental disabilities is the discrepancy between meaning and fulfillment. The author points out the priority areas of life down to the least important values that occur in the lives of respondents. At the end of the empirical part, the author evaluated the established hypothesis.

**Conclusion.** A person with mental disabilities must have all basic life needs ensured, even during hospitalization or placement in any facility, in accordance with the duties and obligations of the person guaranteed by legislation. The basic element of care for a person with mental illness is efficiency, concentration and ensuring the maintenance of social relationships. At the end of the empirical part, the author also points out the extensiveness of the research carried out, and it would be encouraging to expand the research based on the SQUALA questionnaire to include further investigations using the WHO-QOL-BREF and WHOQOL-100 quality of life questionnaires.

## Introduction

Psychiatry and social work have in common that they are both sciences that deal with people and their individual or social problems (41). Both disciplines aim to help people improve their relationships with others. They also express interest and understanding for the client's feelings and problems, which they try to guide in an appropriate way (6).

### Social context when working with people with mental illness

When creating and organizing services for people with mental illness, the social context plays an important role in prevention, treatment and rehabilitation. In addition to medical and psychological care, support for the mentally ill is also important in overcoming social isolation, stigmatization, support in acquiring and developing social skills and abilities, support in engaging in meaningful work as actively as

possible, and support in returning to the natural environment as painlessly as possible. These tasks are related to issues of housing, employment, or return to employment, or meaningful use of leisure time. All of this can work, especially if the client is encouraged to be active and self-directed and at the same time if the clients are empowered and strengthened in useful self-help. At the same time, however, it is necessary to focus attention on the methods and quality of interactions between clients, their relatives and the wider society. Focusing on the above-mentioned social needs becomes the primary task of the social worker as a member of a multi-professional team (3,4, 25).

The value, political and theoretical basis that the social worker holds, and the paradigm of understanding social problems that he adopts, together with others, determines the approach from the theory of social work he chooses and subsequently how he relates to the client and his

social field. In this chapter, we will focus our attention on the variety of social work methods in relation to people with mental disorders .

### **Methods of social work with people suffering from mental disorders**

The role of a social worker in the most general sense is to map and identify the client's needs, map and identify the client's individual, social and systemic resources, conduct and evaluate case social work with a focus on fulfilling the client's social functioning in their social roles and social institutions. The focus of a social worker is therefore framed not only thematically but also contextually (7).

A radical social worker will probably agree with the ideas of the anti-psychiatric movement, understand individual problems as a consequence of social disadvantage and, in practice, will probably use more methods of social activism, community action, case representation, a therapeutically oriented social worker will prefer to look at the problem from the position of the client's individuality and will use one of the psychotherapeutic or sociotherapeutic models in his work (62, 12).

Social work has an irreplaceable place in psychiatry. It is an integral part of treatment and preventive care and complements nursing and medical care in order to achieve comprehensive, if possible, lasting treatment success. The basic goal is to examine and help solve the situation in the family, school, workplace and social environment – disturbed relationships and situations that have arisen in a person's life as a result of health and socially undesirable changes (29). As with other clients, we distinguish three basic areas of social work for psychiatric illnesses – individual, group and community.

#### **Individual social work**

Individual social work is the basic method and the most widely used method of social work. In individual social work, the social worker encourages the client to self-confidence, mobilizes inner strength and, at the same time, evaluates the possibilities of solving the client's problem. Case-based, individual social work is a process that includes diagnosis, intervention and case

closure. The social worker, together with the client and his rehabilitation team, draws up a rehabilitation plan, participates in planning therapeutic goals and also provides specialized services necessary to overcome the limitations caused by the illness itself and the client's social situation (24, 25).

In this form of social work, it is extremely important that the social worker knows his client as well as possible, has all available, significant information about him, such as health status, family life, economic, housing, cultural and social background, as well as his life events, plans and wishes, in order to be able to help him professionally (48, 39). In addition to the client himself, the social worker also works with the client's family and surroundings. Last but not least, the social worker supports the process of healing, treatment, when the psychiatric patient/client also cooperates with other professionals, learns to accept himself and at the same time accepts his illness (55, 40, 75).

Case-based social work is a method in which a social worker focuses on supporting the client's healthy aspects of their personality. It does not rely on the client asking for help themselves; the social worker offers help. The aim of their work is to help them maintain or find suitable employment, friends, and hobbies. Such help and support leads people with serious, long-term mental illnesses to change their attitudes, learn, and improve their life situations (71, 88, 93, 94).

#### **Group social work**

In outpatient and residential care for people with mental disorders, we can find a wide range of professional intervention options in the field of group work. Participants in group work are people with mental disorders or their family members. As an example, we can mention social counseling, which helps the client in solving his difficulties, but at the same time, counseling can serve as help for family members in overcoming their problems in caring for a family member suffering from a mental disorder (19, 10).

Group social work plays an irreplaceable role in working with people with mental disorders. Leading a group is one of the most important competencies of social workers in the health

sector. The goal of group social work is to share problems and experiences with other people, group participants.

According to the focus, we know several types of groups, for example:

- Homogeneous groups (adolescents, people addicted to alcohol and other psychoactive substances, or a group of abused women).
- Groups created to achieve a certain goal (where specific problems are solved).
- Psychotherapeutic group (the treatment method is group dynamics and interaction between group members (48).

The difference between individual and group social work is that while individual social work intervenes in a specific client's environment, group work supports a person in their social relationships, i.e. as a social creature who is constantly part of a social group throughout their life (family, work, school, environment - surroundings, etc.), therefore, group work uses mutual influence, group dynamics as a means of socialization (76).

**Group social work** - mainly educational (22), recreational and social activities supporting change are carried out here. The content of such work is various topics and activities proposed by group members or group leaders.

**Self-help groups** - the main goal is to support mutual assistance between group members and achieve group independence (so-called self-help groups).

**Group therapy** – a treatment method that uses the therapeutic potential of each group member, especially suitable for the treatment of addictions, psychogenic disorders and personality disorders.

### **Basic activities of a social worker for people with mental disorders**

The role of a social worker is to provide targeted assistance to the client - such as finding contacts or providing information that a mentally ill person needs at that moment. A social worker provides professional advice to the client in the area of social assistance and social care (processing disability pensions, sickness benefits, employment support for disadvantaged people, housing options, necessary rehabilitation,

integration into everyday life, legal assistance options, assistance with placement in a social service facility) (60). In addition to this targeted assistance, a social worker can also provide the client with targeted, specific social intervention, such as family counseling or family psychotherapy. Naturally, it also supports the client's positive, healthy attitudes and their overall active approach to problem solving (61, 77). The primary activities of clinically oriented social workers are social counseling and psychotherapy.

### **Social Counseling**

Social counseling (49) is one of the components of the client's social rehabilitation. It involves providing counseling regarding available social services, communication with authorities, but also advice focused on other areas of the client's daily life. Social counseling intended for people with mental disorders is provided in hospitals, psychiatric clinics, day care centers, civic associations, but also in the form of field social work, which includes visits to clients' homes (8, 2).

The current Slovak legislation defines social counseling according to Act No. 448/2008 – Section 19, as amended, as follows: "Social counseling is a professional activity aimed at helping a natural person in an unfavorable social situation. Social counseling is provided at the level of basic social counseling and specialized social counseling. Social counseling is a set of activities that are intended to lead the client to an independent, responsible solution to their own problem, which arose as a result of the collision of the client's aspirations with social reality (85)." According to Přihodová in Schavel and Oláh (71), in social counseling, the word social means social in the sense of an effort to improve or change social conditions, but also in the sense of care on the part of society, aimed at securing its citizens in the social area. Specific attention in the presented work is paid to counseling in the field of health, which is provided to the client / patient himself with the aim of improving his life and that of his family, and is also implemented preventively, with a focus on preventing the emergence or worsening of specific health problems in him.

Social counseling for people with mental disorders serves to prevent, repeat or worsen health and social problems of clients, but in addition it also fulfills an important preventive role. As in other areas, prevention is always more effective, efficient, cheaper and less painful than repression.

### Psychotherapy

A social worker must also have certification training in psychotherapy. Since the second half of the last century, psychotherapy has developed rapidly as a scientifically based therapeutic activity. Doctors, especially psychiatrists, psychosomatically oriented doctors from other fields, clinical and other psychologists, social workers, therapeutic and special educators have contributed significantly to its development. Psychotherapy is generally defined as treatment by psychological means. It is stated that it is an interaction between one or more patients and one or more therapists, it is carried out for the purpose of treating behavioral disorders or states of suffering with psychological methods and techniques, while the goal is defined and the basis is a certain theory of normal and abnormal behavior (30, 3,4). The condition for inclusion in certification training in accordance with Annex No. 1 to Government Regulation No. 322/2006 Coll. of 3.5.2006 and the Gazette of the Ministry of Health of the Slovak Republic No. i - 004 of 1.3.2006 is in accordance with the applicable legislation (87):

- second-level university education in the following fields: general medicine, nursing, psychology, special education, therapeutic education, social work,
- and preparation for work in the health sector for graduates in the field of psychology, special education, therapeutic education, social work.

Social work has many points of contact with psychology:

- both focus on the client and his problem,
- deal with relationships in society, thought processes and emotional states of the client.
- A social worker deals primarily with the area of the client's social functioning and looks for possible solutions both in the client himself

and in his immediate environment and in society.

- Psychoanalysis also appears to be the basis for the diagnostic theory of social work, which later established the method of individual psychosocial work (43, 11).

Psychotherapy is a purposeful and systematic treatment process in which treatment goals are set, with the intention of eliminating or controlling bothersome and unpleasant symptoms through psychological means so that the patient or client can return to their original normal functioning. The goal may also be to help overcome a specific problem, symptom, or difficulty. Therapy is a professional and intentional form of applying clinical methods and interpersonal attitudes, and may take the form of regular, usually 45 to 50-minute sessions, during which the patient and the therapist try to identify problems, learn to manage them, and gradually overcome various emotional and mental problems. Its essence is the psychological principles that are applied in its course and has not only a curative, but also a prophylactic and rehabilitative character (44).

“A psychotherapeutic relationship is actually a social contact. It includes interpersonal relationships and their special form – personal contact” (42). Within psychotherapy, the specialist who applies it to patients uses exclusively psychological means.

### Day psychiatric hospital

The frequent occurrence of mental disorders and illnesses in the population has created the need for specialized professional psychiatric care in accordance with new trends in mental health care (44). Today's modern psychiatry, in accordance with the bio-psycho-social model of understanding disease states, emphasizes not only biological, but also psychotherapeutic and sociotherapeutic methods in the approach to patients. Throughout the EU, there is a tendency to move from traditional treatment of mental disorders in specialized health institutions to comprehensive community treatment (24).

A psychiatric hospital is a specialized outpatient psychiatric care facility in which patients with mental disorders are provided with com-



prehensive psychiatric treatment during the day. The aim is to improve the patient's health status, thereby enabling their return to their original working and social environment. Day psychiatric hospitals are established in Slovakia based on the Methodological Guidelines for the Establishment and Operation of Psychiatric Hospitals, issued by the Ministry of Health of the Slovak Republic in 2006 (18).

The main goal of day hospitals is to provide accessible, yet comprehensive psychiatric care and full reintegration of people with mental disorders into society and the work process.

Other goals are:

- reduction and elimination of deficits resulting from the chronicity of mental disorders,
- prevention of chronicity, disability and recurrence of mental disorders,
- improvement of the quality of life (78) of people with mental disorders and support for their broader social background according to their individual capabilities,
- prevention and qualified mental health care in the region. Modern mental health care requires decentralized, continuous, high-quality and effective treatment in the community (74). Decentralized treatment in the community allows for intensive and qualified treatment of patients with mental disorders without long-term removal from the family and maintaining their continuous contact with the original social environment. At the same time, it respects the need for accessibility and complexity of treatment according to the individual needs of a particular patient. Such a treatment system is destigmatizing, improves the quality of treatment and life of patients, and enables their faster reintegration into society. Criteria for inclusion and exclusion of a client in a day hospital (18).

The criteria include:

- Treatment of patients with mental disorders, including acute psychiatric illnesses and decompensated chronic conditions, which do not yet require full 24-hour hospitalization, but in terms of the needs of their health condition, regular outpatient psychiatric care is no longer sufficient.
- Follow-up treatment of people with mental disorders after discharge from psychiatric in-

patient care, who no longer require hospitalization, but regular outpatient psychiatric care is not sufficient in terms of the needs of their health condition.

- Diagnostics, differential diagnosis of mental illnesses and disorders, levels of executive functions and cognitive deficits for treatment needs. Strengthening day stays lasting 5-7 days maximum twice a year, especially for patients of certain diagnostic groups (addictions, eating disorders, personality disorders, chronic recurrent psychoses) (18).

### **Treatment and follow-up in a day psychiatric hospital**

Treatment and follow-up use all available methods of treatment aimed at the psychosocial reintegration of patients with mental illnesses and disorders, primarily pharmacotherapy, psychotherapy, milieu therapy, sociotherapy, psychiatric rehabilitation, family therapy and work with the family. It uses the latest knowledge of medical practice with an emphasis on the effective, clinically meaningful and integrated use of pharmacological, psychological and psychosocial procedures. Health care in a day hospital uses consulting services in accordance with standard medical practice according to the patient's health condition. The PS has a detailed daily program, which, in addition to the basic therapeutic regimen, regular medical visits and standard treatments, also includes preventive programs and educational activities (86).

The basic framework of the treatment continuum is the therapeutic community, on the basis of which the therapeutic team uses a wide range of treatment methods, an adequate approach to the patient and their symptoms, while respecting the needs of people with mental illnesses and disorders and supporting an active and responsible approach to the treatment of the patient and their family (50, 33).

Within the framework of milieu therapy (treatment through the environment), the emphasis in the inpatient unit is on ensuring that the environment for therapeutic activities resembles a non-stigmatizing social environment as much as possible (for example, civilian clothing for staff and patients, a calming environment with

enough pleasant and stimulating objects, etc.). It is recommended that each patient regularly compile an individualized therapeutic program from the inpatient unit's therapeutic activities according to their needs, which is based on an evaluation of their current clinical condition (diagnosis, current clinical picture, including their deficits and limitations) (36, 34, 35).

### **Specifics of the work of a social worker in a day psychiatric inpatient unit**

Social workers who focus on working with people with mental disorders in the field of mental health usually have an increased interest in the human psyche, in the subjective inner experience of a person, in their intellectual and emotional world, as well as in the interpersonal relationships in which they live. In addition to the social work itself, the specifics of work in day psychiatric hospitals are - pedagogical activity, crisis intervention, individual and group psychotherapy, organization and planning of work, personal development (constant need for self-education and attendance of seminars, courses in psychotherapy, art therapy, sociotherapy), supervision, flexibility in thinking (adaptability, flexibility, improvisational abilities - one activity can be intertwined into three or four areas), motivating patients, communication (it is important in active, passive and collaborative interventions with the patient), educational skills (the educational aspect must be embedded in all activities), observational talent (the social worker observes the patient directly during therapeutic activities), orientation in psychotherapy (the social worker is not only a member of the psychotherapy team, but also performs certain types himself /needs certification/, orientation in art therapy techniques, preparation, implementation, evaluation, analysis and problem solving) (16).

### **Specific work procedures of a social worker in a day psychiatric hospital**

**Cognitive-behavioral therapy** – a psychotherapeutic approach, is one of the most widespread approaches today. It focuses on the client's current problems. It includes several tasks, such as building a relationship with the client, which is based on cooperation, encouraging

the client to change attitudes and their own behavior, analyzing the client's current problems, defining goals, applying cognitive-behavioral techniques and evaluation. Comprehensive cognitive-behavioral therapy programs include stress management exercises, assertiveness and communication skills, and relaxation (31, 39).

**Art therapy – art therapy.** Through creative activity or participation in artistic experiences, the emotional and creative side is treated and supported. Art therapy is currently most often associated with the impact of artistic means on a person. Like any other therapy (21), art therapy and its performance must meet certain conditions. First of all, the art therapist together with the client determine the therapeutic intention, which can be relaxing (abreactive), communicative, or other. An individual art therapy process can culminate in a group work.

Bražinová (8) and Králik (37, 38) consider art therapy to be part of the social rehabilitation of a person with a mental disorder, because it helps to overcome communication barriers caused by the illness. Last but not least, performing art therapy (drawing, modeling, etc.) practices fine motor skills, which are often affected in people with mental disorders, also as an undesirable effect of psychotropic medications (63).

Currently, there is no official profession of art therapist in Slovakia, because we do not have an institution authorized to assess education and issue certificates for art therapy. Art therapy in healthcare can be performed by psychologists, psychiatrists, social workers, nurses - specialists in psychiatric nursing, special educators.

The goals of art therapy in patients with mental disorders:

- an opportunity to sublimate negative experiences,
- enabling the correction of inappropriate, premature conclusions, and events in one's own life that lead to confused behavior,
- providing a realistic view of one's illness - offering a vision, a change in the understanding of events and hope for a cure (72).

Karen Machoverová (1902 – 1996) – an American psychiatrist of Belarusian origin, developed a method of personality analysis based on the interpretation of drawings, specific-

ly human figures. According to Machoverová, these drawings reflect the thoughts, fears and inner mental state of the author of the drawing. The test consisted of two simple tasks – first, the person had to draw a human figure and then a figure of the opposite sex. Machoverová and her followers analyzed various details of the drawings, such as the size of the figures, their attitude, mutual connections, location on the page, and the like (13, 45).

**Drawing and art therapy** in this context serve to map the client's problems, are focused on finding a way to help, to correct, to a specific solution. Depressed clients in their drawings, for example, present rigidity, poverty of themes, figures are stiff. Symbols of death, hypochondria are common. Themes of suicide, suffering, grave and grief are frequent. The images lack meaning, there are dark colors, lack of detail, nudity, indications of control, self-control, few colors, incompleteness, little energy.

**Music therapy** - music is an important communication and social factor, it can encourage and calm, connect people and bring new, positive ideas.

According to Amtmanová et al. (1), psychotherapeutically oriented music therapy is applied mainly in the field of communication. It focuses on eliminating functional or organic disorders caused by hypertrophy of immature defense mechanisms. The psychotherapeutic concept of music therapy is based on the theoretical concepts of three main streams in psychotherapy - cognitive-behavioral, analytical-dynamic and humanistic-existential. The above concepts overlap more or less in practice, therefore Kusy considers music therapy as the targeted use of music and its components to positively influence the problematic states of an individual, carried out in an individual or group process managed by a specialist (14, 46).

**Occupational therapy (“work therapy”)** – a medical discipline that offers help to people of various age categories with mental, intellectual, or physical disabilities, which means that it also offers help to people with mental disorders. It uses specific diagnostic procedures aimed at restoring impaired functions. Important for clients with mental disorders is the training of indepen-

dence in everyday tasks. Very important is fitness occupational therapy, which aims to maintain good physical and mental condition. The client devotes himself to an activity that interests him, thereby detaching himself from his mental illness and establishing relationships with the collective (47,39,57).

**Sociotherapy** is a therapy of social relationships. It has a multidisciplinary character, it mainly applies knowledge of social work, psychotherapy, psychology, law, sociology, medicine. The goal of sociotherapy is to increase the quality of life (70). Sociotherapy supports the normal, healthy, regular, disease-free, free aspects of the client's individuality (17, 54, 64). The sociotherapeutic context of treatment is co-created not only by the social worker, but also by all members of the therapeutic team. Sociotherapy focuses on the specific world /bank, post office, work, self-help/ and the client's social behavior in this world. It tries to influence the client so that the illness does not isolate him from society, does not distance him from close groups, and so that he can maintain normal social skills. It finds out where the client gains social contacts /workplace, restaurant, bus/, how he approaches the norms of society in his illness and where he exceeds them. Unlike psychotherapy, sociotherapy does not penetrate the intimacy of the individual; rather, it can be said to be a therapy of the client's social relationships.

### **Schultz's autogenic training**

Autogenic training originated as a relaxation method in 1926. J. H. Schultz is considered its author (26). The principle of autogenic training is based on certain exercises that help calm the whole body. Somatic, thought, emotional and volitional processes are interconnected. Intentional invocation of certain thoughts, feelings, physical states and ways of acting. Autogenic training allows a person to make a physical and psychological connection on their own. This process is carried out on the basis of the creation of conditioned reflexes. The presented word acts as a stimulus, coming from the cerebral cortex through the subcortical brain layers to the desired organs, for example, the heart, lungs, muscles, blood vessels. A person can then

regulate the blood supply to the entire organism himself. The practitioner takes a comfortable position on a sofa, lies on his back with his arms at his sides and his legs slightly apart, or sits upright. The training takes place in 6 phases - first, the practitioner tries to relax the dominant hand in order to achieve a feeling of heaviness in it. The heaviness spreads to the other limbs. After approximately 14 days of performing the exercises 2 to 3 times a day for 2 to 5 minutes, a sufficient effect can be expected on all limbs. Then follows the next phase, creating feelings of warmth. Phase 2 - serves to create feelings of warmth as a result of dilation of blood vessels. The practitioner begins by repeatedly saying "my right hand is quite warm". After one to two weeks of training, a feeling of warmth can be induced in all four limbs. After good generalization of heaviness and warmth, the feeling of heart activity is modeled and the subsequent general calming occurs. Phase 3 - aims to influence the heart rate. "My heart beats calmly and strongly." with a tendency to increased heart rate, "calmly, strongly, regularly." Phase 4 - the next 14 days serve to control and feel calm and regular breathing. Phase 5 - aims to influence the internal organs. The practitioner concentrates on the abdominal area and tries to induce a feeling of warmth in the lower abdomen. If this phase is also achieved, the last phase follows. Phase 6 - aims primarily to relax the facial muscles. The starting point of relaxation-symbolic therapy is Schultz's autogenic training enriched with Jung's amplification method and his understanding of symbols (26).

According to Jung, an archetype is an a priori, autonomous, hereditary structure of the human unconscious without specific content. It acquires content only in the course of individual life, where personal experience is linked to archetypal forms. It is necessary to distinguish between one's own formal archetype, hidden in the unconscious, and a specific archetypal image, manifesting at the level of consciousness. The effect of a problematic, crisis situation in personal or social life then leads to an unconscious revival and the presence of the relevant archetype. The given process is of a spontaneous, automatic nature. The archetypal matrix a priori shapes the

activity of fantasy and creative thinking. Using this matrix, Jung explains the existence of recurring motifs in the myths and fairy tales of various nations. Training and strengthening of basic and developed social skills

According to Mitašiková (56) and Popovych (66) and Blynova (7) social skills are contact, communicative and social. Strengthening social skills is primarily about the development and training of adequate social behavior, i.e. specific social abilities and skills that are currently absent in the client / patient. It is an effort to move towards the greatest possible self-sufficiency, activity, ability to plan and make decisions, determination and perseverance, but also communication with other people and conflict resolution.

These include several areas:

- Development of cognitive abilities - training attention and concentration; training memory and problem-solving skills; ability to plan your learning and use effective procedures for this.
- Self-knowledge and self-perception - I as a source of information about myself; others as a source of information about me; my body, my psyche (temperament, attitudes, values); what I know about myself and what I don't; how my self is reflected in my behavior; relationship to myself; relationships with others healthy and balanced self-perception.
- Self-regulation and self-organization - exercising self-control, self-mastery - regulating one's own behavior and experiences, will; organizing one's own time, planning free time; setting personal goals and steps to achieve them.
- Psychohygiene - skills for a positive mindset and a good relationship with oneself; social skills that help prevent stress in interpersonal relationships; good time organization; skills in coping with stressful situations (mental problem processing, relaxation, effective communication, etc.); seeking help in difficulties.
- Creativity - training in developing the basic features of creativity (flexibility of ideas, originality, ability to see things differently, sensitivity, ability to "pull" ideas into reality), creativity in interpersonal relationships (56, 67).



## Social development

This includes the following areas:

- Getting to know people - getting to know each other in a group; respectful treatment of information about and from others, developing attention to differences and finding advantages in differences; mistakes when getting to know people.
- Interpersonal relationships - caring for good relationships; behavior that supports good relationships, the ability to experience situations of trust and sharing with others, empathy and seeing the world through the eyes of another (23), respect, support, help; human rights as a regulator of relationships, showing respect for the opposite sex.
- Communication - the ability to distinguish between respectful and disrespectful communication; the ability to politely express and assert one's opinions, needs and rights; practice observation, empathetic and active listening; practice verbal communication skills (speech technique, speech expression), practice and conscious use of non-verbal communication (body language, language of objects and the environment created by man, language of human actions and others); practice conducting a dialogue, its rules and management; communication in various situations (assertive communication, conflict resolution, negotiation and others); development of individual and social skills for ethical management of competitive situations (97).
- Moral development problem solving and decision-making skills - practice of a positive attitude towards solving problems, practice of effective techniques for solving problems and making decisions, problems in interpersonal relationships, values, attitudes, practical.
- Ethics - analysis of one's own and others' attitudes and values and their manifestations in people's behavior; rejection of manifestations of violence or addiction; awareness of real problems that they affect and their solutions; helpful and prosocial behavior; decision-making skills in difficult everyday situations (8, 51, 68).

## The need to connect social work and healthcare

During the period when sociologists' increased interest in medicine was taking shape, the sociology of health and illness emerged. This relationship is not only based on institutionalization, but also on examining the behavior of clients during illness and its treatment. The results point to the essence of the influence of social aspects on health, not only physical but also mental, due to the further development of medicine and care. This development was related to the development of sociological theories. Practical social problems occurring in healthcare facilities also played a significant role (5, 73).

Social work has an irreplaceable place in healthcare, therefore the need for connection is very high. A social worker in healthcare solves various social problems depending on the type of facility, departments and number of clients. He must also have professional knowledge and skills from other areas such as: - the field of medicine - management of diseases and their characteristics, - the field of psychology, psychiatry, pathopsychology, psychotherapy, - the field of nursing, andragogy and pedagogy, - the field of information technology and computing (80, 82).

A very important work of a social worker in the health sector is counseling work in terms of preventing or worsening mental illnesses. The focus is on the mentally ill client who needs help. Attention is also paid to family members and loved ones (71, 88).

A person with a mental illness is affected by the illness primarily in interpersonal relationships, whether in private life, among colleagues or even in the presence of strangers. Mental illness is primarily visible in changes in communication, the ability to establish relationships and the ability to concentrate. Disorders also occur with the expression of emotions, which can manifest themselves in the form of "flat emotions" or in their own logic. This disrupts direct contact with other people, which can negatively affect the loss of social contacts. The illness can also cause a loss of self-confidence and confidence in one's abilities, which leads to so-called self-stigmatization, when a person gains a sense of their own incompetence. This condition can



also be accompanied by symptoms of anxiety and depression, which result in unwillingness to work, misunderstanding on the part of the family and complete isolation from the outside world (91). Social workers thus become witnesses to the personal decline of clients with mental disorders, unwillingness to work and their adaptation to the fate of a difficult life situation (53).

A social worker has the opportunity to use all available methods of social work, such as interviewing, social counseling, social rehabilitation, therapeutic prevention, primary, secondary and tertiary prevention, case analysis, up to targeted and supportive employment, and also participates in the client's resocialization, where he helps the client to reintegrate into a normal environment (53, 59, 79).

Mental illness is not only a manifestation of symptoms of the disease, but its consequences are also in social life, which is manifested in social and social isolation, unemployment, stigmatization, and possibly even the loss of family and home. The relevant negative consequences make the provided social services and social care extremely important means of assistance for people with mental disorders (81).

In order to improve the quality of life of people with mental disorders, it is necessary to examine this quality. This means that these people need to be viewed from different angles, it is necessary to look for their possibilities of application in life - from a physical, psychological and social point of view. There is often a discrepancy between what ambitions are and what can realistically be achieved. Therefore, it is necessary to find a measure of application and to induce a state of "personal well-being".

It consists of the following six parts:

- self-acceptance – a mentally ill person should accept themselves as they are, adopt a positive attitude towards themselves and come to terms with their disadvantages,
- autonomy – maintaining their own opinion,
- positive relationships with their surroundings – even mentally ill people need to socialize and maintain positive relationships,
- coping with the environment – meeting and coping with the demands of everyday life, seeing opportunities and using them for their own satisfaction,

- meaning of life – finding and seeing meaning in life, pursuing their goals,
- personal development – not stagnating, opening the door to new possibilities, developing and perceiving changes positively (32).

Every negative change in a health relationship worsens the quality of life of a mentally ill client. Doctors assess this quality based on the health relationship, but clients, on the contrary, look at functioning in everyday life and the possibilities they have. They do not assess the disease as such, but rather look at its consequences, lifestyle changes, changes in social relationships and future prospects (20, 58).

A social worker must adopt a professional attitude and fulfill the following functions:

- know the client's personality well, - be comprehensive when assessing the health status and take into account the client's psyche, ensure and enable contact with the family,
- be patient when explaining the treatment and related procedures and provide a diagnostic and therapeutic process, - provide information clearly, truthfully and in a timely manner,
- build a positive relationship and maintain it on this positive basis,
- be able to motivate the client, reduce their fear and anxiety and apply therapy if necessary (84).

A social worker must not succumb to a social problem and fail. He must be helpful to the client throughout the entire course of care. He is involved with the client as a member of the health team, but also in situations where the health system fails. When help from the health sector is not possible, social work comes in to provide support to clients. He must therefore meet the prerequisites for working with clients with mental disorders, such as psychological stress (27, 65).

The basic principle of combining social work and health is teamwork. A social worker comes to this team with his knowledge in the field of social relations, the ability to influence clients to fulfill their plans. He can be part of the team as a coordinator or as a team leader. Working in a team depends on the willingness of members to cooperate and on maintaining their professional views (69, 83).

## Research part

The main objective of the quantitative research was to determine the quality of life and satisfaction with life in people with psychological problems who have undergone and have already completed day hospitalization in a specialized outpatient care facility for people with mental disorders. Methods of evaluation and interpretation of results, as well as statistical methods The method used in the presented work was the SQUALA questionnaire. This is a standardized self-assessment questionnaire Subjective Quality of Life Analysis, authored by M. Zanotti, the Czech translation was carried out by Dragomirecká and colleagues (15).

Respondents had the opportunity to choose an answer within the questionnaire items - they assigned importance to individual items within the following values: Essential; Extremely important; Very important; Important; Less important; Very little important; Not important at all; Unimportant.

The object of the research were people with mental disorders. The number of people with mental disorders is increasing, and in connection with this, social interest in this population group is also growing. There is great interest in this target group in the professional literature and in the research field - numerous studies have been conducted with this target group in our country

**Table 1** Discrepancy in the importance and degree of fulfillment of individual areas among respondents

AREA	Order of importance	Satisfaction with the level of fulfillment in life	Discrepancy between meaning and fulfillment
Having and raising children	10-11.	1.	9-10
Family relationships	6.	2.	4
Being physically self-sufficient	1-2.	3.	1-2
Relationships with other people	7-8.	4.	3-4
Relaxing in free time	19.	5.	14
Good food	15-16.	6.	9-10
Having hobbies	17.	7.	10
Being healthy	1-2.	8.	6-7
To love and be loved	3-4.	9.	5-6
Freedom	13.	10.	3
Pleasant environment and housing	9.	11.	2
Taking care of oneself	5.	12.	7
Having faith, religion	20.	13.	7
Feeling psychologically good	3-4.	14.	10-11
Being safe	10-11.	15.	4-5
Truth	12.	16.	4
Good sleep	7-8.	17.	9-10
Having a sex life	18.	18.	0
Work	15-16.	19.	3-4
Justice	14.	20.	6
Beauty	21.	21.	0
Money	23.	22.	1
Being interested in politics	22.	23.	1

and abroad. They concern various areas of the everyday life of people with mental disorders - from the impacts of mental disorders on their overall health or on other areas of their lives, the risks of recurrence of mental disorders or factors that worsen them, the possibility of preventing the development of selected mental disorders, but also the possibilities of using the potential of people with mental disorders, their creativity, the level of support they need in relation to the consequences of mental disorders in their lives, to the possibilities of their social rehabilitation, the removal of stigmatization due to their mental disorders and the full inclusion of these people into ordinary social life. There are also frequent studies using the SQUALA questionnaire, examining the health and life satisfaction of people with mental disorders in relation to individual types of mental disorders, or different areas of life of these people, or in relation to access to them in various institutions. Research using the SQUALA questionnaire is described in more detail, for example, by Chrastina et al. (28).

We decided to use this questionnaire due to the facts being investigated - the variability of the areas of life that it examines and also because it allows for the subjectivity of the instrument, i.e. we can use it to find out how the individual himself perceives his situation. The results allow us to assess individual areas in terms of their importance to the person, and from his point of view, the degree of their fulfillment in himself, or the degree of their disruption. Based on a group analysis of disruptions, it is also possible to assess the possible impacts of the selected mental disorder not only on a specific individual, but also on people with a specific mental disorder as a whole - to determine which areas and to what extent they are disrupted as a result. It is also possible to compare the raw score profiles to create a hierarchy of importance of the individual life areas assessed (i.e. value significance) for the individual being studied, or to compare it within a specific target group. The total quality of life score is given by the sum of the individual scores within the 23 areas.

The research group consisted of patients/clients of the Day Psychiatric Hospital attending daily hospitalization in this specialized outpa-

tient facility, the number of respondents was 70, the average age of respondents was 43,2 years and from the total research group there were 29 men and 41 women.

To interpret the partial results of the research, we present the established hypothesis 1 which was:

Hypothesis 1 For women - respondents, the most important are emotional and internal values (such as raising children, love, quality family relationships), on the other hand, for men - respondents, the most important values are work, money and freedom.

As our findings from the survey showed, people with mental disorders - respondents in the sample - considered health to be a priority value. 100% of the sample considered health to be essential, extremely important, very important or important, while more than 85% of the sample attributed it to essential or extremely important. No one attributed it to average or lower importance.

It is clear that for people with mental disorders in the sample under study, health is a value to which they assign importance and priority, they are aware of its necessity for themselves and appreciate the importance of health in their lives. Respondents also attributed the same importance to physical self-sufficiency. In addition to the ability to take care of oneself, the area of psychological well-being (feeling psychologically good) was also ranked at the top of their list of values, as were areas related to relationships (loving and being loved, family relationships, relationships with other people).

If we compare these values with the values of the general healthy population, there are no differences between them. Health, whether physical or mental, as well as the area of relationships constitute the basic and most important values for most of us.

The respondents attributed the lowest importance to values such as money, interest in politics, beauty, and surprisingly, faith also reached the lowest ranks in their value system, with only a little over half of the respondents in the research stating it as important.

In the general population, faith occupies a leading place in terms of value. If we look

at our findings in terms of satisfaction with the level of fulfillment of a given area in life - respondents were highly satisfied with the level of fulfillment of the possibility of having and raising children, as well as with family relationships, which is probably related to the fact that mental disorders often manifest themselves only in a situation when a person already has children and their own family.

Respondents were very satisfied with the level of fulfillment in the areas of interest in politics, money, beauty, justice and work in their lives.

Respondents also expressed a low level of satisfaction in the area of fulfilling their sexual life and quality sleep, which we consider to be a very interesting finding.

Quality sleep is important for a person's overall health and this area is extremely sensitive for a person with a mental disorder.

Their sexual life is probably also an equally sensitive area for people with a mental disorder, it can be difficult for them to adequately fulfill this need. This is also confirmed by the fact that in the answers regarding the level of fulfillment of this area among respondents, the most answers were in the item Rather dissatisfied, less than half of the group expressed satisfaction to some extent. In terms of the significance of this value, almost two-thirds of the group considered it necessary, extremely or very important, or important to have a sexual life in their lives, almost half of the group considered this option necessary or extremely important.

In the area of "Having a sex life", the most common answers were "Indispensable"; "Extremely important".

If we analyze the discrepancies between the importance of specific areas and the satisfaction with the level of their fulfillment among respondents, then in the case of physical self-sufficiency the difference is not significant - it is a priority value, and is also sufficiently fulfilled by respondents from their point of view.

However, the same priority value - health - shows a greater difference, it is not sufficiently fulfilled in the opinion of respondents in their lives. Sufficiently saturated areas also include the possibility of having and raising children, family relationships and relationships with other people, rest, good food and hobbies.

The area of quality sleep and work in particular shows a low level of saturation, there is a higher discrepancy between their importance for respondents and their perceived level of fulfillment among respondents. In this regard, justice as a specific area is interesting - we could assume that in the lives of respondents with mental disorders they perceive a lack of justice in their approach to themselves, they experience feelings of discrimination.

Overall, however, there was no discrepancy between its importance and the level of fulfillment. In terms of the fulfillment of this area, the answers "Rather satisfied" prevailed in the set, and in terms of value it was also not included among the priority areas.

Verification of hypothesis 1: For women, emotional and internal values are more important than raising children, love, and quality family relationships, while for men, the most important values are work, money, and freedom.

To confirm the hypothesis, we base it on the first part of the research, concerning the importance of individual values, where we consider the variables: Family relationships, Relationships with other people, Need to have and raise children, in comparison with the values, Work, Money.

Hypothesis No. 1 was not confirmed, since the values of family relationships, relationships with other people, and the need to have and raise children are important for approximately the same number of men and women, and these values are more important to them than the values of "money" and "work".

We were unable to prove that emotional and internal values (raising children, love, quality family relationships) are more important for women, while for men, values such as work, money, and freedom are more important (89, 95, 97). The values of men and women in the sample did not differ in this respect. However, given the size of the sample and the unbalanced number of men and women, we do not consider it appropriate to draw any broader conclusions based on this finding.

## Conclusion

People with mental disorders live among us and their number in society is increasing (100).

Hospitalization is a significant stress factor not only for a person with a mental illness, but also for their closest relatives – family, immediate surroundings. Sometimes it is possible to treat a patient / client in an outpatient facility, if we provide them with the necessary qualified medical and social services, create a useful individual social plan for them, aimed at maximizing their social and work application (90). We clearly hold the opinion that care for people with mental disorders must be consistently and effectively built in such a way that they do not experience unnecessary and unjustified long-term hospitalizations, which disrupt their ties to everyday life and original social relationships (98, 99).

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# Attachment in Personality: Contemporary Challenges

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Original Article

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## Abstract:

The contemporary era presents a multitude of challenges that have a significant impact on the relational dimension of the human personality. This paper presents an analysis of selected aspects of relational dynamics, including interpersonal relationships, emotional intelligence, digital interactions, and their impact on an individual's mental health and social functioning. This study employs a multidisciplinary approach to examine the impact of modern technology, globalisation and the accelerated pace of life on traditional patterns of communication and social interaction, and the emergence of new forms of relationships. Emphasis is placed on the place of authenticity, empathy and the problem of creating deep emotional connections in an environment where digital communication and individualism prevail due to the fragmentation of society. The aim is to point to some of the causal contexts that



complicate relational bonding and to propose a framework of possible solutions that promote healthy relationships and personal integrity.

## Introduction

The life of man is included in the smoothly progressing reciprocity of all that exists. The human inclination to form positive and close relationships with other individuals, whether in the context of cooperation, friendship, or romantic attachment, is referred to as “affiliation”. We observe differences between people in terms of the degree of importance attached to the establishment of relationships, their causes, and differences in terms of the intensity of motivation and skill manifested in the formation of relationships (1).

Human beings exist within a vast network of concrete relationships and are intrinsically connected to others. It can be argued that humans are not independent beings; rather, their interests are deeply connected to those of others throughout their lives, and their goals are shared with those around them (2). Similarly, Elias posits that the human being is not a mere closed entity comprising disparate compartments and organs. Rather, it is a complex system that shares intrinsic properties with other beings and things within its natural organisation. This organisation is shaped by nature as part of a larger world (3). He is by nature conditioned in such a way that he can and must get into relationships with other people and things. The structure of human relationships is of course highly variable and flexible; man is a social being dependent on the company of other people. According to G. H. Mead (2017), we cannot be ourselves unless we are at the same time members of a community of attitudes which influences the attitudes of all (4).

The notion of attachment reality is, by its very nature, an inherently subjective concept (5). The acquisition of self-consciousness as a human being establishes our status as members of society and defines our sense of self, which is contingent upon our interactions with other selves. It is not possible to delineate an immutable boundary between the self and the self of others, as the self exists and is experienced only insofar as the self of others exists and is experienced. The individual’s concept of the self is contingent upon the

collective self of the group to which they belong (6). The structure of the individual’s “I” reflects the general pattern of behaviour exhibited by the social group to which the individual belongs (7).

The atomisation of contemporary society affects not only the economic and social aspects of human life, but also the psychological ones, in that social bonds are disintegrating, and the coherence of their interrelations is gradually being lost (8). The consequences of such disintegration impact both the intrapersonal and interpersonal dimensions of human existence, influencing the potential for external relational bonding (9). However, more significantly, they affect an individual’s internal disposition to create and cultivate relationships with which they consciously enter and of which they are “by definition” a part (10).

## The Concept of “Attachment” in Relationships

Attachment within close relationships is a concept reflecting on the emotional bond between individuals, specifically between parent and child (11). Attachment to individuals with whom one has a close relationship carries with it the inherent risk of experiencing pain and distress because of the imperfections and shortcomings inherent in any human relationship. The emotional bond that forms the basis of close relationships is likely to evoke a range of feelings, including positive emotions such as joy, kinship and love, as well as negative emotions such as disappointment, fear, worry and anxiety (12). It is likely that we are most conscious of the attachment projected into a relationship when we experience a sense of loss or when the relationship fails for some reason. In the context of attachment and relationships, Buber’s concept of “I and you” is pertinent, emphasising the significance of profound and genuine connection with others (13). Love is an action that encompasses the entire world, whereas feelings are something that one possesses. Consequently, love occurs as an existentialist process of self-realisation within a specific context (14). To establish and maintain

healthy relationships, it is essential to transition from an “I-It” to an “I-You” perspective and thus bring inner world into it. Furthermore, feelings of unfulfillment and alienation in modern society also arise from the reduction of relationships to the mechanical, objective, or utilitarian (“I-me”) (15). The prevalence of digital technologies and online interactions has been identified as a contributing factor to feelings of loneliness, isolation and emotional distance between individuals (16). The perception of an increase in the quantity of interactions, at the expense of their quality, serves only to exacerbate this phenomenon. Workload and stress experienced by growing variety of people have become an integral part of our daily reality (17). The current crisis in relational bonds and interpersonal relationships in general demands a renewal of “I-Thou” relationships based on empathy, understanding, authentic interaction and mutual respect.

The human need for acceptance and love is a fundamental and enduring aspect of the human experience, persisting throughout the lifespan. Nevertheless, the fulfilment of this need manifests in a multitude of ways (18). The need for acceptance and love is particularly acute in the case of young children. The pivotal role of the early relationships between the child and their primary caregiver, particularly the mother, in the subsequent development of the individual is addressed in the attachment theory, which has become a foundational concept in the field of developmental psychology. The theory was initially proposed by Bowlby and has since been further developed by numerous scholars. The term ‘emotional attachment’ is employed to describe a long-lasting emotional bond, characterised by the need to seek and maintain proximity to a specific individual. This need is especially pronounced in situations that are perceived as stressful. It is an inescapable aspect of child development that the child will inevitably require and actively seek an emotional relationship. The child’s initial relationship, typically with the mother, has a profound impact on their subsequent development and well-being (19). The child’s inclination towards relational bonding represents an instinctual response to the need for protection. A robust and stable bond serves as the

foundation for the child’s fundamental sense of security. In the absence of such a bond, the child will display indications of deprivation (20). The formation of secure relationships during childhood is a crucial factor in the healthy development of the individual. In this context, the concept of existential security is of relevance that encapsulated a spiritual dimension as well (21). Some have proposed that, given the considerable dependence of the human infant, the need for the human being stands out as an essential prerequisite for the development and maintenance of one’s own humanity (22). One of the functions of the emotional bond is protection, and its formation is considered a prerequisite for the survival and healthy development of the individual.

Parents’ attitudes towards their children are seen as a crucial aspect of parenting. It is seen as a reflection of parents’ values, expectations, emotional availability and responses to their children’s needs. Understandably, a positive attitude of acceptance and love for the child can be overwhelmed by a negative attitude that reflects indifference, disinterest, criticism, rejection or neglect of the child. This can lead to emotional problems, low self-esteem and insecure relationship patterns. It is important to note that both attitudes can manifest themselves in different intensities and forms.

A positive parental attitude towards the child is contingent upon the existence of a positive relationship between the child and their parents, as well as identification with them. This, in turn, serves as the foundation for the formation of a positive relationship with other individuals, the surrounding environment, and the world in which the child resides. Such an attitude significantly promotes the child’s self-esteem and emotional stability, while also strengthening their ability to solve problems and resolve conflict situations (23). The life attitudes of parents should be marked by truthfulness and sincerity, and these should also be exercised in relation to children. It is desirable to compare one’s demands on children with the demands on oneself, to compare one’s actions and conduct with one’s words. Every child needs to know consistent rules and boundaries, the transgression of which is linked to the consequences of his or her

actions. We consider the educational tenet proposed by Stur (22) to be a source of inspiration:

1. Respect and honour the child from the very first days, because even then he is already a human being!
2. Adapt the theory of education to the child, not the child to the theory!
3. You must first know what you want to educate for, so you can find out how!
4. Look for and encourage the good in the child above all, don't just stop at repressing the bad!
5. Do not educate yourself less than you educate your child!
6. Raise your child always in cooperation with him, not against him!
7. Do not value the opinion of others more than the good of your child!
8. Before you say no to your child, think about ways to say yes!
9. Give your child all the tenderness and love you have in you, but don't spoil him/her!
10. Don't take parenting so seriously that you forget to enjoy it!

### **Trust as a Key Element for a Nurturing Relationship**

We see trust as a key element in the educational influence of parents. The establishment of trust is a process that necessitates a considerable investment of time and effort, yet it has a profound influence on the child's personality development and the quality of relationships within the family or school setting. The recurrent topic of the crisis of trust in public discourse is indicative of a decline in the population's trust in state institutions on a global scale. A legitimate question is why do we need to trust other people at all? One answer is to point to the fact that we depend on others in many situations because we cannot achieve our own goals or alter the intricate circumstances of our lives (24). It is natural in these processes to accept the risk of betrayal as the price of trust. Today, the understanding of trust as a cooperative predisposition is emphasized, which is both a condition and an expression of our dependence on the world and, at the same time, an optimistic openness to it. It is a particular structural unity of trust and vulnera-

bility, apprehensible through the lens of diverse perspectives and situational contexts (25).

According to Anthony Giddens in his book *The Consequences of Modernity* (1988), trust is based on the expectation that other people or systems will act in a certain way that fosters stability, reliability, and predictability in everyday situations, despite the existence of potential risks (26). Giddens distinguishes between trust and risk, emphasizing that trust is a fundamental aspect of modernity, where social relationships and systems are no longer primarily based on personal acquaintance or traditional structures. Modern trust is often based on *disembodied trust*, which operates through abstract systems such as institutions, technologies or expert networks.

He also distinguishes between trust in interpersonal relationships and trust in broader social and institutional systems. Trust in interpersonal relationships (facework commitments) is rooted in personal contact and relationships. It develops through familiarity, daily interactions, and social norms. For example, trust between friends, family members, or neighbours. Trust in abstract systems (system trust) is critical in modern societies, where many social and economic processes occur through systems that are not directly dependent on personal relationships. Examples include trust in banks, healthcare systems, legal institutions, or technologies. This trust involves "disembedding," meaning we trust systems and their representatives (e.g., a doctor as a representative of the healthcare system) even when we do not have personal relationships with them.

In traditional societies, trust was deeply rooted in familiar environments where people trusted each other based on personal relationships. In modernity, these traditional bonds have weakened, replaced by trust in systems. If the system or individual in which we place trust betrays that trust, it can lead to a profound sense of betrayal and a loss of confidence not only in that system but also in related systems. Modernity brings new global risks, such as climate change or technological threats, which can undermine trust in international institutions and systems.

Modern societies are reflexive, constantly evaluating and reinterpreting their institutions

and practices. However, this reflexivity can weaken trust by fostering scepticism toward authorities and systems. So, we see the trust dilemma here: on the one hand, trust is essential for managing the complexity of modern society; on the other hand, modernity introduces risks that can erode trust (e.g., scandals, institutional failures, or technological disasters). Thence trust is an essential ingredient for the functioning of modern societies and is also a key element in the post-traditional world. It facilitates social integration and collaboration in the context of persistent change and mounting uncertainty.

Given the important role that technology plays in the daily lives of consumers and organisations, trust is also fundamental to the success and sustainability of the technology industry (27). Bowles (2021) asserts that users must have trust in the promises made by technologists that voice assistants will not record anything unless a specific word is spoken, that cameras will not record anything without consent, that private messages will not be read, and so on (28). It can be argued that trust is an important ethical value, and one that is essential for a healthy society. The act of entrusting data to another party implies a certain level of assurance that it will not be disclosed. This trust, therefore, represents a form of vulnerability in the context of security. In any case, the absence of trust, or the failure to implement measures to strengthen it, can act as a potential barrier to the process of digitisation and the successful development of new technologies.

### **The Impact of Digital Technologies**

The increasing role of digital technologies in people's everyday lives is affecting various aspects of interpersonal relationships, including the quality of relational bonding (attachment) in the context of adult partner relationships and parenting. Social media platforms, instant messaging, smartphone apps, and video calls are dramatically altering interpersonal communication and impacting attachment-related psychological processes (29). Relational bonding constitutes a core element of interpersonal relations, described as an emotional connection between two individuals that includes feelings of

security, trust, and closeness. The rise of digital technologies has reshaped how these bonds are established and maintained. Social networking, instant communication, and video chats offer new avenues of interaction that can affect the quality and resilience of relational bonds (30).

The Attachment Theory, as developed by Bowlby (1988), posits that the quality of childhood attachment is a significant predictor of an individual's capacity to form and sustain healthy relationships in adulthood (31). In the context of the digital era, however, the question arises as to the extent to which technology can stimulate, develop, or disrupt these processes (32). Castells' (2009) theory of the network society posits that digital communication alters the dynamics of social ties, emphasising the diversity of contacts while simultaneously reducing the depth of their interactions (33). Another study by Turkle (2011) indicates that the phenomenon of "solo together" is occurring, whereby individuals engage in physical interactions while simultaneously immersed in the digital realm of their mobile applications (34). Consequently, the genuine experience of closeness and understanding in relationships is diminished, yet "closeness" becomes a constrained phenomenon.

Conversely, Mikulincer and Shaver (35) argues that relational bonds can also be fostered through digital tools if these are employed in an efficacious manner. Hampton et al. (2011) highlight that social media facilitates an increase in awareness of others' lives, thereby fostering social bonds, particularly through the sharing of information and emotions (36). This phenomenon is frequently designated as "social super-networking," which engenders fundamentally novel prospects for interpersonal communication. The philosophical question that remains is to what extent this is a dissemination of information and to what extent there is an enhancement of the bond in the sense of relationship as an existential phenomenon that integrates all levels of human existence.

On the one hand, digital technologies facilitate significant contact between individuals despite geographical distance. As demonstrated by Wellman et al. (2001), the use of email and chat have the effect of reinforcing the bonds be-

tween individuals who would otherwise remain outside the boundaries of their traditional social communities (37). During the period of restrictions imposed by the Coronavirus pandemic, digital technologies have been effectively employed in the care of clients in nursing homes and hospital settings. Stafford (2010) posits that long-distance peer relationships are enhanced by the increased ability to communicate via video calls and messages, which can foster feelings of emotional connection (38). This effect is more pronounced in those with a secure attachment, which, in the context of this discussion, refers to past physical interpersonal communication. Social networks provide a platform for sharing emotions and seeking social support. Shaver et al. (2017) posit that technological communication can serve as a complement to physical proximity, thereby promoting relational stability (39). They point out that technological communication can serve as a complement to physical proximity, thereby promoting relational stability. The beneficial impact of digital technologies in fostering relationships that facilitate partner-finding for individuals who otherwise have constrained opportunities for conventional dating has been documented in numerous studies. As reported by Rosenfeld et al. (2019), approximately 39% of new partnerships in the United States in 2017 were formed through online dating sites, which has significantly increased their importance (40).

On the other hand, the use of digital technologies in relationships between people may diminish the quality of intimacy if they supplant in-person contact. The communication that occurs in digital environments has the potential to result in the formation of superficial relationships, as the authentic interaction that occurs in person is reduced to text and visual representation. A study conducted by Kross et al. (2013) indicates that excessive use of Facebook is associated with a reduction in momentary feelings of happiness and long-term life satisfaction (41). One of the causes is the phenomenon of “upward comparison,” whereby users of various apps (e.g., TikTok, Facebook, Instagram) observe an idealized representation of others’ lives, a digitally altered reality, and distorted information

that collectively create a distorted picture of reality. The enhancement of the image of others’ lives through digital means engenders a sense of failure among the recipients, which in turn precipitates a decline in their inner happiness. The narcissistic culture of contemporary society reinforces the internal drives that lead people to compare themselves with others, while their solipsistic tendencies undermine their ability to derive pleasure from the successes and happiness of others.

The pervasive availability of technology can precipitate a phenomenon known as “technostress,” which has been demonstrated to have a deleterious impact on the quality of interpersonal relationships. Some studies have indicated that the pervasive presence of technology in the domestic environment may have the potential to disrupt the emotional intimacy and closeness between partners (42). It is advised that individuals exercise voluntary self-restraint in the use of digital technology during family activities, to maintain attention and deepen emotional connection (43, 44). From a psychological standpoint, it is not feasible to simultaneously attend to multiple activities without compromising one’s capacity for social interaction (45). The current legislative approach to road traffic is already beginning to reflect the findings of these studies.

Digital technologies thus have the potential to be a double-edged sword in relational dynamics (46). While digital technologies can facilitate communication and promote emotional closeness, they also pose certain risks. It is therefore essential to communicate the impact of these risks and to implement strategies to minimise their negative consequences.

## Conclusions

Contemporary children and youth are profoundly influenced by modern technologies. Technological progress is an inherent aspect of contemporary society. The ongoing process of automation and the mechanisms of automation have an impact on children in several areas, including education, skill development, physical activity and social interactions. The excessive use of technology by children frequently results in a lack of sufficient attention from parents. The



time spent together with parents is transformed in its significance. The number of available models and role models is diminishing, and those who remain are no longer accessible as sources of guidance and emulation. It is crucial for parents and caregivers to achieve a balance in their children's use of technology, promoting the beneficial aspects of automation while safeguarding them from its potential drawbacks.

Parents bear the primary responsibility for their children's upbringing and the conditions in which they grow up. It is their role to foster motivation in the child and to assist them in pursuing realistic aspirations and objectives. An essential element of trust is open communication, which entails the free and honest exchange of information between all parties involved, enabling the expression of thoughts, feelings, and opinions without fear of negative consequences or judgment. The influence of digital technologies on the formation and maintenance of interpersonal relationships is a multifaceted and intricate phenomenon. Although digital communication offers numerous advantages, it is important to acknowledge the potential drawbacks and to proactively cultivate constructive relational strategies.

We have emphasized in this paper that the relational dimension of human personality is undergoing fundamental changes because of the impact of digitalisation, globalisation and modern lifestyles.

Our findings reveal that:

- The capacity for emotional intelligence is of paramount importance in maintaining the quality of relationships in an environment that is characterised by digital fragmentation.
- The advent of digital communication has facilitated rapid access to social networks, yet this has concomitantly undermined the capacity to cultivate profound and genuine relationships.
- There is an increasing necessity to reinstate empathy and authenticity in interpersonal interactions, as their absence results in feelings of loneliness and the disruption of relationships.
- The potential of social networks and technologies to foster relationships is contingent upon their responsible use and the quality of interactions they facilitate.

Considering the current challenges, it is imperative to reaffirm the importance of values such as empathy, respect, and responsibility in relationships. The functional family serves as the primary platform for individuals to develop their personalities in a healthy and well-rounded manner, while also equipping them with the skills to establish and maintain such a family themselves (47, 48, 49). The secondary platform comprises educational institutions and platforms for non-formal education and leisure activities. These will facilitate education in emotional literacy and awareness-raising about the impact of digitalisation on human relationships (50, 51). This approach can contribute to the creation of a more harmonious society that promotes healthy personal development and lasting interpersonal ties.

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# Psychological and social Dimensions of caring for injured Children in professional Families

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## Abstract:

The main objective of this theoretical-empirical study that analyzes two types of care for problematic children in professional families is to point out and identify the specific requirements and issues of caring for children who, for various subjective or objective reasons, experience problematic life situations. Methods. In the present research, the authors investigated the satisfaction of professional parents in providing care for children with ordered institutional care by use of qualitative techniques. The main identifiers and categories in determining satisfaction were the performance of their profession, dissatis-



faction of professional parents in cooperation with the professional team in the center for children and families, identifying the most common causes of dissatisfaction of professional parents in caring for minor children and finding a correlation between the perception of their profession as a positive contribution to the further development of the child. Eight participants, women who are employed in the center for children and families, participated in the research. In the final part, we verify the established hypotheses that identify the issues of professional families. Conclusions and discussion. The main contribution of the final part is the awareness of the sensitivity of the topic identified by the created interview with the participants. When confirming the four established hypotheses, we can say that three of them were confirmed, while the hypothesis that stated the dissatisfaction of professional parents in cooperation with other professional teams was not confirmed. Conclusion. The study points to the sufficient satisfaction of professional parents in the performance of their profession, identifies the most common causes of dissatisfaction of professional parents in caring for minor children and, last but not least, it is a pleasing fact that professional parents perceive their profession as a positive benefit for the child in terms of his further psychological development. Professional parents have especially good cooperation with other experts who are interested in the well-being of the child in the professional family, and so we can say that it is the professional family that becomes a refuge for the child, but also a springboard for his future life in society.

## Introduction

When caring for children in professional families, we encounter specific features resulting from the combination of elements of institutional and family care. In one place, there is a combination of professionalism and emotional involvement of these people. The organization of a professional family is to a large extent a copy of the ordinary family system. This means that it includes organizational complexity, limitations, adaptability, a certain degree of permeability, a system of continuous information exchange as well as self-preservation and self-protection. As Hudecová and Gregorová state, “each family system is made up of several subsystems, the most important of which are the marital (partner) subsystem, the parent-child subsystem, and the sibling subsystem” (2008, p. 56).

## Professional families

In professional families, these subsystems are modified. Since the marital subsystem is

not a condition, since the professional parent does not have to be married. We replace the parent and child subsystem in a professional family with the professional parent and entrusted child subsystem. The sibling subsystem in this understanding is created by siblings with ordered institutional care, but it is not always possible to place them together in the family. It is also completed by the biological children of professional parents (Tvrdouš et al., 2022; Lesková, Haburajová-Ilavská, 2023). For the quality fulfillment of individual functions of the family and therefore, in our understanding, also of the professional family, it is necessary to create firm and flexible boundaries between the aforementioned subsystems. As stated by Matějček (1986) and Budayová (2024), children need adults for their lives (Duka et al., 2024). They ensure their upbringing and proper care. Attention and praise are motivating for children. A sense of safety and security is essential

for their positive development. (Tkacova et al., 2023; 2024).

For an abandoned child, a professional family is of great importance. This family becomes a place of emotional support and also an important socializing factor for children with institutional care. On the one hand, it replaces the upbringing and care of the original family, on the other hand, it also has its own specifics and pitfalls that professional parents and sometimes even the children themselves struggle with.

Šmajdová Bušová (2012) states that two significant factors influence the upbringing in professional families, which are time and changes. In professional families, repeated changes take place in certain time periods. Changes can be slow or sudden, which cause stress to individual family members and burden them. They are related to the very rotation of children in professional families. Neither the children in care nor the professional parents themselves know the exact length of the children's stay in their household, they cannot prepare in advance for the time period and course of the child's stay.

In terms of the time intervals of one child's stay in a professional family, we distinguish phases:

- From the perspective of the professional family and its members - the phase in which the family prepares to accept a new child by collecting and summarizing information about the child through the children's home employees. And the second phase, which already represents the actual implementation of the change, when the child becomes part of the professional family.
- From the perspective of the entrusted child - it is necessary to mention three phases, which are the pre-adaptation, adaptation and post-adaptation period.

The child's adaptation to the new environment is difficult and important for the child and for building relationships. At this stage, relationships between professional parents and entrusted children are formed. The length itself and its course depend on several factors such as the child's age, his abilities, habits, bad habits that the child has acquired in the biological family, in the children's home. The course of the adapta-

tion itself is accompanied by various behavioral manifestations. These are often influenced by fear and anxiety of the unknown. For this reason, children experience various psychosomatic disorders, such as eating disorders, sleep disorders, digestive problems, problems with excretion, crying, defiance, disobedience and others. The adaptation period certainly has its irreplaceable place in the process of creating bonds and positive development of the child. However, K. Šmajdová Bušová (2012) points out the need to focus the attention of the professional public on the pre-adaptation, but especially on the post-adaptation period when strong emotional bonds and lasting relationships are most often created between professional parents and entrusted children. These situations are created mainly after the elimination of developmental delays in children.

The above shows that professional parenting does indeed include elements of a regular family system, but on the other hand it has its own specifics with a focus on time and changes, partial differences in the composition of the structure. Which again points to the dilemma of professional versus parent.

### Children placed in professional families

As stated by Kondrla et al.: "Having a family has always been understood as family happiness or wealth" (Kondrla et al., 2023). For every individual and especially for a child, the family, one's own, biological, is an important basis for healthy development. The family can be enriching for a child, bringing them feelings of happiness and satisfaction, but if it does not function, it is also a source of great suffering, fear, and insecurity. The child identifies with the parents and vice versa, they form a single whole. For the child, but also for his or her family, the removal of the child is a great trauma. Removal should be the last possible solution when the child's stay in the family is truly threatening.

Let us mention the basic groups of children who are ordered to be institutionalized:

- children of sick, physically or mentally disabled parents who, due to their condition, are unable to take care of their child and do not have an extended family to help them,

- children of antisocial parents who commit crimes, use alcohol or drugs,
- children of parents who live at a very low socioeconomic level – homeless, unemployed,
- children who were born with a health handicap and whose parents were unable to take care of them for that reason, (Svoboda et al., 2024)
- children who were born to parents who themselves did not experience a loving relationship, are unable to create one even in relation to their children, and who themselves grew up in children's homes or in troubled families without love,
- children who were born to underage mothers, immature mothers, without a family background,
- children who were mentally or physically abused, neglected or abused by their parents,
- orphaned children who did not know another close person who would take care of them. As we can see, there are various reasons why children are removed from their families. As we already know, the obligation of children's homes is to place children under the age of six in professional families. In children who were removed from their biological family for the above reasons, we can observe various types of developmental disorders, which occurred not only due to genetics but also due to the environment in which they lived a part of their lives (Weiss et al., 2023).

Vágnerová (2005) focuses on the lagging behind of these children in individual areas of development:

- in the area of physical development – the consequences of physical abuse, neglect, sexual abuse are reflected, these are manifested in children in the form of burns, abrasions, neuroses, bedwetting, stool leakage, sleep disorders,
- in the area of cognitive and intellectual development – which is manifested by insufficient vocabulary, communication disorders, unsatisfactory school results, learning disorders, inability to perceive reality and one's own ideas are frequent,
- in the area of emotional development – which is a consequence of emotional abuse and neglect, which is displayed in the child through

passivity or, on the other hand, through aggression. Such behavior is a reaction to emotional insecurity, when the child is unable to adequately control emotional deficiency and tries to saturate it by accumulating food, things, etc.,

- in the area of social development – when the child is unable to create social relationships, which are superficial. When modeling them, he uses aggression, unpleasantness, jealousy, excessive diligence, even intrusiveness). If he is not accepted in relationships, he forms an objective perception of his person – he either underestimates himself or feels superior,
- in the area of moral development – when, as a result of inadequate role models and social backwardness, sociopathological phenomena such as crime, theft, bullying, violence appear in the child (Vágnerová, 2005). Professional parents accept children with these developmental disorders into their families. Before placing a child in a professional family, it is necessary for the children's home, through the staff of the professional team, to familiarize the professional parent with all available information about the child and also the date of his arrival. Based on which, the professional parent can prepare the members of his household for the arrival of a new member. The time for preparation is sometimes very short, information about the child's situation is minimal. In the process of adapting a new child, especially in children under three years of age, professional parents may notice some of the symptoms that may signal developmental delays, which are:
  - the child overreacts or underreacts to touch when bathing, stroking, cuddling, etc.,
  - the child avoids eye contact,
  - the child overreacts to sensory sensations, or is inattentive to them,
  - the child's motor and muscle reactions are hyperactive or slowed down, fine and gross motor skills are poorly developed,
  - the child's crying is intense and cannot be soothed, or on the contrary, the child does not cry at all,
  - the need for food comes first, the child needs a constant supply of food, or on the contrary,

there is a loss of appetite, (Petrovic et al., 2023)

- the child sleeps excessively long, or on the contrary, the child is alert and cannot be soothed,
- the child is not afraid of anything, or is too scared,
- speech is limited, or on the contrary, very extensive,
- the child reacts to a stranger with fear, or on the contrary, has no problem establishing contact with anyone (Archerová, 2001). The reason for these developmental delays may be negative influences that enter the prenatal period as a result of insufficient nutrition, addiction to addictive substances, or intrauterine trauma. It is for these reasons that some children react inadequately to touch, sound, movement, smell, light, or the taste of food (Archerová, 2001).

The role of professional parents is to help the children entrusted to them overcome and alleviate these developmental disorders through appropriate educational intervention. They are expected to accept the child unconditionally, shape his personality and needs with regard to family history and traumas. They will approach the child individually, become his support, and develop his personal interests and abilities.

### **Emotionally deprived children**

Emotional deprivation is defined as “a situation where a person’s basic emotional needs are not met, such as the need for security, safety, and love. A child’s emotional dissatisfaction can be caused, for example, by the child not having his or her own parents, the family is dysfunctional, falling apart, the child is disabled, or is often in institutional care facilities” (Prucha et al., 2003). “If a child is not given the opportunity to satisfy any of his or her basic psychological needs to a sufficient extent and for a sufficiently long period of time, we are talking about psychological deprivation” (Matej, 2000). For the healthy and full development of each individual, it is necessary to ensure that individual needs are met. If a child grows up in institutional care facilities, this deprivation often deepens. Raising children in professional families, where it is more targeted and individual, focusing on the specific needs

of the individual, contributes to its alleviation. The manifestations of psychological deprivation are addressed in his works by Matejček (2015), who talks about its various forms such as superficiality in emotional relationships, impaired communication skills, poor school performance, and behavioral fluctuations. In the first years of a child’s life, he points out the need to fulfill the following needs:

- The need for a certain degree of stimuli and stimulation - within which there is an adequate supply of stimuli in terms of quantity, quality, and variability. This activates the individual to constantly receive new stimuli from their environment.
- The need for a certain degree of constancy, order, and meaning of stimuli - from individual stimuli, knowledge and experiences that are meaningful and organized should arise (Leka et al., 2024). This allows us to master basic strategies and work procedures. This is a basic need for fulfilling the learning process.
- The need for a close person - satisfying this need brings the child a sense of security and safety. It is a condition for a harmoniously developing personality. Children in separate groups in orphanages have a hard time forming a deeper relationship with one person. In a professional family, there is a more realistic chance of creating one.
- The need for identity, which results in the need for social application and therefore self-worth in society - represents a positive acceptance of oneself, one’s social value. Which is a condition for assuming subsequent social roles and satisfactory inclusion in society. We often encounter children leaving children’s homes having problems with their own identity and awareness of their own identity.
- The need for an open future, life perspective - satisfying this need gives the child the opportunity to find new life challenges (Sirotkin et al., 2023). Life in a functioning family brings with it a new view of the future, hope, family ties, feelings of love, security. On the contrary, the loss of life perspective leads to despair and hopelessness (Matějček, 2015; Petrovic, et al., 2024; Stan-Pavlikova, 2024). By fulfilling these needs in children with ordered institu-

tional care in individual professional families through friendly and open behavior that is intentional and purposeful, significant correction occurs in children with the consequences of psychological deprivation. The success of this activity on the part of professional parents depends to a large extent on the child's ability to respond positively and accept this offer (Šmajdová Búšová, 2013; Šimek, 2021).

### Children with attachment disorders

The relationship between a mother and a child is already established during intrauterine development. When a child is born, the mother or another close person (father, grandparent) satisfies all the child's needs. A mutual bond is thus created between the child and the closest person, which constantly deepens. This loving relationship between these people has an impact on the development of the child's psychological, physical and subsequently social development (Matej, 2000). In children with ordered institutional care, we often encounter difficulties that arise as a result of attachment disorders to a close person, i.e. a relationship person. "It is important for a child at an early age not to be separated from the relationship person, but to be constantly close to him. Only under such conditions can a secure relationship develop" (Bizová, 2015, p. 60).

Unlike children growing up in biological families, who are in direct contact with their loved ones, children in various forms of alternative care have been separated from their relatives. This means that the relationship has been interrupted. This fact is reflected in the child's life very negatively, it means a great psychological burden for him, a threat to emotional development, as he temporarily loses a sense of security and safety. These children adapt to a new environment and new people with great difficulty (Bizová, 2015). Most children who come to children's homes come from an inappropriate family environment, where the mother did not meet the child's needs, even neglected him. They may develop:

- anxious attachment, when the child is unduly attached to the parent, thereby trying to gain a more intense sense of security,

- insecure ambivalent attachment, in which moodiness in relation to the adult alternates,
- insecure avoidant attachment, when the child alleviates his or her insecurity by disinterest in the parent (Archerová, 2001). When building a relationship, professional parents may encounter various negative manifestations that stem from a disrupted relationship.

Scholler in Bizová (2015) includes withdrawn and rejecting behavior, hiding food, overeating, aggressive behavior, lying, stealing, averted gaze, and indiscriminate affection. Thanks to a patient approach and the right educational method on the part of professional parents, it is possible to create a relationship in the child with new people who provide care for the child. Based on this, negative manifestations in the child's behavior that arose from the initial disrupted relationship can be eliminated, or even completely eliminated. The course and time of the attachment process also depends on the child's age. For older children, it is often a difficult and long journey, and even a small improvement in relationships is perceived as a great success.

### Traumatized children

Children who come to children's homes and then to professional families experience trauma in their lives. Traumatizing events, as stated by Škoviera (2007), can occur in a child during pregnancy, after birth, in the home environment, or in connection with entering a substitute environment (Pavlikova et al., 2023, Shyshak et al. 2024). Children also become socially and emotionally disturbed due to the influence of these traumas. The term trauma comes from Greek and represents injury. In contrast to the original perception of this word, we are currently talking not only about physical but also about psychological injury. A traumatic event can be understood as all forms of abuse, neglect, abuse, as well as the aforementioned rupture of a relationship with a close person (Zenelaga et al., 2024). Ludvigh Cintulová et al. (2023, 2024) and Binetti (2021) report on stress in children, which arises in early childhood. This stress in children is caused by insufficient fulfillment of basic needs such as hygiene, food intake or gen-



eral care. During this period, the child learns to walk, acquires self-service activities, perceives relationships between people, distinguishes the behavior of adults, and desires to achieve his own benefit. When he fails, he resists, his behavior is inappropriate, even aggressive. Here, the tension that arises can transform into stress and repeated stress can subsequently cause trauma in the child (Valachova et al., 2024). Experiencing trauma in children is difficult, they cannot rationally process reality, which is reflected in their behavior and experiences, causing various educational problems for the child. “Experienced traumatic events can spontaneously enter the child’s consciousness in a state of wakefulness, but also during sleep in the form of recurring night terrors. The child sometimes copes with them through daydreaming or fantasy games, or the spirit of absence” (Bizová, 2015; Popovych et al., 2019).

Child maltreatment affects the development of the child’s brain, meaning that some brain connections are strengthened and others are blocked (Kobylarek et al., 2022; Prokhorenko et al., 2023). A child who was neglected at an early age and whose mother did not care about him needs to gain the experience of a caring environment, a feeling of support and interest from the caregiver (Králik, 2023; Králik et al., 2024). These positive experiences will slowly replace previous experiences. New connections will subsequently be formed in the child’s brain, replacing the originally adopted ones. Here too, it is necessary for the caregiver to understand the causes of the child’s negative, hostile behavior. Reactive manifestations of trauma subside thanks to the kind approach of professional parents who care for the child. However, sometimes love and care alone are not enough to heal a minor’s soul, but the help of experts and therapists is also needed, with whom professional parents can cooperate and use their professional help.

### **Cooperation with the biological family**

“Biological parents and family form the basis for the child’s growth and development, as they provide the child with an awareness of who he is and where he belongs from birth. The child needs a relationship with them in order to devel-

op self-confidence and the ability to trust others” (Bursová et al., 2024; Popovych, 2020).

The arrival of a child in a professional family does not have to end the child’s relationship with his biological family. On the contrary, if there is even the slightest interest on the part of the parents and the child, the children’s home uses all available options to support this relationship. A complete interruption of contacts with the family can really threaten the child’s return to the natural environment (Budayová et al., 2024; Križlerová, 2015). In building and processing identity, meeting with one’s own biological parents plays a special role for the child (Janackova et al., 2024; Khalid et al., 2024). If a receptive professional parent is also present during these contacts, the child has reinforcement through which he can experience and process a sense of security and the creation of positive relationships (Šimek et al., 2021; Popovych, 2019). In practice, however, we often encounter the fact that professional parents often perceive this fact as a significant negative aspect of their work and efforts. They are afraid of contacts with the family. Cooperation with the biological family is primarily ensured by the children’s home, but the professional parent also actively participates in it (Hamarová et al., 2024; Máhrík and Králik, 2024a). The meetings themselves and other forms of contact are preceded by an investigation of family circumstances and the creation of a social work plan with the child and his family. On the basis of which specific tasks are developed aimed at eliminating or mitigating the causes that led to the failure in the family (Šmajdová Bušová, 2013; Králik, 2024).

Professional parents are familiar with these plans and are also provided with all the necessary information about the child’s parents and other relatives as well as the possibilities and course of contacts with them. They can also participate in the formation and creation of positive bonds with parents and siblings through their active activities, especially through ongoing conversations about the family, which are positively formulated, not judgmental. The provision of new information about ancestors as well as photographs from the life of the original family is also of great importance for the child (Úsmev ako dar, 2022).

The professional parent is obliged to enable the child to meet with his/her parents and relatives. According to the psychologist's recommendations, he/she prepares the child for the meetings. His/her task is not to evaluate and judge the relatives, but to respect them and family relationships (Budayová et al., 2023a,b; Makan et al., 2023). After individual meetings, written contacts or phone calls, he/she monitors the child's psychological and physical condition, and informs the members of the professional team with whom he/she collaborates about essential facts. The professional parent has the right to decide whether to personally participate in individual meetings with the child's biological family. The professional team respects his/her decision (Fila et al., 2024). The biological family is not provided with the professional parents' address. However, this is not a guarantee that the biological parents will not find out this data from other sources. In such a case, the professional parent's privacy may be significantly violated (Maturkanič et al., 2022, 2024). In our conditions, the priority in the direction of social and legal protection of children with social guardianship is to focus social work in the family of the child who is placed in a facility for the implementation and support of measures aimed at the rehabilitation of the natural environment in coordinated cooperation of individual stakeholders (Tomová and Árpová, 2018). Which reflects the need to support and maintain the child's relationships with his parents, siblings and relatives to whom he has a personal relationship.

### **Cooperation in the process of alternative family care**

If a situation arises that, for various reasons, the relationship between the child and his biological family is completely interrupted, or if the child's return to the original family is not possible, the children's home, in cooperation with the relevant office of labor, social affairs and family, implements the necessary measures related to the process of preparing the child for one of the forms of alternative family care. We described the forms of alternative family care in the first chapter of this work, so we are talking about fos-

ter care or adoption either in the Slovak Republic or abroad. The role of a professional parent in the process of arranging alternative family care is to be fully supportive in preparing the child for the transition to a new family. He/she follows the recommendations of the members of the children's home's professional team, whether it is a psychologist, social worker, or therapeutic pedagogue (Martin et al. 2023). He/she accompanies the child in interactions with applicants for alternative family care, provides them with the necessary information about the child, his/her health, mental and physical development, as well as his/her habits, daily routine, or specific upbringing requirements. The professional parent becomes the child's closest, contact person, consults and suggests solutions that will minimize uncertainty on the part of the child. We can perceive these facts as ordinary matters that need to be implemented. However, sometimes they can be very demanding and burdensome for a professional parent, especially if positive bonds and relationships have been created between them and the child. Among professional parents, there are those who find it difficult to bear the fact that they are only a kind of transfer station for children on the way to a foster or adoptive family. In connection with this, difficult situations arise both on the part of the professional parent and on the part of the child. To what extent these negative feelings can be eliminated on the part of the professional parent and also on the part of the child depends on a whole range of factors. It is also related to preparation for this profession, personality traits on the part of both the adult and the child (Árpová, 2023; Árpová and Árpová, 2024). Managing this difficult situation also depends on the support and advice of all members of the professional team who cooperate with a particular family. In working with children placed in children's homes and therefore also in professional families, the creation of the "Book of Life" has proven itself. It concentrates important information from the child's life, photographs from individual periods of life, capturing significant life events, people and places that have influenced their life so far (Pavlikova and Tavilla, 2023). These are facts that are important for their future life and the for-

mation of identity. When leaving a professional family, for example, due to the mediation of substitute family care, the child takes this memory book with them. Here too, we see the possibility of at least partial alleviation of the wounds that may be caused to the child by another change in their life.

## Methods

In the present research, a qualitative case study was employed, conducted as standardised interviews. A case study is an interpretive approach, where the researcher is open to multiple meanings and interpretations. The methods for these approaches are inductive (Guttesen, 2022, p. 86; Guttesen and Kristjánsson, 2023). The method of sampling chosen was convenience sampling. Although it is not ideal, due to its potential to result in a biased sample, it is often “the only approach possible in some circumstances and we may have to tolerate the potential biases that ensue from this strategy” (Langdridge, 2004, p. 41; here, quoted from Guttesen, 2022, p. 101; Guttesen and Kristjánsson, 2023, p. 8812; Guttesen, 2024). It is also worth noting that “convenience sampling is commonly used in qualitative research, within disciplines such as educational and social sciences, as useful results can be obtained” (Kondrla et al., in press).

The main goal of the present research was to determine the satisfaction of professional parents in providing care for children with ordered institutional care.

To answer the main goal, we must first obtain answers to the partial goals that we have set:

- to determine satisfaction, dissatisfaction in the performance of their profession,
- to determine satisfaction, possible dissatisfaction of professional parents in cooperation with the professional team of the children’s home,
- to identify the most common causes of dissatisfaction of professional parents in the care of minor children,
- to determine whether professional parents perceive their profession as a positive contribution to the further development of the child.

Hypothesis No. 1: We assume that professional parents will generally express satisfaction in the care of the children entrusted to them,

which is also related to their initial motivation in relation to this profession.

Hypothesis No. 2: We assume that professional parents will express their dissatisfaction with the lack of professional care in the orphanage where the Center for Support of Professional Parents is not established.

Hypothesis No. 3 We assume that the most common reasons for professional parents’ dissatisfaction with the care of children entrusted to them are labor-legal relations as well as work with the biological family of these children.

Hypothesis No. 4 We assume that professional parents generally perceive their profession as a positive benefit for the children they provide care for, as evidenced by positive evaluations from the wider public with whom they meet daily.

## Characteristics of the research set

We addressed eight professional parents who are employees of two orphanages in the Košice region. We chose two Centers for Children and Families in a district with a high representation of national minorities. We deliberately chose employees of two children’s homes in order to create an objective perspective for processing the research results. The research was therefore attended by eight participants, namely eight women aged 23 to 57. All of these participants are in permanent employment at one of the above facilities. The research was conducted in January and February 2024. We met with the participants in their homes, and we agreed on the dates of the visits in advance by telephone.

## Characteristics of the research method

Among the important methods of qualitative research is the interview method. The interview has its own precisely defined procedures and principles that must be followed. It is a method of obtaining information directly from participants in direct communication. The interview is an important means of communication, it is also used as a method of getting to know a person. For some methodologists, the interview is perceived as one of the most important methods of examining people. As stated by Ondrejko (2007), “the interview is the collection of information about

people, objects, phenomena, processes. It is an interview with people who are telling the truth about facts that they know or think they know.”

### **Research questions for professional parents:**

1. What was your motivation for your current job? Supplementary question: Has your motivation changed during your practice?
2. How do you evaluate the cooperation with the members of the children’s home professional team with whom you cooperate? Supplementary question: How often do you have contact with these children’s home workers?
3. How does your immediate environment, such as family and relatives, perceive your work? Supplementary question: How does the wider environment react to the work you do? (neighbors, people in the village, city, in individual institutions)
4. How do you perceive your working conditions? Supplementary question: If you had the opportunity, what changes would you make in your work?
5. Do you cooperate or have you cooperated with the biological family of the children entrusted to you? Supplementary question: How do you experience visits by children in biological families?
6. Tell us about your experience with applicants for alternative family care? Supplementary question: What is easier for you, cooperation with biological family or with applicants for substitute family care?
7. What change do children in care go through while staying in a professional family? Supplementary question: What is a sign of a job well done in your profession?

### **Interpretation of research results**

The research was carried out in the natural environment of professional parents, i.e. in their families in their place of permanent residence, which is also the place where they work. Despite the fact that they were approached in advance and were offered the opportunity to conduct the interview in the building of the Center for Children and Families, none of the participants approached used this option, since when caring for children and also due to the different distances

of their residence, the option in which the interviews were conducted directly in their place of residence suited them best. It is an environment where they feel safe and secure. During the interviews, we asked for the cooperation of a psychologist from the Center for Children and Families, who helped us to ensure a calm atmosphere during the interview, as she worked with minor children. In three cases, we managed without her assistance, as we had agreed to meet at a time when the children were in preschool, or we conducted the interview at a time when the minor children were resting in the afternoon. The educational level of professional parents is at least at the level of secondary education with a high school diploma, communication with these participants was at an apt level, with the exception of one participant, who used exclusively dialect in her speech. Everyone understood the questions and answered them immediately. Sometimes slang words or dialect appeared in the communication. We interviewed all the participants, but we maintained extremely good working relationships with half of them. Communication was exemplary, they were open to conversation. The interview lasted approximately 30 minutes. We recorded the participants’ answers and then transcribed them, we used verbatim transcription, we preserved the dialect using the normal alphabet. For the sake of confidentiality of personal data and maintaining anonymity, we decided to replace the names and surnames with initials. We wrote down the participants’ answers verbatim using agrammatisms, slang, or dialect.

### **Discussion and evaluation of hypotheses**

In the present research, we focused on the current view of professional parents with satisfaction in providing care for children with institutional care. We investigated whether their initial motivation for pursuing this profession also has a significant impact on their current satisfaction with its implementation itself. We also focused on cooperation with the professional team of the Center for Children and Families, whether there are differences in the provision of quality in the Center for Children and Families where the professional team of the Center for Professional Family Support works, or a sim-



ilar team of an ordinary Center. Subsequently, we sought to identify the most common reasons for dissatisfaction of professional parents, which mainly concern labor-legal relations, but also work with biological family. It was equally important for us to find out how professional parents perceive their profession in relation to the children themselves, for whom they provide care, whether they have the opportunity to receive positive reflections from the wider public. The research was carried out in all cases in the family environment of the participants involved, as this option suited them for practical reasons, especially due to the provision of care for minor children. We met with a friendly reception from all participants.

We conducted the interviews in a pleasant atmosphere, without negative expressions or disturbing influences. We also monitored the emotional experiences of the interviewees. They spoke about specific events related to their work, named specific children or situations. The answers were quite extensive. It was very interesting and beneficial to find out how individual events in the lives of these children also affect the professional parents themselves, or even their relatives. We observed strong passion and love in all of them, which they can pass on to these children in this way.

When leaving, one of the professional mothers told us: "There is nothing more beautiful than having the opportunity to give the love you feel inside yourself to those who need it. It is not a job like any other, it is a profession." Another positive finding is that regardless of the number of experts in the professional team of the children's home or the professional team of the Center for Support of Professional Families, cooperation is assessed as very positive and necessary for the participants. Despite the expressed satisfaction of professional parents, we see negatives in the insufficient regulation of labor-legal relations and the currently set working conditions. Insufficient space for work regeneration, low number of vacations despite the fact that children are in their care twenty-four hours a day, seven days a week. Children's homes strive to have professional parents stand in for them during vacations, which is also very burdensome. Dissatisfaction with the

level of wages was also confirmed. In terms of cooperation with the biological family, they generally did not show open dissatisfaction, but they still perceive the possibility of leaving for another form of alternative family care as more beneficial for the children. When working with the biological family, they encounter many negatives that they perceive as threatening to their health and the health of their family. We see the positive in the fact that all these people perceive their work as beneficial for each child. Even a short stay in a family environment is more positive for a child than a stay in a facility, as evidenced by the positive responses of the wider public and the surrounding area. Professional parents reflect on these facts and perceive it as pleasant satisfaction for their work.

Hypothesis No. 1: We assume that professional parents will generally express satisfaction with the care of their children, which is also related to their initial motivation in relation to this profession. This hypothesis was fully confirmed by the interviewed participants, who express their satisfaction with the care of their children, as their initial motivations have developed during their practice, their expectations have been fulfilled, working with children continues to motivate them, and they were not discouraged by problematic experiences with their children.

Hypothesis No. 2: We assume that professional parents will express their dissatisfaction with the lack of professional care in the children's home where the Center for Support of Professional Parents is not established. This assumption of ours was not correct, the hypothesis was not confirmed. We found that even professional parents who work in a children's home in which there is no Center for Support of Professional Parents are provided with the necessary professional assistance and support from individual members of the professional team. Which we perceive as a positive phenomenon and quality performance of the work of individual members of the professional team.

Hypothesis No. 3 We assume that the most frequent reasons for dissatisfaction of professional parents in caring for children entrusted to them are labor-legal relations as well as work with the biological family of these children. This



hypothesis was confirmed for us that the most frequent reasons for dissatisfaction of current professional parents are labor-legal relations. Where our participants pointed out the issue of insufficient fund for workforce regeneration, mutual representation during vacations. Often more than three children are placed with one professional parent. The second cause of their dissatisfaction is also cooperation with the biological family. Here, in particular, insufficient hygiene, inadequate care for children on their part, and general disinterest. The interviewees find this reality difficult to bear.

Hypothesis No. 4 We assume that professional parents generally perceive their profession as a positive benefit for the children they provide care for, as evidenced by positive assessments from the wider public with whom they meet daily. We have found that professional parents perceive their work as beneficial, especially in relation to the child and his overall development. During the care of the child, they observe the transformation he undergoes, how he changes, how he learns and progresses every day. He creates a relationship with the people who take care of him and devote their time and energy to him. All these facts are noticed and positively evaluated by the wider environment, which professional parents are convinced of in everyday life on a walk, at the doctor's office, in schools, in shops and the like. Here they feel support, even admiration, which they also talk about in their statements. All of this is among the facts that ultimately enhance the feeling of satisfaction and a job well done for these professional parents.

From the above answers, we concluded that hypothesis no. 1 was confirmed from the perspective of professional parents who are satisfied with the care provided for their children. Hypothesis no. 2 was not confirmed, as professional parents are satisfied with the professional care provided by professional teams, whether they are part of the Center for Support of Professional Parents or not. Hypotheses no. 3 and no. 4 were confirmed.

## Conclusion

We live in an era in which the concept of family is losing its meaning. Every child needs to have their closest relatives with them, such as

their father and mother. They are the people who give our lives the first touches, caresses, words of support and comfort. These people give our lives direction. For many of us, it is a matter of course that we do not even think about, what our parents passed on to us, we give to our children and that is how individual generations function (Ambrozy et al., 2018; Kondrla and Repar, 2017). But how many children are there who are suddenly left in this world without their closest relatives, their world has collapsed. The smallest ones do not even realize it, but they adapt their behavior to what is expected of them, they defend themselves, escape, fear, attack. They use defense mechanisms to survive in this world. This struggle destroys them, tears them apart, they lose their security, they fall into a state of hopelessness and sadness. These hurting souls need love that will help them heal, maybe not completely, but at least partially heal the wounds that life has inflicted on them. Here we see the importance of people who have decided to pursue the profession of a professional parent. The work is so demanding and at the same time so beautiful, very necessary for these often traumatized children. Every child deserves love, caress, acceptance and understanding in the circle of the family, if not their own, then at least in a substitute. From the point of view of institutional substitute care, we perceive a professional family as the best alternative and chance for children, which brings them a quality, full life (compare: Mahrik-Kralik, 2024b).

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# The Impact of Anxiety and Depression on the Quality of Life of the university Students: the Slovak experience

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Original Article

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## Abstract:

**Aim.** This paper explores the relationship between the two closely related phenomena of health and quality of life. Health has a physical and mental form, mental diseases are divided into several groups: a) no mental diseases, b) anxiety and depression and c) suicidal thoughts and suicide attempts. The paper is focused on the mental health of university students, especially on the category of students experiencing anxiety and depression and the impact of these mental diseases on the

quality of life. It is based on a non-medical understanding of health, based on self-reported health by individuals. The numbers of people suffering from depression before the outbreak of the pandemic in Europe and in the world are given. The recently ended COVID-19 pandemic had a robust impact on all segments of society, including the concept of the quality of life. Several unresolved epistemological questions related to the quality of life are presented. Anxiety and depression are illnesses, in the context of the quality of life they are related to ill-being. This knowledge questions the identification of the quality of life with well-being. Three goals are formulated. The first is to explore how perceived anxiety and depression affected students' quality of life during the pandemic. The second goal is to measure the quality of life of students affected by anxiety and depression and compare it with the quality of life of all students participating in the research. The third goal is to discover which of the variables are predictors of anxiety and depression and which are predictors of the quality of life.

**Results.** The higher the values of suicidal expressions, the lower the values of pre-pandemic relationships, health, quality of life and trust, and vice versa. Because the category 'suicidal behavior' belongs to the 'negative indicators', the variables quality of life, health, relationships before the pandemic and trust are its predictors. Furthermore, in women, 'Suicidal manifestations' are positively correlated with all life variables, which can surprisingly be interpreted as the fact that the growth of suicidal manifestations is accompanied by an increase in confidence with a large correlation, an increase in the quality of life, health and social relationships with a medium correlation. Because the category 'Suicidal manifestations' belongs to the 'negative indicators', variables trust, quality of life, health and social relations are not its predictors. Up to three levels of subheading are permitted. Subheadings should not be numbered.

**Method.** The present study applies both secondary and primary research. On the one hand, the present researchers base the data on Eurostat, WHO, and large-scale studies, and, on the other hand, the variables are determined by primary data from an online questionnaire in which university students in Slovakia indicate answers on the Cantril scale of 0-10. The questions are listed in the appendix. The key questions are focused on the impact of the pandemic on the psyche and the quality of life.

**Conclusion.** The research took place in the months of April, May and June 2022. Students of bachelor's, master's and doctoral studies at Slovak universities participated in it, N=389. Attention is focused on students who felt anxiety and depression. Variables that can be assumed to influence the quality of life and mental health of university students are identified.

These variables are anxiety and depression, quality of life and further health (both physical and mental), social relationships, relationships with the loved ones before the pandemic, and trust. The inclusion of health, anxiety and depression and quality of life is related to the focus of this paper. The variables – social relations, relations with the closest ones before the pandemic and trust – express social capital. Together with lifestyle, this is a factor influencing the relationship between physical and mental health. Loneliness as a form of social relationships is a strong predictor of worsening mental health.

## 1. Introduction

An important part of every person's life satisfaction is their health, which can be considered as the most valuable asset that every person has (Meldrum, Morris, Gambone, 2017). Health care is at the highest level in the most economically developed countries – whether they are OECD member states or countries with a very high level of development according to the Human Development Index (hereinafter referred to as the HDI Index), measured by the United Nations (United Nations Development Programme, 2022). Slovakia is a part of both bodies. The COVID-19 pandemic (hereinafter referred to as the pandemic), which broke out at the beginning of 2020, had robust effects on all countries and their inhabitants, regardless of the level of healthcare. The emergence and spread of the pandemic, but above all the impact on various spheres of life, has been described many times. Researchers and international organizations pointed out the health, social and economic impacts of this viral disease (OECD, 2020, COVID-19 and Africa, 2022, Kondrla et al., 2023, Suzuki, Numao, Komagamine, Haruyama, Kawasaki, Funakoshi, Fujita, Suzuki, Okamura, Shiina, Hirata, 2021, Carmona-González, Flores-Garnica, Sánchez-Ramos, Ortiz-Rodríguez, Arenas-Ocampo, 2022, Ravens-Sieberer, Kaman, Erhart, Devine, Schlack, Otto 2022). The basic division of health is as follows: physical and mental (Ohrnberger, Fichera, Sutton, 2017). This paper is focused on the impact of two mental diseases, anxiety and depression, on the quality of life of university students in Slovakia and on the relationship between self-reported health, on one hand, and self-reported anxiety and depression, on the other. Health is defined not only in the

Preamble to the Constitution of the WHO (Grad, 2002), but also in relation to the quality of life. Cambridge Dictionary (Cambridge Dictionary. Health 2022) defines health as “the condition of the body and the degree to which it is free from illness, or the state of being well.” In this paper, attention is focused on non-medical understanding (Haimi, Brammli-Greenberg, Waisman, Stein, Baron-Epel 2020, Costa, Salam, Duhig, Patel, Cameron, Voelker Bookhart, Coleman, 2020) of mental health. It is based on self-reported health by individuals. In the field of physical and mental health, enormous progress has been made in recent years, but at the same time, new diseases such as ADHD and the incidence of others, e.g. obesity is reaching the nature of a pandemic. Significant progress in the treatment of mental diseases and in many countries a significant reduction in the stigmatization of mental diseases go hand in hand with the unprecedented growth of prosperity in the West (Petrovič, Murgaš, Králik, 2021). On the other hand, the growth of mental diseases is a part of today's affluent society. Wang and Granados (Wang, Tapia Granados, 2019) pointed out the increase in GDP per capita in parallel with the deterioration of mental health in the form of depression and other manifestations. The result is the statement that in 2019 one out of eight inhabitants of the globe, i.e. 970 million people live with a mental disorder (World Health Organization, hereinafter referred to as WHO, 2022). National Institute of Mental Health (2022) indicates the number of adults with a mental illness in 2020 at 52.9 million, or one in five adult US residents.

This paper has three objectives. The first is to explore how perceived anxiety and depression affected students' quality of life during the pan-

demic. The second objective is to measure the quality of life of students affected by anxiety and depression and compare it with the quality of life of all students participating in the research. The third objective is to discover which of the variables are predictors of anxiety and depression and which are predictors of the quality of life.

## 2. Background

This section defines the key concepts discussed in this article: Health, Quality of life, Anxiety, Mental health, Depression, Epistemology, and Suicide. Concepts such as health and quality of life are terms that researchers define differently. Therefore, in the present paper, we use the definitions of well-known organizations (Cambridge Dictionary, 2022, American Psychiatric Association, 2020, Taber's Medical Dictionary, 2022) or Encyclopaedia of quality of life and well-being research (Michalos, 2014).

### 2.1. Health

According to Ohrnberger et al. (2017), health, both mental and physical, together with education, intelligence and skills, is a part of the human capital. In the context of self-reported health, disease is identified by individuals with ill-being. However, the terms disease and ill-being mean something different. Disease expresses the pathology of the organism, its diagnosis and treatment are dealt with by doctors. On the other hand, ill-being, which is the opposite of well-being, together with well-being make up the quality of life. Individuals call ill-being a state when they subjectively evaluate their own life as not good (Ventriglio et. al., 2017).

### 2.2. Mental Health

The term 'mental health' is an umbrella term for mental disorders, psychosocial disabilities, mental states associated with significant suffering, impaired functioning or risk of self-harm. A mental disorder is characterized by a clinically significant impairment in an individual's cognitive abilities, emotional regulation, or behaviour. It is most often associated with anxiety and depression (WHO, 2022).

Anxiety is an emotion, American Psychological Association (APA, 2022) pointed out

that anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure, sweating, accelerated by heat or panic attacks.

The present paper is focused on mental diseases, which differ from physical diseases. As a rule, they are not associated with acute pain, their treatment is long-term. It follows that they take the patient out of the working life for a long time and are therefore costly from a public health point of view. It is a realistic assumption that the long-term mental diseases have a stronger impact on the quality of life than the relative short-term physical diseases. The flu or a broken arm have a stronger acute impact on the quality of life, but it is usually short-lived.

According to WHO (WHO, 2022), mental disease *"is characterized by a clinically significant disturbance in the individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm"*.

For the sake of quantification, mental diseases in the present paper are divided into three degrees:

1. Absence of mental diseases,
2. Anxiety and depression,
3. Suicidal manifestations, including very serious mental diseases in the form of suicidal thoughts and suicide attempts.

This paper explores the impact of mental illness, anxiety and depression on the quality of life of university students.

### 2.3. Anxiety

Anxiety is a lighter degree of mental diseases that requires attention as well. According to WHO, in 2019 there were 301 million people living with an anxiety disorder in the world, including 58 million children and adolescents (WHO, 2022).

## 2.4. Depression

Depression is a moderately severe mental disease in our classification. There are many definitions of depression (see also Salmanian, K., and Marashian 2022: 64; Masan and Hamarova, 2021: 10 & 11). The regional component of the World Health Organization (hereinafter referred to as WHO), Pan American Health Organization defines it as:

a common but serious illness that interferes with daily life, the ability to work, sleep, study, eat, and enjoy life. Depression is caused by a combination of genetic, biological, environmental, and psychological factors. Some genetics researches indicate that risk for depression results from the influence of several genes acting together with environmental or other factors. (WHO, 2022)

According to the American Psychiatric Association, depression:

is a common and serious mental disorder that negatively affects how you feel, think, act, and perceive the world. [...] Women are more likely than men and younger adults are more likely than older adults to experience depression. While depression can occur at any time and at any age, on average it can first appear during one's late teens to mid-20s. (APS, 2020)

According to both definitions, depression is an illness.

Depression is a disease of modernity. The depressiogenic social environment is significantly involved as a result of the decline of social capital and the increase of inequality and loneliness. The incidence of anxiety and depression is increasing in the West. In countries with high per capita income, the prevalence is higher than in countries with medium and low income per capita. The differences are linked to the prevailing different cultural values in these countries (Hidaka, 2012). Anxiety, depression, panic, phobias, obsessive-compulsive disorder and post-traumatic stress have the highest prevalence among common mental disorders (Heim et al., 2017; cf. Butz et al., 2024: 7).

## 2.5. Quality of life

Quality of life is one of the concepts with which society tries to grasp and explain the complexity of the contemporary world (cf. Laca et al., 2024: 54). Its essence is a cognitive and emotional evaluation of satisfaction with life according to the idea that each individual has of his life. This assessment is followed by knowledge from other scientific fields, but psycho-logical knowledge is key, and therefore it can be concluded that the quality of life is a 'psychological matter'. Human life takes place in a specific geographical space, so the previous statement can be supplemented: the quality of life is a 'psychological and geographical matter'. Researchers deal with the impact of mental disorders on the quality of life in order to bring valid knowledge applicable in public health and public policy. The success of their efforts has two essential prerequisites. The first is the acceptance of subjectivity in the evaluation of one's own mental health, for which the term 'self-reported health' was used, as well as the subjectivity in the evaluation of the quality of one's own life. The second is the acceptance of the necessity of a holistic approach to the quality of life, based on the current existence of not only wellbeing, but also ill-being in human life (Pavlikova, Tavilla, 2023). The election of Martin Seligman as president of the American Psychological Association contributed on the one hand to the boom in the study of the quality of life (Seligman, 2019), but at the same time it contributed to the identification of the quality of life in the current affluent Western society with well-being.

Quality of life is therefore a concept that cannot be measured, and, more specifically, what can be measured are its indicators. The overview of concepts of the quality of life was pointed out by Petrikovičová et al. (2022). The quality of life is connected with the concept of 'good life' (Widmer, 2014), which Aristotle called 'eudaimonia' in his *Nicomachean Ethics* (Aristotle, 2009). Veenhoven (2014: 5265) defines the quality of life in the sense of a good life: "*The degree to which a life meets various standards of the good life*". The quality of life of a student is the quality of life of one specific demographic category, which is not only determined by age, but



also by above-average education. Diener (1994) describes it as a student's overall subjective appraisal of the quality of one's life.

The quality of life is experiencing an extensive boom, behind which the development of its epistemology lags behind. Unsolved questions are:

Is there one quality of life or are there more qualities of life? Veenhoven (2000) states that there are four qualities of life, Petrikovičová et al. (2022) oppose this and point out that the quality of life is one. They base their claim on the fact that an individual has different social ties and status in his life, *"He has a somatic, family, sexual, parental, and work life, and spends his free time. He is employed or owns his own business, is a sports fan, a voter, has hobbies and interests, and is active in the community. In terms of the quality of life, these forms of his life are the health domain, the domain focused on family life, and other domains. The same person is always being described. From this it is derived that quality of life is one of many domains that can be quantified with many indicators."*

## 2.6 Epistemology

The quality of life is related to the concepts of well-being and happiness (cf. Guttesen and Kristjánsson, 2022: 279 & 281), which some scientists identify with the quality of life or are considered as interchangeable with it (Tubergen et al., 2018, Medvedev, Landhuis 2018). Bieda et al. (2019) also pointed out that quality of life and satisfaction with life are interchangeable with positive mental health. Ruggeri et al. (Ruggeri, 2020) believe that well-being is more than happiness and satisfaction with life. Similarly, El-Hassan pointed out that the quality of life or life satisfaction is a component of a student's subjective well-being (SWB). Other scientists on the contrary claim that the quality of life is not interchangeable with well-being and happiness (Susniene, Jurkauskas, 2009, Sirgy, 2012, Hall, 2014, Skevington, 2018). They also include Murgaš and Petrovič (2022), who created a quality of life model in the form of a matrix of ill-being and well-being on the horizontal line and poor quality of place and good quality of place on the vertical line. Acceptance

of the unlimited impact of the growth of prosperity on the quality of life on one hand and its rejection on the other hand, known as a validity dispute, or the invalidity of Easterlin's paradox (Smith, 2014). In this paper, the quality of life is conceptualized as one with two dimensions. The personal subjective dimension consists of well-being and ill-being, the spatial, objective dimension consists of poor quality of place and good quality of place. A synonym of quality of life is satisfaction with life, neither well-being nor happiness are its synonyms, nor are they interchangeable with it, because they are its parts. This epistemological insight is also applied in the present paper.

## 2.7 Suicide

One way to define suicide is through existential philosophy (cf. Khan et al., 2024a: 84; Khan et al., 2024b: 92-93 & 94-95). Existential philosophy deals with the challenges of human existence. It addresses questions about the purpose of human life, what it means to take responsibility for one's own existence, and to what extent individuals need to give their lives meaning and purpose. Religious existentialists believe that human life has a higher purpose, and for Søren Kierkegaard, who is often regarded as the founder of religious existentialism, that purpose involved the decision to open oneself up to and connect with God. One could ask here whether existential philosophy adds anything to the psychological description of this state. Psychologists often do not view this state of neurotransmitters in the brain (at the moment the decision to commit suicide is made) as the direct cause of mental problems but rather as a consequence of interactions with oneself and the environment. Therefore, it is seen as more important to address that, rather than merely medicating people, although that may certainly be necessary. It seems quite clear that neurotransmitters are essential in regulating emotions (Guttesen, 2024b: 18; 2024a, Zalec, Pavlikova, 2019), such as happiness (Guttesen, 2024a: 912), depression, anxiety, anger (cf. Guttesen and Kristjánsson, 2024: 807), etc., but their imbalance is not viewed in the same way as, for instance, someone who does not produce insulin (diabetes). Repeated

disappointments in life would then diminish joy and disrupt serotonin signalling. In psychiatry, there is less emphasis than in psychology on addressing the causes of social learning (although this is, of course, not entirely ignored) and more on tackling the immediate cause: restoring serotonin balance. However, both clinical psychology and psychiatry face significant challenges, as the theories are relatively weak in existential terms, and there are many unanswered questions when it comes to understanding why antidepressants work (or sometimes don't work at all) and why cognitive behavioural therapy works (and sometimes doesn't work at all). For this reason, several caveats must be made regarding this brief overview (which is somewhat simplified) of what a psychological description of this condition entails.

At first glance, it seems that suicide should rather be defined, in the spirit of Kierkegaard, as not wanting to be oneself. However, this is not clear because it appears that different types of suicides indicate that different types of despair lead to suicide. This is, for instance, the thesis of the Norwegian philosopher and theologian Marius Timmann Mjaaland, who argues that suicide can be a consequence of both types of despair. He supports this by comparing Émile Durkheim's classification of four main types of suicide with the four stages of despair that Kierkegaard (2006) differentiates in *The Sickness unto Death*:

1. Despair of Infinitude  
(due to the lack of Finitude)
2. Despair of Finitude  
(due to the lack of Infinitude)
3. Despair of Possibility  
(due to the lack of Necessity)
4. Despair of Necessity  
(due to the lack of Possibility)

Mjaaland matches these four forms of despair to the following types of suicide, according to Durkheim's classification: egoistic suicide, altruistic suicide, anomic suicide, and fatalistic suicide (Mjaaland, 2007: 4-5). In the first category are those who commit suicide in a state of emotional or apathetic detachment (Durkheim, 2002: 257). They belong to a socially weak group to which they are minimally connected,

leading them to assess their social obligations more in terms of their own interests than the interests of the group. Social expectations become burdensome, and the idea of suicide becomes a kind of privilege (Durkheim, 2002: 167-168) and can, for example, stem from depression that torments such an individual (Durkheim, 2002: 173). In the second category are those who do not stand with themselves and rather submit to the will of a socially strong group and/or a higher cause. They commit suicide in a state characterized by duty, mysticism, or the desire for a heroic death (Durkheim, 2002: 257). While egoistic suicide arises from the individual's inability to find a basis for their existence, the person who commits altruistic suicide bases their existence on a foundation beyond this life (Durkheim, 2002: 219). The third category includes those who commit anomic suicide, whose condition is characterized by resentment and disgust, which could lead to violent consequences or homicide (Durkheim, 2002: 257). Durkheim does not discuss the fourth category, those who commit fatalistic suicide, but he envisions this might apply to slaves or individuals who are persecuted or oppressed (Durkheim, 2002: 239). Such suicides could break the chains of unbearable circumstances. Durkheim argues that the first two categories result from social integration, while the latter two stem from social regulation. The concepts of social integration and social regulation are contrasted, and Durkheim identifies them as influencing factors when it comes to the social reasons people commit suicide. In this regard, sociological research examines, for example, the effects of family cohesion and parental socialization on youth suicide rates.

### 3. Method

This section discusses the methodological choice made for this paper. The present study applies both secondary research and primary research. Generally, primary sources of data, that is items that are original to the problem under study, should always be used where possible. However, as Cohen and Manion point out, the value:

of secondary sources should not be minimized. There are numerous occasions where

a secondary source can contribute significantly to more valid and reliable historical research than would otherwise be the case. (Cohen and Manion, 1994: 51)

Bogden and Biklen also acknowledge that “quantitative data collected by (evaluators, administrators, other researchers) can be conventionally useful (Bogden and Biklen, 1992: 148). In this research, we deal with secondary quantitative data.

Quantitative research is sometimes said to allow for too much generalisation (Flick, 2014: 13). It “generates ‘shallow’ but broad data – not a lot of complex detail obtained from each participant” (Braun and Clarke, 2014: 4). Typically, this is counter-acted against when ‘lots of participants take part (to generate the necessary statistical power)’ (Braun and Clarke, 2014: 4), which – as we base the data on Eurostat, WHO, and large-scale studies – is the case for the present research. It is also worth noting that although when exploring a novel research question, one would typically need to collect primary data, but “if you want to synthesize existing knowledge, analyze historical trends, or identify patterns on a large scale, secondary data might be a better

choice” (“Research methods | Definitions, types, examples,” 2019). As this is partially the case for the present study, we justify our methodological choice based on the robustness and validity of the said approach for addressing the objectives of this papers. Therefore, in addition to relying on secondary data, in the present paper, the variables are determined by an online questionnaire in which university students in Slovakia indicate answers on the Cantril scale of 0-10. The questions are listed in the appendix. The key questions are focused on the impact of the pandemic on the psyche and the quality of life.

## 4. Results

This section introduces the findings of this article.

In 2019, i.e. before the outbreak of the pandemic, 970 million people worldwide lived with mental diseases, i.e. every eighth person. Data on the incidence of chronic depression in the selected European countries and Slovakia for 2019 are shown in Table 1. Despite the fact that European countries as a whole are among the states with a very high level of development according to the HDI Index, there are significant differences

**Table 1** Percentage of people with chronic depression, in 2019, in the countries with the lowest incidence, in Slovakia, and in the countries with the highest incidence together and aged 15-24 (Eurostat, 2017)

Rank	Country	Persons in % Total	Country	Persons in % Age 15-24
1.	Romania	1.0	Romania	0.0
2.	Bulgaria	2.7	Greece	0.4
3.	Malta	3.5	Serbia	0.6
4.	Greece	3.8	Bulgaria	0.7
5.	Ireland	3.9	Poland	1.1
9.	Slovakia	4.3	Slovakia	1.7
28.	Croatia	11.6	Germany	9.6
29.	Germany	11.6	Norway	10.9
30.	Sweden	11.7	Luxembourg	11.9
31.	Portugal	12.2	Finland	14.1
32.	Iceland	15.6	Iceland	14.7
	Average EU 27	7.2	average EU 27	

es between them in the incidence of the chronic depression.

Even in Europe, the rule of higher depression values applies in countries with high per capita incomes, although there are exceptions to this rule. In the category of ‘inhabitants together’, as well as in the age category of 15-24 years, Slovakia is among the countries with below-average values of depression.

In 2020, as a result of the COVID-19 pandemic, there was a significant increase in the number of people affected by anxiety and depression. According to the first estimates, it is a 26% increase in the case of anxiety and a 28% increase in the case of depression (WHO, 2022). In China, a quarter of psychiatrists experienced anxiety and depression during the pandemic (Li et al., 2022).

#### 4.1. Impact of mental disease on the quality of life

Diseases or illnesses that do not disturb well-being are very few. Researchers pay attention to the relationship between the quality of life and mental diseases (Evans et al., 2007, Li et al., 2002, Katschnig et al., 2006, Connell et al., 2012). Among scientists investigating the impact of the mental diseases on the quality of life, there is consensus in the knowledge that mental disorders erode the quality of life (Hansson, 2002, Brenes, 2007).

In terms of mental health, high quality of life values are associated with a sense of control over one’s life, autonomy and choice, a positive perception of oneself, a sense of belonging and hope. In terms of mental health, low quality of life values are associated with a lack of control over one’s life, autonomy and choice, feelings of anxiety, social exclusion and hopelessness (Connell et al., 2012).

#### 4.2. Measurements and findings

In our research, no mental diseases were declared by 20.9% of students, anxiety by 47.2%, depression by 23.1%, suicidal thoughts by 6.8% and suicide attempts by 2% of students. The category ‘Suicidal thoughts and attempts’ is combined into the title ‘Suicidal manifestations’.

All measurements are on the Cantril scale of 0-10. The first is the measurement of quality of life values and other variables (Table 2). The measured values are surprisingly high considering the end of the pandemic.

A possible explanation is the relief after the end of the pandemic and the lifting of all restrictive measures by the Slovak government and health authorities. The war conflict in Ukraine during this period was relatively short, so its devastating effect on the psyche of the inhabitants of the countries of the Central and Eastern Europe was not as pronounced as it is at the end of 2022. Health values are high due to the age of university students in whom serious health problems are rare. If the quality of life values are marked as surprisingly high, then the trust values are surprisingly low. Relationships with the loved ones before the pandemic and trust are a part of the social capital, which is considered as a strong predictor of the quality of life (Bilajac et al., 2014, Mori et al., 2022) The measurement shows that social capital can be significantly differentiated internally.

Table 3 can be interpreted as follows: (i) the measured values of the quality of life are high except for one category of women, the highest are in the category ‘No mental diseases’, and then they decrease in accordance with the severity of the mental disease. (ii) Values in the category ‘Men and women with suicidal behaviour’ have a limited informative value for a relatively small number of individuals. (iii) Women’s quality of

**Table 2** Values of quality of life and other variables in university students.

The social relationships were not measured on the scale of 0-10

Variables	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Men	7.57	8.60	x	8.09	5.14
Women	7.79	9.00	x	8.10	5.21

**Table 3** Quality of life of university students, men and women, according to the type of impact of mental health on the quality of life.

Categories of men and women	Quality of life	
	Country	Persons in % Total
All men and women	7.57	7.79
Men and women - no metal diseases	7.93	8.02
Men and women with anxiety and depression	6.65	7.15
Men and women with suicidal attempts	6.86	5.68

**Table 4** Verbal assessment of correlations and predictors.

Correlation value	Verbal Indication of Correlation	Verbal Indication of the Predictor
$\leq 0,09$	No correlation	None
0,10 - 0,19	Very small correlation	None
0.20 - 0.29	Small correlation	None
0.30 - 0.49	Medium correlation	Predictor
0.50 - 0.69	Large correlation	Strong predictor
0.70 - 0.89	Very large correlation	Very strong predictor
$0.90 \geq$	Near perfect correlation	Near perfect predictor

life values are higher than men's quality of life values, except for one category.

The second measurement is the measurement of correlations, Spearman's correlation coefficient is used. For verbal evaluation of correlations, de Vaus (2020) developed a table, which Petrovič and Maturkanič (2022) supplemented with verbal evaluation of predictors. Their evaluation is based on the premise that the indicator is a variable with a correlation coefficient value of 0.30 or more (Table 4).

Table 3 can be interpreted as follows: (i) the measured values of the quality of life are high except for one category of women, the highest are in the category 'No metal diseases', and then they decrease in accordance with the severity of the mental disease. (ii) Values in the category 'Men and women with suicidal behaviour' have a limited informative value for a relatively small number of individuals. (iii) Women's quality of life values are higher than men's quality of life values, except for one category.

The second measurement is the measurement of correlations, Spearman's correlation coefficient is used. For verbal evaluation of correlations, de Vaus developed a table, which Petrovič and Maturkanič (2022) supplemented with verbal evaluation of predictors. Their evaluation is based on the premise that the indicator is a variable with a correlation coefficient value of 0.30 or more (Table 4).

The following tables show the correlations of the variables, the basic characteristics of the correlations are provided by Table 4 with correlations of university students together. Tables 5-11 show the correlations of the three categories of the variable 'psychological impact' separately for men and separately for women.

Table 6 shows that the category 'no mental diseases' in men correlates with the quality of life at the level of very small correlation, it is negatively correlated with the other variables. We accept the premise of the predictor of one variable, which is another variable reaching



**Table 5** Correlations of variables for university students together.

Variables	Impact on psyche	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Impact on psyche	1					
Quality of life	0.30	1				
Health	0.05	0.30	1			
Social relationships	-0.01	-0.03	-0.05	1		
Relationships before the pandemic	0.17	0.50	0.33	-0.01	1	
Trust	-0.15	0.31	0.23	-0.04	0.29	1

**Table 6** Correlations of the category “No impact on the psyche”, quality of life and other variables in men.

Variables	Impact on psyche	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
No impact on the psyche	1					
Quality of life	0.13	1				
Health	-0.40	0.22	1			
Social relationships	-0.09	-0.24	-0.02	1		
Relationships before the pandemic	-0.01	0.50	0.49	-0.29	1	
Trust	-0.03	-0.02	-0.34	-0.10	-0.13	1

**Table 7** Correlations of the category “No impact on the psyche”, quality of life and other variables in women.

Variables	Impact on psyche	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
No impact on the psyche	1					
Quality of life	0.17	1				
Health	-0.02	0.17	1			
Social relationships	-0.05	0.04	0.01	1		
Relationships before the pandemic	-0.04	0.41	0.32	0.18	1	
Trust	-0.03	-0.35	0.00	0.04	-0.09	1

**Table 8** Correlations of the category “Anxiety, depression”, quality of life and other variables in men. Own research.

Variables	Anxiety, depression	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Anxiety, depression	1					
Quality of life	-0.15	1				
Health	0.04	0.29	1			
Social relationships	-0.03	0.31	-0.13	1		
Relationships before the pandemic	0.22	0.14	0.00	0.14	1	
Trust	-0.01	0.32	0.16	0.08	0.21	1

**Table 9** Correlations of the category “Anxiety, depression”, quality of life and other variables in women. Own research.

Variables	Anxiety, depression	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Anxiety, depression	1					
Quality of life	-0.37	1				
Health	-0.15	0.39	1			
Social relationships	-0.03	-0.02	-0.18	1		
Relationships before the pandemic	-0.29	0.36	0.32	-0.32	1	
Trust	-0.45	0.35	0.16	0.04	0.20	1

**Table 10** Correlations of the “Suicidal Manifestations” category, quality of life and other variables in men. Own research.

Variables	Suicidal manifestations	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Suicidal manifestations	1					
Quality of life	-0.35	1				
Health	-0.59	0.54	1			
Social relationships	0.09	-0.26	0.10	1		
Relationships before the pandemic	-0.80	0.60	0.57	-0.19	1	
Trust	-0.30	0.63	0.32	0.27	0.59	1

**Table 11** Correlations of the category “Suicidal manifestations”, quality of life and other variables in women. Own research.

Variables	Suicidal manifestations	Quality of life	Health	Social relationships	Relationships before the pandemic	Trust
Suicidal manifestations	1					
Quality of life	0.40	1				
Health	0.39	0.79	1			
Social relationships	0.31	0.58	0.54	1		
Relationships before the pandemic	0.09	0.34	0.51	0.25	1	
Trust	0.56	0.60	0.56	0.46	0.50	1

the value of the correlation coefficient of these two variables of 0.30 or more (APA, 2019, Bilajac et al., 2014, Mori et al., 2022, Vaus, 2020, Petrovič, Maturkanič, 2022, Murgaš et al., 2022, Maturkanič, et al. 2022, Kobylarek, et al., 2022, Leskova, Uhal 2020, Neziri et al, 2024, Macku, et al., 2021, Murgaš et al., 2023, Pavlíkova et al., 2023, Petrovič, Murgaš, Králik, 2023, Valachová et al., 2024, Tkáčová et al., 2021, 2023). Based on it, the values of the correlation coefficients of all variables and all three categories are assessed. It follows from the premise that not a single variable is a predictor of the category ‘no mental diseases’. For women (Table 7), the measured values are similar, with the exception of the correlation of the category ‘no mental diseases’, which is also positively correlated with social relations. As with men and women, not a single variable is a predictor of the ‘no mental diseases’ category.

The values in the category ‘anxiety, depression’ are among the ‘negative indicators’ for which the lowest possible values are desired. In men (Table 8), anxiety and depression correlate negatively and low. Not a single variable is a predictor of the category ‘anxiety, depression’. For women (Table 9), anxiety and depression correlate with other variables only negatively. The mean value of the negative correlation of anxiety, depression with confidence (-0.45) and

quality of life (-0.37) is worth noting. It means that as the value of anxiety and depression increases, the value of the trust and quality of life variables decreases. Because the category ‘anxiety, depression’ belongs to the ‘negative indicators’, trust and quality of life are predictors of this category, despite the negative values of the correlation coefficients.

The values in the ‘Suicidal manifestations’ category are also among the ‘negative indicators’, their correlation coefficients with variables differ from the previous category. There are differences in the values of the correlation coefficients for men (Table 7) and women (Table 8) as well as in the predictors. For men, the correlations are all negative except for one variable (social relations). It expresses the expected fact that the higher the values of suicidal expressions, the lower the values of pre-pandemic relationships, health, quality of life and trust, and vice versa. Because the category ‘suicidal behavior’ belongs to the ‘negative indicators’, the variables quality of life, health, relationships before the pandemic and trust are its predictors.

In women, ‘Suicidal manifestations’ are positively correlated with all life variables, which can surprisingly be interpreted as the fact that the growth of suicidal manifestations is accompanied by an increase in confidence with a large correlation, an increase in the quality of life,

health and social relationships with a medium correlation. Because the category 'Suicidal manifestations' belongs to the 'negative indicators', variables trust, quality of life, health and social relations are not its predictors. Up to three levels of subheading are permitted. Subheadings should not be numbered.

## Discussion

At the outset, the three objectives of this paper were introduced. The first was to explore how perceived anxiety and depression affected the quality of life of students during the pandemic. Using Spearman's correlation coefficient, it can be concluded that it is different for men and women. Anxiety and depression are negative categories, and therefore their lowest possible value is desired. The values of the correlation coefficient are negative for both men and women, which results in the following conclusion: anxiety and depression in men affected the quality of life according to Table 3 at the 'very small' level and for women at the 'medium' level.

The second objective was to measure the quality of life of students affected by anxiety and depression and compare it with the quality of life of all students participating in the research. Measured values of the quality of life according to Table 2 for all university students in men are 7.57, in women they are higher – 7.79. In the case of students affected by anxiety and depression, the measured values are, as expected, lower, for men 6.65 and for women again higher – 7.15.

The third objective was to discover which of the variables are predictors of anxiety and depression and which are predictors of the quality of life. As mentioned above, the predictor of anxiety and depression is a variable that correlates with anxiety and depression at the positive level of the correlation coefficient of 0.30 and higher. In the case of a negative variable, which is a variable with a desired value as low as possible, the condition of a negative correlation value of 0.30 and higher applies. The measurements showed that in men there is no predictor of anxiety and depression, in women it is the confidence and quality of life. The value of the correlation between trust and anxiety and

depression is surprising considering the level of trust in women (5.21) on a scale of 0-10 according to Table 2.

Unlike anxiety and depression, quality of life is a positive variable, which can be interpreted as the highest possible values of the quality of life being desired. For students suffering from anxiety or depression, the predictors of quality of life are trust and social relationships, for female students, health, relationships before the pandemic and trust.

An epistemological insight emerges from the measurements of correlations of variables: correlations of variables in women are higher than correlations in men, they also differ in which variables are predictors.

## Conclusion

Several authors deal with the quality of life of university students. Researchers also responded to the pandemic and examined its impact on the quality of life of university students during the pandemic.

Evans et al. (2007) explore the impact of mental diseases on the quality of life, dividing the studied individuals into three groups: severe mental illness, common mental disorder and no disorder. In this paper, mental diseases are divided into groups: a) no mental diseases, b) serious mental diseases in the form of anxiety and depression and c) very serious mental diseases in the form of suicidal thoughts and suicide attempts. From the aforementioned division, attention is paid to serious mental diseases. The research took place in the months of April, May and June 2022. Students of bachelor's, master's and doctoral studies at Slovak universities participated in it, N=389. Attention is focused on students who felt anxiety and depression.

In the present paper, all variables are determined by an online questionnaire in which university students in Slovakia indicate answers on the Cantral scale of 0-10. The questions are listed in the appendix. The key questions are focused on the impact of the pandemic on the psyche and the quality of life.

Relationships between variables are quantified using Spearman's correlation coefficient. Variables that can be assumed to influence the

quality of life and mental health of university students are identified. These variables are anxiety and depression, quality of life and further health (both physical and mental), social relationships, relationships with the loved ones before the pandemic, and trust. The inclusion of health, anxiety and depression and quality of life is related to the focus of this paper. The variables – social relations, relations with the closest ones before the pandemic and trust – express social capital. Ohrnberger et al. (2017) point out that social capital together with lifestyle is a factor influencing the relationship between physical and mental health. Loneliness as a form of social relationships is a strong predictor of worsening mental health.

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Must include all authors, identified by initials, for example: A.A. conceived the experiment(s), A.A. and B.A. conducted the experiment(s), C.A. and D.A. analysed the results. All authors reviewed the manuscript.

### Additional information

To include, in this order: Accession codes (where applicable); Competing interests (mandatory statement).

The corresponding author is responsible for submitting a competing interests statement on behalf of all authors of the paper. This statement must be included in the submitted article file.

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### Appendix A

Questions used in the questionnaire:

-THE IMPACT OF THE PANDEMIC ON YOUR MENTAL HEALTH. Please choose one of the options: 1. Anxiety. 2. Depression. 3. Suicidal thoughts. 4. Suicide attempt. 5. No influence.



-QUALITY OF LIFE. On a scale of 0-10, indicate how the quality of your life is these days. 0 means that your quality of life is very poor, 10 means that your quality of life is excellent.

-SELF-REPORTED HEALTH (both physical and mental). Please indicate on a scale of 0-10 how healthy you currently feel. 0 means that you suffer from a life-threatening illness or the consequences of a very serious injury. 10 means you feel completely healthy.

-SOCIAL RELATIONS. Indicate what kind of social relations you have, please choose one of the options: 1 – I am alone, 2 – I have a girlfriend/boyfriend, 3 – I live with a girlfriend/boyfriend without marriage, 4 – I am married

-RELATIONSHIPS WITH NEAREST ONES BEFORE THE PANDEMIC. State on a scale of 0-10 what kind of relationships you had with your loved ones before the pandemic (girlfriend/boyfriend, parents, siblings, other people close to you). 0 means that the relations were very bad, 10 means that the relations were excellent.

-TRUST. On a scale of 0-10, rate how much you trust other people. 0 means you trust no one, 10 means you trust everyone.

# Using Humor in didactic Materials for elementary School: Possibilities of Computer Technologies

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Original Article

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## Abstract:

The research aims to determine the impact of using didactic materials with elements of humor, developed with the help of computer technologies, in the education of elementary school students. The goal achievement was facilitated by employing a set of research methods: theoretical (study, analysis, and generalization of philosophical, psychological-pedagogical, and

methodological literature), empirical (observation, surveys of teachers and students), and methods of mathematical statistics (quantitative data processing methods were used for analyzing research results, ensuring the reliability of the experimental outcomes). The didactic potential of humor has been determined, relating to the motivational-target, procedural, and effective components of students' cognitive activity and the educational process in elementary school. The impact of humor and the enhancement of its didactic possibilities are intensified with the use of computer technologies (mobile applications, memes, presentations, cartoons, comics, didactic materials, stickers). They activate students' learning work, stimulate their cognitive activity, and serve as an effective means of classroom management. The research presents a program for using humorous didactic materials with computer technology tools at various stages of the lesson in elementary school. It has been established that the use of humorous didactic materials developed with the help of computer technologies in the education of elementary school students can lead to positive results, such as a positive attitude toward learning, an increase in the level of mastering educational material, the development of creative thinking and cognitive interests of students, and the creation of a positive emotional environment in the educational process.

## Introduction

Before modern education, numerous issues arose, particularly in ensuring effective and motivated learning for students, especially in elementary school. Humor is one of the unique tools that can enhance the effectiveness and interest in learning. The importance of this approach is determined by several key factors:

Effectively used humor can contribute to the comfort and interest of students in the learning process. This fosters the creation of a positive atmosphere in the classroom, promoting successful learning, especially for younger students who may lose interest in education (1).

The integration of computer technologies for developing humorous educational materials can make learning more interactive and appealing to younger students. The use of animations, videos, and interactive exercises contributes to actively engaging students in learning.

Educational approaches should be based on modern pedagogical technologies, integrating practical tasks, discussions, and reflection to develop critical thinking and ethical standards (2). The use of the latest technologies and interactive

teaching methods allows for the effective integration of sustainability and interculturality into school curricula (3).

This topic is particularly relevant, as it not only enhances the effectiveness of learning but also contributes to maintaining a positive psychological climate in the educational process. Considering the needs of the digital generation, the use of humor through computer technologies can determine not only skill development but also play a key role in stress relief, making the learning process more interesting and natural (4).

Among various online activities available on the Internet, it was found that watching videos is the most common activity for both girls and boys. Over three-quarters of Internet-using children watch online videos weekly, often alone or with friends or family. Computer-based educational platforms facilitate the integration of theoretical knowledge with practical tasks, increasing students' autonomy and their ability to learn independently (5).

Modern child, especially a younger school-age student, can't imagine their life without the Internet and gadgets. These technologies have be-

come not only a source of information and entertainment but also an essential tool for learning and communication. They allow students to explore the world, exchange thoughts with friends and peers worldwide, and acquire new knowledge. We believe that isolating a child from these devices is generally unjustified and sometimes even harmful from the perspective of social interaction with peers. Therefore, it is essential to reconsider the perception of computers as enemies and make them allies and helpers, particularly in the learning process.

The use of computer technologies in elementary school enables the effective development of critical thinking, media literacy, and information security skills in children (6), particularly through interactive tasks, gamification, and content creation aimed at identifying manipulative information and fostering resilience to disinformation.

The coordinated use of modern computer technologies and humor allows for the creation of a natural, engaging, and motivating learning process, promoting active knowledge acquisition and the development of creative skills. The growing interest in researching the use of humor in the educational process is driven by the fact that students spend more and more time with their gadgets throughout the day – from morning during breakfast, at school during breaks between classes, after classes, until bedtime. The most popular content is humor.

Research by Garner confirmed that students who listened to humorous comments from the teacher during lessons better absorbed and understood the educational material compared to those who did not hear such comments. This can be explained by the fact that humor contributes to attracting the attention and interest of students, as well as creating a positive atmosphere in the classroom (7).

Humor can be considered as a manifestation of God's creativity. God created the universe, including humans, with their ability for creativity. In their article, Roubalová et al. (8) note that a person, created in the image of God, should reflect their Creator. Similar to how God and His judgment are immortal, every other person should also be immortal. Thus, humor can be regarded as one of the expressions of God's creative princi-

ple. It helps us see the world anew, finding the amusing in what may initially appear serious (9).

Using humor in teaching materials can promote critical thinking (10, 11, 12) by helping students perceive information in a non-standard way.

Kralik et al. (13, 14) emphasize that it is within the family (between parents and children, husband and wife, etc.) that relationships begin to form, which will later be reflected in society as mutual love, respect, ethics, solidarity, keeping the rules, laws, traditions and compassion. (8, 15, 16, 17, 18) Where these relationships are absent in the family, society eventually begins to wither (19). We understand that the family is the foundation of society. It is within the family that children learn to love, respect, and help each other. Moreover, if there is room for humor in the family, it will only have a positive impact on shaping the child's personality. Of course, humor should be used with caution. One should not laugh at things that can cause pain to others. However, if humor is used in a positive manner, it can become a powerful tool for strengthening family and interpersonal relationships.

In their article, Hamarova et al. emphasize the importance of an individual approach in social services (20), which can be applied to the use of humor in educational materials. Personalized humor, adapted to age groups, can effectively attract attention and motivate children.

The importance of using humorous materials in the educational process is also explained by the fact that it can be a powerful tool for combating socio-pathological phenomena such as aggressive behavior, bullying, and others. In their study, Jarmoch et al. (21) emphasize that schools can play a crucial role in preventing socio-pathological phenomena by providing a safe and supportive environment for students and educating them about the dangers of these phenomena. Thus, the integration of humor into the educational process can be an effective means of reducing socio-pathological phenomena in the school environment, improving the psychological climate, and promoting the overall well-being of students. Additionally, Shcherbiak et al. (22) note that «creating a comfortable educational environment and organizing a student-centered

learning process are extremely important tasks for Ukrainian higher education institutions in wartime conditions. » Humor also impacts the development of emotional intelligence.

The research by Mahrik et al. confirms that an increasing number of experts are talking about the need for emotional and social intelligence, without which it is difficult for a person—even a top expert—to manage personal and professional life, and its formation begins precisely during the primary school period (23).

In school, humor can be used as a tool to create an inclusive environment where every student feels safe and supported. This aligns with the model of social justice and mutual support described in the study by Kralik et al. (24) and the creation of a socially inclusive environment described by Lešková et al. (25). The researchers emphasize that compassion is considered an important virtue that leads to good deeds without expecting a reward. Compassion is the essence of love, charity, and honesty, improving a person's character and prompting good deeds. For example, jokes can help reduce tension and create an atmosphere where students feel more comfortable and are ready to support each other.

Humor also helps to create an environment where the interests and opinions of the child are considered, promoting the development of emotional intelligence and a supportive climate, similar to the role of a guardian ad litem in legal matters. According to Lešková et al. (26), considering the child's opinion during decision-making helps ensure that the best interests of the child are taken into account. This promotes the active participation of children in the educational process.

In the research by Lovorn and Holaway (27), teachers argue that humor can contribute to more effective classroom management. They see humor as a means to capture students' attention, encourage active participation in learning, and create a positive classroom environment. Teachers believe that humor can be more effective than other classroom management methods, such as using punishments or providing rewards.

Therefore, teachers in numerous studies emphasize the benefits of using humor in the classroom. Researchers have also attempted to

classify humor instead of trying to define its essence. Humor can be divided into different types, depending on the target audience, context appropriateness, and whether it was prepared in advance (28). Overall, this research allowed for the identification of humor types based on observations.

Despite studies indicating the positive impact of humor in didactic materials for elementary school, the scientific community lacks comprehensive research on its effective utilization, particularly with an emphasis on the potential of computer technologies.

Therefore, the aim of this work was to investigate the role and features of applying computer technologies in the development and use of instructional materials containing humor in the educational process of primary school. To achieve this goal, the following tasks needed to be addressed:

- Determine the didactic potential of humor through computer technologies in primary school lessons.
- Analyze the extent of humor utilization by educational participants.
- Explore the specifics of using computer technologies to create humorous instructional materials in the primary school educational process.

## **I. Incorporating humor into educational materials for elementary school**

A crucial means of creating humorous educational materials is computer technologies.

The impact of computer technology on life is examined in a study by Pavlikova (22). She emphasizes the influence of media on the perception of reality, showing how media can affect human emotions and perceptions of the world. During the pandemic, computer technology in schools became indispensable tools for ensuring education, maintaining social contacts, and providing psychological support. They helped schools and families adapt to new conditions, ensuring continuity of education and supporting the well-being of students (29). They can provide teachers with new opportunities to develop creative and engaging lessons with elements of humor.



Research by Králik et al. (13) discusses the need for innovations in teacher training and the integration of new teaching methods for the internalization of sustainable development values. Computer technologies can be part of these innovative methods, helping students better absorb material and develop critical thinking skills.

The use of computer technologies in elementary school contributes to the creation of a modern educational and developmental environment (30), that supports and stimulates independence, self-regulation, and interest in learning among students.

With increased access to computer technologies, new possibilities arise for integrating humorous elements into education. Let's explore how humor can be used in the educational process through computer technologies.

### A. Multimedia Presentations

Teachers can create educational presentations that incorporate humorous images, memes, or animations to reinforce information. When designing the presentation layout, it is essential to adhere to defined requirements, ensuring unity in stylistic elements (such as the use of vibrant colors, contrasting images, selection of an appropriate color palette, and fonts), and avoiding information overload (clear labeling, citation of sources, logical slide structure) to ensure a logical and effective use of humor elements.

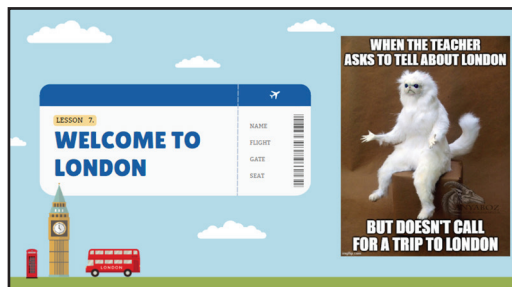
**Figure 1** Slide from a multimedia presentation used in the lesson "Exploring the World," 3rd grade.



(Text on the slide: Topic: Dangerous Situations on the Street. Reminds mom to follow safety rules. Follows safety rules himself.)

Source: Own research.

**Figure 2** Slide from a multimedia presentation used in the lesson "English Language," 4th grade.



Source: Own research.

Let's provide examples of developing multimedia presentation slides for elementary school students using humor (Figure 1, Figure 2).

Considering the age-specific characteristics of elementary school students, it is important to contemplate their interests and use humor in multimedia presentations that are understandable and appealing to children. When using humor in multimedia presentations in elementary school, the following aspects should be considered:

- Use humor that will be understandable and amusing to the majority of students.
- Review the presentation with others to ensure that the humor is clear and non-offensive.
- Avoid using humor that may be offensive to specific groups of students.

### B. Educational Material

When using computer programs, humor can become an effective tool for creating engaging tasks. It can be implemented in various ways: adding comic illustrations to educational materials that reflect the concept or theme of the lesson; incorporating a humorous undertone into tasks or problem-solving exercises; creating humorous puzzles or riddles that require the use of mathematical skills to solve; introducing humorous characters used to explain complex concepts or theories; using humorous comparisons to explain complex educational ideas.

Let's provide examples of developing educational materials with elements of humor for elementary school students (Figure 3).

**Figure 3** Educational material with elements of humor used in mathematics lessons.

**МНОЖЕННЯ БАГАТОЦИФРОВИХ ЧИСЕЛ**

КОЛИ ВІВЧИВ  
ТАБЛИЦЮ МНОЖЕННЯ

$13$	$75$	$47$	$79$	$10$	$62$
$\times 24$	$\times 36$	$\times 18$	$\times 40$	$\times 41$	$\times 23$
$14$	$26$	$58$	$40$	$72$	$84$
$\times 35$	$\times 27$	$\times 39$	$\times 21$	$\times 23$	$\times 45$
$86$	$28$	$30$	$82$	$44$	$96$
$\times 37$	$\times 39$	$\times 21$	$\times 23$	$\times 35$	$\times 47$

**КОМПОНЕНТИ ДІЇ ВІДНІМАННЯ**

Знайди і запиши від'ємник у вільні клітинки

- $8 - \square = 5$
- $7 - \square = 7$
- $9 - \square = 3$
- $6 - \square = 3$
- $5 - \square = 4$
- $8 - \square = 2$
- $7 - \square = 3$

ЗМЕНШУВАНЕ  
ВІД'ЄМНИК  
РІЗНИЦЯ

(Text on the left image: Multiplication of multi-digit numbers. After studying the multiplication table. Text on the right image: Components of subtraction. Find and write the subtrahend in the empty cells. Minuend. Subtrahend. Difference.)

Source: Own research

### C. Mobile Applications

Mobile applications for children can prove to be an effective learning tool. However, it is crucial to choose services that have received recommendations from educational institutions or independent teacher groups. Educational platforms specifically designed for learning can also be integrated into the educational process. Services offering game-based learning can be utilized during leisure time.

Let's provide examples of the interface of educational applications with the display of humorous elements in them (Figure 4).

### D. Educational Cartoons

Cartoons can be an effective means of capturing attention and teaching in various life situations and academic subjects.

Research by Rule and Auge (31). suggests that students show more interest and grasp more

concepts when cartoons are used, with characters illustrating scientific material.

Cartoons are an effective teaching tool as they help students better understand abstract concepts, foster critical thinking, and enhance motivation to learn. In study by Van Wyk (32) argue that cartoons contribute to the development of various skills and competencies, including constructive and contextual learning, social skills, cooperation, critical thinking, and learning in small groups.

Let's provide examples of cartoons with humorous elements used in our study (Figure 5).

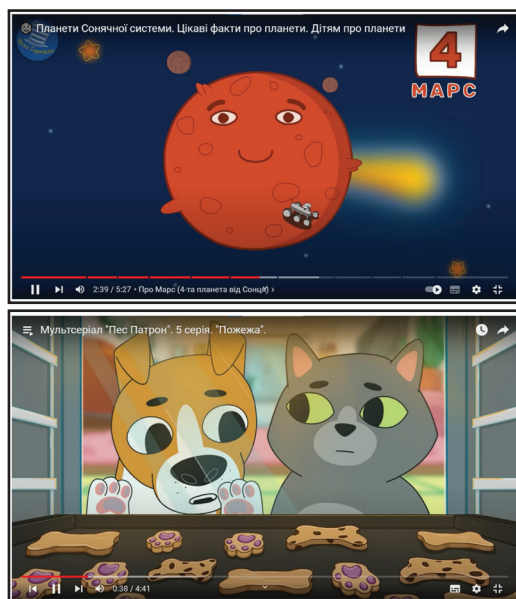
Using computer technologies can be an effective means of creating instructional materials that are not only interesting but also motivate students to actively engage in learning. One method to enhance the attractiveness of such materials is by incorporating humorous content.

**Figure 4** Comic elements in educational applications used by elementary school students.



Source: Own research.

**Figure 5** Comic elements in cartoons used by elementary school students.



Source: YouTube

(Text on the top image: Planets of the Solar System. Interesting facts about the planets. Telling children about the planets. 4 Mars. Text on the bottom image: Cartoon “Paw Patrol.” Episode 5. “Fire.”)

Therefore, numerous studies highlight that the use of humor as an instructional tool can be effective in improving the quality of education. However, for instructional materials with humorous content to be effective, they must be well-thought-out and developed, taking into account the age-specific characteristics of students.

The program we developed involved the use of humorous instructional materials at various stages of the lesson, aligned with different instructional goals. Consequently, the primary objective of the experimental research is to confirm theoretical assumptions and assess the impacts of using humorous instructional materials (utilizing computer technologies) actively applied in elementary school lessons on the formation of students’ knowledge, skills, and competencies.

Based on the analysis of educational, psy-

chological-pedagogical, and foreign studies, the relevance of the problem and ways of developing and applying elements of humor (using computer technologies) in the primary school educational process have been identified. The key ideas of these transformations include defining the didactic potential of humor through computer technologies in primary school lessons. The results of implementing these ideas have provided the opportunity to specify the technologies of using humor at different stages of the lesson.

Computer programs with elements of humor can be adapted to the needs of each student. This can help them better understand the material and achieve success in learning. However, it is important to adhere to certain limitations in this matter, meaning to use humor judiciously and carefully so that it does not distract students from learning.

**Table 1** Use of Humorous Instructional Materials at Different Phases of the Lesson with the Application of Computer Technologies

	<b>Phase of the Lesson</b>	<b>Application of Instructional Material</b>	<b>Recommended Humor Tools</b>
(1)	Class motivation. Activation of prior knowledge	Establishing class rules or lesson organization rules Announcing the lesson topic Stimulating active learning	Memes, presentations, cartoons
(2)	Control, correction, and consolidation of students' knowledge	Activating prior knowledge Posing a problem	Presentations, cartoons, comics
(3)	Studying new material	Learning new material (Explanation and narration)	Presentations, cartoons, comics
(4)	Consolidation of learned material	Checking acquired material (practical tasks)	Mobile applications, instructional materials
(5)	Summing up the lesson. Assignment of homework	Creating assessment/self-assessment sheets	Memes, stickers, instructional materials

## II. Research methods

### A. Participants

The research sample was formed based on selected groups of students who actively participated in the study, along with teachers and coordinators implementing the program we developed for using computer technologies as a means of creating and implementing humorous instructional materials for elementary school students.

Throughout the research, teachers and students from primary schools in Lviv, Ternopil, and Khmelnytskyi (Ukraine) were surveyed. A total of 42 teachers and 243 students were involved in the diagnostic cross-section.

#### B. Research procedure

This research was conducted in three stages. The first stage involved establishing the theoretical foundation for the research and summarizing the results of previous studies in this field. The second stage focused on studying the practical experience of using computer technologies with elements of humor in primary schools, identifying both positive and negative aspects of this experience. The third stage involved an experimental study of the effectiveness of using hu-

morous instructional materials developed with the help of computer technologies.

The research was conducted following all necessary ethical norms. The materials used in the research were thoroughly reviewed and had a high degree of reliability, accuracy, repeatability, and validity.

### C. Data Collection

The research addressed three main research questions:

RQ1: Does the didactic potential of humor through computer technologies help cultivate motivation for successful learning activities?

RQ2: What factors hinder students from showing initiative in the learning process?

RQ3: How do students, with the help of computer technologies, control the quality of task performance?

The surveys aimed to elucidate the state of the researched problem in the practice of primary schools, gather the opinions of respondents (teachers) on how effectively they use computer technologies to create humorous instructional materials in the educational process of primary schools and assess the level of students' ability to use and understand humor. The sur-

veys consisted of both open-ended and closed statements.

### III. The results

The research presented in this work focused on three main aspects of primary school students' perception of humor: the role of humor in learning, the use of instructional materials created with the help of computer technologies that incorporated elements of humor, and the impact of humor on the classroom atmosphere. The student questionnaires consisted solely of closed-ended questions, while multiple-choice questions were included in some sections for the teachers.

In the communication sent to the respondent, it was noted that the survey was anonymous, and all fields were required to be filled out. The objective was stated: to determine the role of humor in education. The task was formulated as follows: please read the questions carefully and try to provide your answers as detailed and accurate as possible. The survey included the following questions:

- Do you think it is appropriate to use humor techniques in the educational process?
- How often do you use humor in your teaching activities?
- In your opinion, on which subjects should humor be most frequently used as a means of teaching and educating younger students?
- At which stages of the lesson, in your opinion, should humor be most frequently used as a means of teaching and educating younger students?
- How does your sense of humor manifest itself during the lesson?
- How do you feel about children's pranks and mischief?
- Do computer technologies help you use humor to achieve educational goals in the lesson?
- Provide examples of using humor from your own experience.
- Does the use of humor help you resolve conflict situations in the student environment?
- What is the result of using humor during lessons?

Having analyzed the respondents' answers to the survey questions, we can draw some conclu-

sions regarding the use of humor in didactic materials for primary school students. Let us now proceed to analyze the results obtained.

Younger students hold the following opinions: 75% of the surveyed students believe that school should be fun; during funny situations, they experience joy, happiness, and confidence; 95% enjoy solving tasks with elements of humor. Thus, based on the survey data, we confirm the idea that children want to attend a school where there is laughter, jokes, a cheerful mood, and positive emotions. 55% of children noted that humor (jokes, laughter) helps them better understand and remember the study material, but 25% of respondents have experienced being the target of teasing or mockery at school.

We were also interested in finding out how often teachers and students use computer technologies in the educational process. 74% of students confirmed the use of computer technologies by teachers, and 55% of younger students use computers during independent work, contributing to faster and higher-quality task completion and bringing positive emotions. 65% of students liked that the teacher often uses the computer, presenting funny stories, cartoons, presentations, making lessons less boring, and they felt positive changes in the educational process.

Having obtained this data, one can conclude that if the majority of children have the opportunity to laugh joyfully during lessons, feel positive emotions during funny situations (indicating that students understand the content of the joke and it is adapted to their age characteristics), behave freely during the educational process (indicating that the teacher has created conditions for the manifestation of children's activity and reacts adequately with humor to discipline violations), and remember new information better through humor (indicating that the teacher successfully used computer technologies with humorous tasks and organized their execution and analysis correctly), then it is worth considering that the conditions for using humor are indeed effective, as they have led to a positive dynamic in educational activities.

As for teachers, it became significantly easier for them to work with children after they



started incorporating elements of humor. For 95% of surveyed teachers, humor helps resolve conflict situations and highlights positive changes in the behavior and learning of students after actively using humor in their pedagogical activities. 57% of teachers claim that students better perceive and remember educational material of a humorous nature. Additionally, 88% of teachers continue to strive to use humor in their teaching activities, indicating the effectiveness and appropriateness of using humor in achieving educational goals.

The results of the conducted experimental research have demonstrated that humor effectively fulfills important functions in pedagogical activities (educational, developmental, health-preserving, stimulating, organizational, emotional, and informational). Thus, it can be argued that humor is an effective means of activating the educational process when teachers adhere to psychological and pedagogical conditions during its use. In conclusion, it can be stated that the experiment was successful and yielded positive results.

Through observation and surveys, we were able to analyze the relationships within the student community and the interactions that developed between the teacher and students (33). This includes how educators effectively use humor and computer technologies in their activities, such as selecting educational material of a humorous nature, creating funny situations, and responding indulgently to students' disciplinary violations or successful jokes.

## Conclusions

The research provided answers to the posed questions. In addressing the main inquiry, the study demonstrated that humor holds significant didactic potential, encompassing motivational, procedural, and result-oriented components of the educational-cognitive activities of primary school students. An essential condition for the use of humor is considering the needs, interests, and developmental level of younger students.

Among the primary computer technologies used to integrate humor into lessons in elementary school are mobile applications, memes, presentations, cartoons, comics, didactic materials, stickers, and other educational resources. These

technologies serve as factors for activating students' learning activities, stimulating their cognitive engagement, and acting as effective classroom management tools. (34, 35)

The research introduces a program for implementing humorous didactic materials at various stages of lessons in primary school, incorporating the content of educational activities and recommending humor resources.

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# On call-duty of medical Professionals – Changing the Paradigm of its Assessment as a Results of new Decisions of the Court of Justice of the European Union

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## Abstract:

**Background:** New court decisions of the Court of Justice of the European Union change the paradigm of assessing on-call duty outside the workplace for healthcare workers so that it can be considered working time in certain circumstances despite the current wording of Section 96 of the Labor Code. The transposition of the conclusions of certain court decisions into the Labor Code would significantly contribute to the improvement of the working and wage conditions of healthcare workers.

**Objectives:** The primary goal of the paper is to identify, thoroughly assess, and organize the fundamental theoretical and legal principles behind the judgments rendered by the Court of Justice of the European Union, along with decisions from

national courts concerning the concept of working hours, particularly on-call duty. This objective aimed to highlight a potential shift in how working time is evaluated.

**Methodology:** We conducted a search and retrieved national and European court decisions, encompassing 43 judgments from the Court of Justice of the European Union and 22 from national courts. This process involved using the CURIA system, as well as the search systems provided by the Ministry of Justice in both Slovakia and the Czech Republic, including commercial databases housing court decisions and legal rulings (APSI, Judikaty.info)

**Results:** We identified two categories of Court of Justice of the European Union rulings, which were subsequently mirrored in national court decisions. Both sets of decisions examined the evaluation of on-call duty (employee staying outside the workplace), but they diverged in their interpretation of whether it qualified as working time. If an employer mandated that an employee on on-call duty (staying outside the workplace) must be ready to report to work within a specific timeframe (e.g., 20 minutes) if required for work duties, this represents a limitation on the employee's freedom to manage their leisure time to such an extent that this period could be considered part of the employee's working hours.

**Conclusion:** Based on recent judicial decisions by the Court of Justice of the European Union, it can be inferred that Section 96 of the Labor Code, which does not categorize on-call duty if an employee stays outside the workplace as working time, contradicts Directive no. 2003/88/EC. Given a comprehensive examination of the case's circumstances and an evaluation of the impact on the employee's off-duty rest periods, if the employee is deprived of the autonomy to manage their leisure time at their own discretion due to the employer's specific instructions during off-site on-call duty, this time period may also qualify as working time.

## Introduction

Working hours, as well as salary-related concerns, rank among the most prominent labor law issues confronting healthcare professionals. The Slovak Act No. 311/2001 Coll., known as the Labor Code, as amended (hereinafter referred to as "LC"), not only addresses the permissibility of extending a healthcare worker's weekly working hours beyond the standard average defined in Section 85, paragraph 5 of the LC, up to a maximum of 56 hours per week in Section 85a of the LC but also inconsistently regulates the legal framework regarding on-call duty (primarily concerning the expected provision of emergen-

cy services by medical personnel) in Section 96 of the LC. This establishes a unique Slovak approach to the classification of on-call duty. The Slovak LC, as outlined by Žul'ová in 2021, differentiates between on-site on-call duty on-site on-call duty. Simultaneously, it defines the characteristics of on-site on-call duty on-site on-call duty as working time in the manner explained below. This has a dual effect: it substantially diminishes labor law protections for healthcare workers concerning the inclusion of this time in their working hours, while also leading to variations in the amount of wage benefits provided. Additionally, it has a noteworthy impact on how



healthcare workers can allocate their designated rest periods while on on-call duty (Rak et al., 2021). Another issue arising from this model is the evasion of the current law in Section 96 of the LC, which goes against the Court of Justice of EU's decisions. It occurs when employers ask medical workers to register their on-site on-call duty as off-site on-call duty in the attendance system (Dušeková Schuszteková, 2021), because off-site on-call duty is not included in the work time and the employer thus complies with the average permissible range of work time according to Section 85a of the LC (Barancová et al., 2017). The same situation also happens with split work shifts or when the employer excludes the regular breaks for meals and rest from the work time, while the employees have to remain at the employer's premises and be prepared to work when called. The incorrect assessment of on-call duty as a rest period, or of work time, will have consequences on the records of work time according to Section 99 of the LC and on the employees' wages, which may lead to a labor law sanction by the labor inspectorate according to Section 7 par. 3 of Act No. 125/2006 Coll. on labor inspection and amendment of Act no. 82/2005 Coll. on illegal work and illegal employment as amended.

The remedy for the issues discussed can be clearly discerned in recent court rulings from the European Union's Court of Justice. These rulings, derived from various cases involving healthcare workers, have reached the verdict that on-call duties performed off-site should not be considered as rest periods for the employee, aligning with the regulatory framework outlined in Section 96 of the Labor Code (LC). When taking the specific circumstances of individual cases into account, it becomes evident that this time should unequivocally be categorized as working hours. As such, it should be included in the employee's average weekly working hours, accompanied by the provision of corresponding wage benefits, along with ensuring the continuity of daily and weekly rest periods as stipulated in Sections 92 and 93 of the Labor Code (LC) (Barancová et al., 2019). Consequently, it is imperative for the Slovak legislator to promptly incorporate these court rulings into the legislation

of the Slovak Republic, thereby contributing to the enhancement of working conditions for healthcare workers.

## Goal

The primary aim of this paper is to underscore the disparity between the national labor law regulations governing a fundamental labor law concept pivotal for enhancing the working conditions of healthcare professionals and the prevailing legal framework on a transnational scale established by Directive no. 2003/88/EC concerning certain aspects of working time, as supplemented by the rulings of the European Union's Court of Justice. The identification of recent pertinent court decisions, particularly at the European Union's Court of Justice level, notably enhances the labor law protection afforded to healthcare workers. Conversely, the failure to acknowledge this new legal status in national labor legislation evidently results in adverse consequences, negatively impacting the health and the private lives of healthcare workers (Madleňák et al., 2019). Consequently, healthcare workers have the opportunity to directly assert their rights under Directive no. 2003/88/EC, to the extent that it can be deduced that the Directive and the intent of the relevant provisions contradict the legal framework outlined in Section 96 of the Labor Code. This implies an immediate inclusion of this category of on-call duty within working hours, subject to the fulfillment of the specified conditions.

## Methodology

The chosen set of examined court rulings primarily encompassed 43 decisions from the European Union's Court of Justice, owing to the legal foundation provided by Directive no. 2003/88/EC concerning specific aspects of working time. This legal framework is further enriched by the jurisprudence of the Court of Justice of the European Union, from which national court decisions subsequently emanate. The selection of analyzed court decisions, forming the basis for the legal sentences and conclusions presented later, was made with careful consideration of their relevance to the evaluation of Art. 22 of Directive no. 2003/88/EC regarding certain as-

pects of working time. Additionally, they were chosen in relation to Art. 2, point 1 of Directive no. 2003/88/EC, which provides the fundamental definition of on-call duty. National court decisions were subsequently selected to maintain relevance concerning the assessed issue and to align with the jurisprudence of the Court of Justice of the European Union. The search procedures relied upon the European CURIA system, as well as the search systems of the Ministry of Justice in the Slovak Republic and the Czech Republic, which included commercial sources containing court decisions and legal verdicts (APSI, Judikaty.info). With regard to scientific methodologies, the authors harnessed the wealth of scientific knowledge present in their publications, with a distinct emphasis on the subject under examination. The exploration of this topic necessitated the employment of qualitative techniques, with particular attention given to methodologies rooted in the field of legal science. These included content analysis, specifically directed toward document and data assessment, alongside descriptive, inductive, and deductive approaches. The paramount scientific method employed was critical analysis. The content analysis primarily revolved around the scrutiny of labor law documentation maintained by employers, with whom the authors interacted during their professional engagements, particularly when formulating employee obligations related to on-call duties.

## The Results

On-call duty refers to a period of time, as determined by the employer or agreed upon with the employer, during which the employee remains present at the workplace or at another mutually agreed location, ready to perform tasks. It falls outside the regular work shift schedule (as per Section 90 of the LC) and extends beyond the stipulated weekly working hours established in the predetermined work schedule (as per Section 85, paragraph 8 of the LC). The Labor Code (LC) distinguishes between two types of on-call duty: passive on-call duty where the employee is prepared for work but does not actively engage in tasks (whether at the workplace, in which case it is classified as working time, or outside the workplace, which is considered as rest time),

and active on-call duty where the employee actively performs tasks, thus constituting overtime work. The Labor Code permits the arrangement and agreement of on-call duty only in warranted situations, ensuring the employer's essential responsibilities or those stemming from the agreed-upon nature of the employee's role, such as medical staff expected to be on on-call duty.

In a broader context, it is imperative to examine on-call duty within the context of the aforementioned Directive, where a precise timeframe definition is pivotal, categorizing it as either working time or rest time. The legal framework does not permit any other interpretation; it strictly adheres to one of these options. In essence, the Directive under consideration does not place restrictions on arranging on-call duty during an employee's rest period. However, a teleological interpretation suggests the practical impossibility of negotiating or designating working hours for a period that should legally constitute working time for the employee.

On-call duty can only be mandated or agreed upon for tasks specified in the employment contract. The Labor Code (LC) distinguishes between on-call duty at the workplace and outside of it. The essence of on-call duty lies in the extension of the employer's authority over the employee even beyond the regular working hours, along with the employee's obligation to adhere to the employer's instructions (Horecký, 2019). For the purposes of Section 96 of the LC, the workplace is described as a location where the employer exercises its discretionary control (e.g., premises owned, leased, or under the employer's authority) in connection with the employer's capacity to issue work instructions to the employee (Švec et al., 2023).

The primary issue under consideration revolves around Section 96, paragraph 4 of the Labor Code (LC), which presupposes that the period during which the employee remains at a designated location outside the workplace, ready to work but not actively engaged in it, is categorized as passive on-call duty. This period is considered to be the employee's rest period regardless of the employer's possible instructions or restrictions that the employee has to endure during this period and is limited in his rights

to use this “rest period” after work (Olšovská, 2019). This issue does not arise when assessing on-call duty performed at the workplace as working time; in this regard, the jurisprudence of the Court of Justice of the European Union provides relatively clear guidance. The Court of Justice of the EU has addressed the assessment of on-call duty in various cases (Olšovská et al., 2014). Several pertinent court decisions substantiate the stated legal premise, including the European Union’s Court of Justice’s case C-303/98 SIMAP: “3. Doctors serving in primary health care teams during on-call shifts should have the entirety of their on-call time recognized as working hours and, if necessary, as overtime under the framework of Directive 93/104, particularly when they are mandated to be present at a health center. If their on-call responsibilities entail being accessible for communication exclusively, then only the time spent actively delivering primary health care services should be designated as working time”; the European Union’s Court of Justice’s case C-241/99 CIG v. Sergas: “3. The time spent on call by doctors and nurses serving the *Servicio Galego de Saúde*, wherein their physical presence is required, whether in primary care teams or other services addressing external emergencies in the Autonomous Community of Galicia, must be regarded as working time in its entirety. Additionally, where applicable, it should be classified as overtime within the scope of Directive 93/104.”; the European Union’s Court of Justice’s case C-151/02 Jaeger: “Council Directive 93/104/EC of 23 November 1993 on specific aspects of working time organization should be interpreted to mean that the on-call duty, referred to as “*Bereitschaftsdienst*,” carried out by a doctor under circumstances requiring physical presence in a hospital, must be entirely regarded as working time in line with the directive’s definition. This remains the case even when the person in question is entitled to rest while at the workplace during periods when their services are not required. Consequently, any legislation within the Member State categorizing the worker’s inactive intervals during on-call duty as rest time is in conflict with this Directive.”; European Union’s Court of Justice’s case C-14/04 Dellas, joined cases C-397/01 to

C-403/01 Pfeiffer, C-437/05 Vorel: “The Council Directive 93/104/EC of 23 November 1993 addressing particular elements of working time organization, as amended by Directive 2000/34/EC of the European Parliament and the Council, as well as Directive 2003/88/EC of the European Parliament and the Council concerning particular elements of working time organization, should be understood to imply that:

- conflicts with the laws of a member state, which stipulate that the on-call duty carried out by a doctor with a requirement for physical presence at the workplace, but without any active tasks, is not entirely categorized as “working time” in line with the aforementioned directives,

does not oppose a member state’s implementation of legislation that, concerning the worker’s compensation perspective and in relation to on-call duty performed by the worker at the workplace, differentiates between the periods of active on-call duty and passive on-call duty. This differentiation is acceptable, provided that the legislation as a whole ensures the effective protection of workers’ rights as granted by these directives, particularly in terms of health and safety”.

In the case of C-14/04 Dellas, the EU’s Court of Justice reiterated essentially all of its findings, which are essential for the legal interpretation outlined in this paper. This is because, as per the EU’s Court of Justice, the Directive defines the term in question as any period during which the worker is at the disposal of the employer and fulfills their duties in accordance with national laws and/or customary practices. It is crucial to understand this term as being in direct contrast to rest time, as both terms are mutually exclusive, as expounded in Madleňák, 2016. Directive 93/104 neither establishes an intermediate category between working time and rest time nor considers the intensity of the employee’s work or their performance as essential aspects of the concept of working time, as outlined in point 43. The fact that on-call duty may involve periods of inactivity is entirely irrelevant in this context, as evidenced by the EU’s Court of Justice’s ruling in case C-303/98 SIMAP, point 47. In line with established jurisprudence, even

when periods of inactivity are encompassed in on-site on-call duty, it's important to recognize that unlike regular working hours, the need for essential interventions cannot be pre-planned during this service. Furthermore, the nature of the activities performed may vary depending on the circumstances. The crucial determinant for evaluating whether the defining characteristics of "working time" in accordance with Directive 93/104 (a precursor to Directive No. 2003/88/EC) are met during on-site on-call duty, is the requirement for the worker to be physically present at the location designated by the employer and to be readily available to provide immediate and appropriate services if necessary (Toman, 2014). Consequently, these responsibilities should be regarded as an integral part of the worker's duties (refer to the EU Court of Justice case C-303/98 Simap, point 48, as well as the EU Court of Justice case C-151/02 Jaeger, points 49 and 63) (point 48) (Toman, 2015).

## Discussion

Based on the legal framework mentioned above, upon which the EU's Court of Justice relies when evaluating on-call duty at the workplace, characterized by adherence to the employer's work instructions, it becomes clear that this same legal approach has started to emerge in its jurisprudence concerning on-call duty outside the workplace when the employee is bound by the employer's work instructions. The critical determining factor is the employer's insistence on employee showing up at the workplace within a specific timeframe (e.g., within minutes or tens of minutes) and commence work. In this context, the EU Court of Justice regarded such a restriction on the employee's freedom as equivalent to on-call duty at the workplace. In essence, the EU's Court of Justice assessed the nature of the time spent on on-call duty outside the workplace with regard to the employee's ability to fully utilize it. In the case C-518/15 Matzak, the EU's Court of Justice addressed the question of whether Article 2 of the Directive pertaining to specific aspects of working time should be construed to mean that *"the time a worker spends on on-call duty at home with the duty to respond to their employer's call within 8 minutes, signifi-*

*cantly impinging on their capacity to engage in other pursuits, should be categorized as 'working time'.*" The European Court of Justice affirmed that *"Article 2 of the Directive regarding specific aspects of working time should be understood to imply that on-call time spent by the worker at home, with the obligation to respond to their employer's call within 8 minutes, which substantially restricts their ability to engage in alternative activities, should indeed be classified as 'working time'.*" (A similar interpretation can be found in Glowacka, 2021.).

The Court of Justice of the EU's decision in the case C-518/15 Matzak, was followed by similar legal conclusions in subsequent jurisprudence of the Court of Justice of the EU, such as the case C-344/19 D.J. v. Radiotelevizija Slovenija. *"Article 2 point 1 of Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 on certain aspects of the organization of working time should be understood to mean that on-call time, where the worker is continuously available, only needing to be reachable by telephone and, when necessary, to arrive at the workplace within an hour, and is allowed to reside in the employer's provided accommodation near the workplace but is not compelled to stay there, qualifies as working time in its entirety according to this provision. This is contingent upon an overall evaluation of all circumstances, particularly the consequences of this time period, and potentially the regularity of interventions during this period, revealing that the constraints imposed on the worker significantly and objectively impede their ability to freely manage the time when they are not engaged in work and allocate it to their personal pursuits."* Sagan (2019) further highlights analogous legal conclusions found in the ECJ case C-580/19 Stadt Offenbach am Main. In this case, it is similarly asserted that Article 2 point 1 of Directive 2003/88/EC of the European Parliament and of the Council dated 4 November 2003 concerning specific aspects of work organization should be construed to signify that on-call duty, characterized by continuous availability, during which the worker must be capable of reaching the city borders where his service department is located, wearing his emergency uniform and utilizing the employer-provided



official vehicle with the associated exemptions to the Road Traffic Act and the right of priority attached to this vehicle, within a span of 20 minutes, qualifies as “working time” in its entirety as defined in this provision. This holds true only when the overall evaluation of all the circumstances surrounding the situation, particularly the consequences of this timeframe and potentially the regularity of interventions during this timeframe, demonstrate that the limitations imposed on this worker during this period are of such a nature that they objectively and significantly hinder the worker’s ability to freely manage the time when he is not obliged to perform work, and to dedicate this time to his personal interests. Alhambra et al. (2019) also draw attention to the foundational principles subsequently reflected in case C-214/20 MG v. Dublin City Council: *“Article 2 point 1 of Directive 2003/88/EC of the European Parliament and of the Council dated 4 November 2003 concerning specific aspects of the organization of working time should be construed to mean that on-call duty in the form of continuous availability, maintained by a reserve firefighter, during which this worker, with the consent of the employer, is self-employed, but in the event of an emergency call must reach the designated fire station within a maximum of ten minutes, does not fall under the category of “working time” as defined in this provision. This is the case if, based on a comprehensive evaluation of all circumstances in the discussed situation, especially considering the extent and manner in which the worker can engage in other gainful activities, and the fact that he is not obligated to participate in all interventions organized by this fire station, it can be deduced that the constraints placed on the worker during this period are not of such a nature as to significantly and objectively impede the worker’s ability to freely allocate the time when he is not obliged to provide the professional service of a reserve firefighter.”*

In a broader context, it is feasible to observe in the aforementioned court rulings the adherence to the principle of employer’s directive authority as delineated by the EU’s Court of Justice in case C-266/14 Federación de Servicios Privados del sindicato Comisiones obreras (paragraphs 35 and 36). The concept of directive authority,

as interpreted in the mentioned court judgment, pertains to a scenario wherein the employee is legally obligated to obey their employer’s instructions and perform tasks for them, consequently leading to the satisfaction of the legal criteria for defining working hours as per Article 2 of Directive No. 2003/88/EC concerning certain aspects of the organization of working time.

Based on the legal principles and court rulings that determine whether on-call duty counts as working time or rest time, and how on-call duty is defined in Slovakia, we can also look at the national labor laws, case law and legal opinions of the Czech Republic, which has a similar labor system. The Constitutional Court of the Czech Republic, in its decision of 18 October 2021 (file reg. no. II. ÚS 1854/20), also examined the issue of on-call work duty, relying mainly on the Charter of Fundamental Rights and Freedoms and the right to fair remuneration that it guarantees. The Czech labor laws define on-call duty as a time outside the employee’s work schedule, where the employee can perform on-call duty outside the employer’s workplace. The evaluation of on-call duty that is done only and solely outside the employer’s workplace depends on how much the employer can control the employee and how much the employee has to follow the employer’s instructions, especially in terms of time (i.e. how much the employee’s freedom to plan and use their rest time and their social and private life are affected).

The Slovak provision Section 96 of the LC, which reflects the case law of the Court of Justice of the EU, differs from the Czech labor legislation, which regulates on-call duty based on a mutual agreement between the employee and the employer (not an order, as in the Slovak case – Section 96 of the LC) and defines its place of performance always outside the regular workplace of the employer (see Section 78, paragraph 1, letter h) and Section 95 of the Czech Labor Code).

## Conclusion

All the decisions in question go against the rule set out in Section 96 of the LC, which differentiates on-call duty at the workplace and outside the workplace from the point of view



of qualification whether on-call duty is working time or not. The Court of Justice of the EU states that all the case circumstances should be taken into account and the degree of interference with the employee's rest time and free time should be assessed, and that this interference should be significant and objectively affect the possibility of managing free time. Slovak law seems to automatically consider that any on-call duty outside the workplace is a rest period. However, the EU Directive only recognizes the concept of working time and rest periods, not on-call duty. But the court decisions of the Court of Justice of the EU mentioned above show (and influence the interpretation of Slovak law, which must comply with EU law and be interpreted in line with EU law) that on-call duty outside the workplace is also working time, not rest periods. As mentioned before, the Court of Justice of the EU says that all the case circumstances should be considered and the level of disruption to the employee's rest time and free time should be assessed, and that this disruption should be significant and objectively affect the ability to use free time. Until the Slovak legislator changes Section 96 of the LC according to the court decisions in question, every healthcare professional has the right to ask for a similar assessment in their case, probably via a question to the Court of Justice of the EU for a preliminary ruling (Kupec et al, 2020).

Regarding the legal argumentation above, the Slovak legislator can take inspiration from the Czech approach to regulating on-call duty, which already fully follows the approach of the Court of Justice of the EU.

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# Youth and their Current Concerns – Social Work and Media as Tools of Intervention

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## Abstract:

Adolescents undergo numerous transitional life phases and processes that gradually shape them into adult members of society. These processes are more complex than they may appear, as they involve biological maturity and social and psychological development, which unfolds in close connection with the surrounding environment. During adolescence, young people experience physical maturation, identity formation, and establishing their value systems. At the same time, they face external pressures such as the need to fit in with peers, conflicts between personal values and societal expectations, and the demand to adhere to social norms. Social work interventions aim to help adolescents overcome barriers that may hinder their full participation in society while addressing their specific needs.

Using the qualitative research method of focus groups, this paper seeks to identify the current, specific concerns of adolescents. The discussion based on research findings highlights: 1) opportunities for social work interventions and 2) a reflection on the role of media in supporting social work in addressing adolescent concerns. The study of adolescents' current worries and the realities discussed in this paper gain significance not only regarding the aftermath of the COVID-19 pandemic but also in light of the ongoing war in Ukraine, both of which profoundly impact the youth under investigation.

## Introduction to the topic

In this paper, the term “youth” refers to adolescent individuals—high school students aged 15–19 years, encompassing the period of middle and late adolescence (1). To provide their sociological characterization, it is essential first to consider the imprecise and diverse differences (biological, psychological, psychosocial, socio-cultural, and others) among individuals within this age group (2,3). In other words, today's youth differ in their perspectives on the world and their future and, similarly, in the enthusiasm they engage in addressing public, societal, or global issues (4). These differences are shaped by their characteristics and the broader social and cultural context in which they grow up.

In today's social environment, recent years have seen numerous unpredictable changes, among which the most significant are the global COVID-19 pandemic and the ongoing war in Ukraine. According to experts, the pandemic disrupted the daily lives of young people, introducing new challenges in areas such as education, socialization, and mental health (5,6,7,8). Even the post-pandemic period, as indicated by available research, continues to affect the emotional and psychological well-being of young people (9), increasing the pressure on their mental health (10) and contributing to a rise in loneliness (11). Additionally, the war in Ukraine, taking place near Slovakia's borders, has been reported by experts to impact the mental and emotional health of young people (12), their ability to manage emotions (13), cope with stress and uncertainty (14), and even influence how they perceive their future (15).

The outlined social contexts—the pandemic, the post-pandemic period, and the war in

a neighbouring country—create a complex social situation requiring a sensitive approach and targeted interventions. These should aim to help young people overcome challenges and personal fears, ultimately guiding them toward personal balance, resilience, and full participation in society.

Shortly after the COVID-19 pandemic and amid the ongoing war in Ukraine, research into how today's youth perceive the social situation is highly relevant. Through qualitative research, this paper examines the most significant concerns identified in the adolescent group ( $n = 12$ ) using the Focus Group method. Based on the research findings, the subsequent discussion focuses on presenting opportunities for social work interventions and reflecting on the role of media in supporting social work in addressing adolescents' concerns. This paper's methodology is grounded in an interdisciplinary approach that considers insights from social work, media studies, psychology, and sociology. This enables the authors to bridge existing knowledge with practical experience, providing a comprehensive perspective on how social work and media can cooperate to address the current concerns of youth effectively.

## Social functioning of adolescents as a challenge for social work intervention

Generally speaking, dynamic approaches can be utilized to support individuals with social assistance (16). Social work typically focuses on individuals in adverse life situations or harmful environments, addressing challenges that hinder their full development and integration into society. Social work becomes a key tool not only for

resolving the immediate issues faced by young people but also for shaping their ability to cope with challenges specific to their age group and social context. In other words, social work intervention with today's youth is significant because it purposefully considers and respects their differences, circumstances, and environments while simultaneously addressing their shared characteristics.

Several common characteristics of the social functioning of today's adolescents also pose a challenge for social work intervention, *inter alia*:

- a) Adolescents are biologically on the path to adulthood but remain socially and economically dependent – Adolescents are in a phase where their bodies and brains are intensely developing, meaning they are biologically moving toward full adulthood. However, they remain socially and economically dependent on their immediate environment, often their parents. This dependency provides a “protective shield” from full responsibility for their lives but can also limit their ability to develop autonomy and self-determination. Social work can create support that helps young people navigate the transition from childhood to adulthood, addressing the concerns that arise during this transition.
- b) Adolescents have limited responsibilities and a degree of carefree freedom – At this stage of life, young people typically do not yet have firmly defined (adult) social roles, such as parent, spouse, or employee. This situation provides them with relative freedom in decision-making, but it can also lead to feelings of insecurity as they face the pressure of shaping and securing their future. Social work interventions can support youth in finding a balance between freedom (without specific responsibilities) and responsibility.
- c) Adolescents are in the process of social maturation – The adolescent period is crucial for shaping values, attitudes, goals, and behavioural patterns that individuals carry into adulthood. The socialization is influenced by various factors, primarily family, school, peer groups, and mass media (17). Social workers can assist young people in identifying and strengthening positive behavioural patterns that support their healthy personal and social development and, similarly, their increasingly mature socialization.
- d) Adolescents actively perceive changes in their social position – Young people are aware of their gradual transformation from social recipients to active participants in societal affairs. However, this shift is not simple and can lead to feelings of tension or pressure from sudden responsibility. Social work methods provide support for youth in adapting to their new roles and expectations.
- e) The influence of the immediate social environment on maturation – The process of social maturation in youth is heavily influenced by their immediate environment (i.g. the influence of family, school, first jobs, peer groups, or mass media). These factors collectively shape not only new experiences but also the value system of youth, their communication methods, and their ability to resolve conflicts. Social workers can identify critical aspects of these environments and their impacts while supporting young people in a positive development, especially if these environments are dysfunctional or even toxic.
- f) Others.

### **The life situation of adolescents and the media**

The media are an important source of interpretation of social reality (18), as they offer a variety of content types, have their own specific set of expressive tools, and contribute to shaping public life (19).

The influence of the media on the younger generation is undeniable, as the media shapes attitudes, values, and opinions from an early age (20). For adolescents, however, media play an even more significant role because this age group is among the most active users of modern technologies (21,22,23,24). Moreover, young people not only passively consume media content but also actively participate in creating their own media products (i.e., they actively create and share information in various formats—textual, visual, or audiovisual), which provides them with new opportunities for self-expression



and communication. This also allows adolescents to navigate the complex media landscape more effectively and reflect on societal events.

Adolescence is characterized by a search for identity, and therefore, young people often intuitively seek media that reflect their interests and needs. At the same time, they usually reject authoritative interference in what they consume, as such approaches do not respect their individuality. For them, the media represents a space for self-realization, finding role models, and integrating into social groups that have similar values or lifestyles. Social networks, streaming platforms, and interactive media provide adolescents with the opportunity to experiment with their identity in a relatively safe environment. Despite this, the relationship with media is often accompanied by risks, such as uncritical adoption of opinions, idealization of the world presented in the media, time-wasting, or exposure to inappropriate content.

The research observations in this age group are not positive either. According to a recent study, almost half of 15 to 20-year-olds spend more than 8 hours a day with a different media (25). They are also bombarded daily with hundreds of notifications on their smartphones (26). Over the long term, it has also been shown that using media is the leading activity for young people aside from sleeping (27,28,29,30). A vast amount of research also warns about the impact of media on the mental health of youth (31,32,33).

Moreover, while the media provide young people with entertainment, information, and education, they expose them to intense marketing pressure (34). Advertisements, social networks, video games, and content specifically created for teenagers make young people an attractive target group (35). This constant influx of stimuli and information often becomes a natural part of their lives, making it harder for them to recognize manipulation or critically assess the content they consume (36,37).

In this context, many other examples could be discussed. It is therefore not surprising that the media and their influence on children and adolescents are generally topics that meet with widespread negativity, addressing the need to “mitigate potential health risks and foster

appropriate media use” (38, p.1) and/or “evidence-based health risks associated with unsupervised, unlimited media access and use by children and adolescents” (39, p.3). It is worth noting that the risks associated with new media use have recently prompted the emergence of many initiatives focusing on regulating internet content (40,41,42).

We can see that “the media bring a wide range of social influencing opportunities, both in positive and negative directions” (43, p.15).

## Methodology

### Research Design

This research aims to identify and analyse the most significant concerns of adolescents in the current social context. The research focuses on gaining in-depth knowledge about adolescents’ experiences, opinions, and needs, with the primary data collection method being the qualitative Focus Group method.

### Research Method and its Application – Research Process

The Focus Group method involves a small, pre-defined group of people based on demographic characteristics, who answer questions in a moderated setting (44). The method is considered effective in presenting the variation of viewpoints held within a population (45).

The Focus Group method is suitable for obtaining in-depth qualitative data because it allows respondents to freely express their opinions and experiences in an environment that supports open discussion. According to experts, it provides “finer and more natural feedback than individual interviews” (44) because “it utilizes mutual communication between the research participants” (46).

The interviews with 12 participants were designed as semi-structured interviews, lasting 90 minutes, and were conducted offline. After introducing the research goal and familiarizing the participants with the discussion rules, including ensuring anonymity, the topic of the interview was presented.

After the meeting, a summary of the discussion was provided, and the collected data was

confirmed by the respondents, including additional space for any individual comments or opinions.

The discussion was conducted empathetically to ensure a safe environment for expressing views.

### Criteria for Selecting the Research Sample

The research took into account three criteria for selecting the research sample:

- a) Age of respondents: 15–19 years;
- b) Equal representation of both genders (6 boys and 6 girls);
- c) Diversity of environment: respondents come from schools in various regions of Slovakia (urban and rural areas).

### Data Analysis and Coding

The concerns and challenges faced by the adolescents studied were purposefully divided into six research areas during the interview:

- 1) Personal psychological concerns;
- 2) Concerns related to societal events (e.g., war, pandemic, etc.);
- 3) Concerns within the family environment;
- 4) Concerns in the school environment;
- 5) Concerns related to media usage;
- 6) Other concerns of adolescents.

The thematic analysis process involved data coding, identification of recurring themes, and categorization of key topics. The research took place in October 2024.

## Results

Within the six research areas, the respondents expressed several concerns. The most common concerns were:

### 1) Own psychological concerns of adolescents

- a) Feelings of inadequacy – Adolescents often experience uncertainty linked to comparing themselves to their peers and feeling that they are not good enough to achieve their dreams. Social media plays a significant role in deepening these feelings by exposing adolescents to idealized images of others' success. The respondents spoke about comparing themselves

to others and about the “happiness of others”. One respondent mentioned: “I always compare myself to others on Instagram and feel like their lives are better than mine. Their pictures often depress me because I don't go to the same places or have as many friends.”

- b) Fear of failure – Pressure to succeed in various aspects of life (school, relationships, sports performance, etc.) leads respondents to increased anxiety and concerns about not meeting the expectations of those around them. The greatest pressure is perceived by parents and peers. One respondent said: “I'm really scared that I won't be able to get good grades in my final exams because it's expected that I'll go to university. My parents are nervous about it and always remind me that without good results, I won't be able to make a good future for myself.”
- c) Loneliness – Many respondents feel lonely, despite being surrounded by people. According to the respondents, loneliness is heightened by misunderstandings and conflicts with parents, as well as by the “joyful statuses of friends on social media.” One respondent shared: “Even though I have friends, I often feel like no one understands me. Sometimes I look at my friends' posts on social media, where they're smiling or having fun, and it makes me feel even more alone.”

### 2) Concerns of adolescents related to current global events

- a) The war in Ukraine – The surveyed adolescents express fear regarding the escalation of the ongoing conflict in Ukraine, coupled with empathy for refugees. According to the respondents, the topic of war also affects the atmosphere in schools. One respondent said: “I'm really scared that the war could get closer to us. We keep talking about it at school, and I'm afraid that it could happen to us too.”
- b) The Third World War – The respondents express concerns about the escalation of global conflicts (such as in Ukraine, Gaza, and the relations between China and Taiwan). They fear for their social lives, education, future, and overall stability in the world. One respondent mentioned: “I'm worried that the

conflict between the USA and China could escalate into something more serious. I watch the news about the war in Gaza and also read about what's happening in Taiwan, and I don't know what's ahead of us."

### 3) Concerns of adolescents in the family environment

- a) Escalation of family conflicts – Disagreements between parents and frequent conflicts with siblings are mentioned as sources of "everyday stress". There are also concerns about how to resolve these conflicts. One respondent shared: "My parents argue a lot, and I don't know how to help them. Sometimes I feel it would be better if they weren't together, but then I'm scared about what would happen to me and my siblings."
- b) Financial "problems in the family – Some respondents express concerns about financial difficulties within the family. They feel uncertainty and fear for their future. One adolescent stated: "Sometimes mom and dad argue about money. I'm scared that we won't have enough money for everything we need, and that our lives will get worse."

### 4) Concerns in the School Environment

- a) Academic Pressure – The demands to achieve high academic performance and the fear of failure are among the most commonly mentioned concerns. Respondents also fear unexpected situations that may impact their academic performance, such as deteriorating health, parental divorce, etc. Related to academic performance, doubts about their abilities and fears of failure arise: "I'm afraid I won't be able to get into university because I don't have enough time to study, and some subjects are hard for me", said one of the adolescents.
- b) Peer Relationships – Adolescents in the research group speak about their integration into the peer group. They see having brand-name clothing, a high-quality smartphone, a laptop, and many friends on social media as essential to being "in." They also express concerns about bullying, even though they "don't experience bullying themselves, but

see it happening around them." "Sometimes I feel like I have to have brand-name things for others to accept me," says one respondent. Another adds, "At school, I see how some of my peers are laughed at because of how they look or what they wear."

### 5) Concerns related to media use

- a) Excessive time online – Many respondents acknowledge the excessive time they spend daily on social media. They also feel they spend too much time watching series on Netflix, with the inability to stop after just one episode. One respondent shared, "I spend much more time on social media daily than I should. I watch one story, then another, and before I know it, it takes hours." Another adolescent added, "Sometimes I feel completely absorbed by what I see on Instagram. I don't even notice that I've been scrolling on my phone for two hours straight."
- b) Online self-presentation and reputation – Respondents express concerns about their "image on social media". The pressure to present an idealized version of themselves online causes them stress and feelings of inadequacy. One adolescent explained, "Every day, I try to make my Instagram profile perfect, to look like I have everything under control, but in reality, I feel very drained, and I'm getting tired of it all."

### 6) Other concerns of adolescents

- a) Lack of free time – The perception of constant performance pressure causes frustration within the research group due to the lack of time for relaxation or personal interests. One respondent shared, "I wake up in the morning, go to school, then to extracurricular activities, and in the evening, I have to study. Sometimes, I wish I had more time to relax or do what I enjoy." Another added, "It's true, even weekends aren't enough for me to recharge, and then Monday comes again, and the whole cycle starts... I hate Mondays!"
- b) Uncertain future – Respondents express concerns about choosing the right school and future career opportunities. As one respondent put it, "I'm afraid I'll make the wrong

decision when choosing a school, and then it will be hard to find a good job. My parents constantly remind me that choosing the right school is crucial for my future.” Additionally, there are some concerns about future pandemics and lockdowns. Adolescents in the research group agree that “The lockdown was too long, and although they had some good moments during it, they would rather not experience it again.”

## Discussion

In short, the research findings suggest that the twelve adolescents examined face many complex life situations that significantly affect their mental well-being. Among the most prominent concerns are feelings of inadequacy, often resulting from comparisons with peers on social media and the pressure to meet external expectations. These pressures are compounded by fear of failure, whether in school, sports, or relationships. Additionally, many adolescents feel lonely, despite being surrounded by people. Feelings of loneliness and isolation are deepened by misunderstandings from parents or the “perfect” posts shared by friends on social media.

In addition, respondents’ mental health is also influenced by broader societal concerns, such as the war in Ukraine and the fear of escalating global conflicts, which threaten their sense of security. These concerns are further amplified by familial issues, primarily conflicts between parents, financial difficulties, and pressure from parents to achieve academically. In the school environment, adolescents experience fears of bullying and the need to fit in with their peer group (47) through social symbols such as brand-name clothing or modern technologies, particularly smartphones. Excessive use of social media, the need for online self-presentation, and the lack of free time further exacerbate their current sense of exhaustion and uncertainty. Together, these factors create a complex picture of the challenges adolescents face today.

In light of these findings, we want to consider the possibilities for social work interventions. Since new media, particularly social media, emerged as a significant factor contributing to adolescents’ concerns, our next focus will be on reflecting on the role of media in supporting so-

cial work efforts to address adolescent anxieties.

## Discussion on the possibilities of social work intervention

In considering the possibilities for social work intervention, we identify several key methods that social workers can use when interacting with adolescents. The following methods might be useful:

1. *Friendly conversations between the social worker and the adolescent* – These conversations can be focused on problematic topics (e.g., dysfunctional family environment, bullying in the school setting, replacing binge-watching series with meaningful leisure activities, loneliness, fear of failure, comparison with others on social networks, etc.) while aiming at collaborative thinking about alternative solutions that reduce or even eliminate the adolescent’s current concerns. The social worker could work with the adolescent to find realistic ways to tackle these challenges—such as creating a stress management plan during preparation for finals or recommending healthy alternatives for online time.
2. *Individual psychosocial support for adolescents in difficult life situations or stages* – The social worker can provide adolescents with a safe space to express their feelings and concerns, helping them to understand their problems and strengthen their ability to cope with difficult situations. This form of support includes active listening, building self-confidence, and adopting strategies for stress management or conflict resolution. The intervention can be crucial in cases where adolescents face issues such as family conflicts, the loss of a loved one, bullying, loneliness, or academic pressure.
3. *Targeted leisure and developmental activities focused on life skills for youth* – Leisure and developmental activities, including experiential activities and programs focused on life skills help young people live a higher quality of life. Examples include learning to get along well with others, studying effectively, responsibly completing tasks, managing stress caused by living in a challenging

environment, etc. Organizing one's activities can also significantly reduce adolescents' concerns about the lack of free time.

4. *Organizing workshops and discussion forums (offline and online)* – The goal of social work activities is also prevention and preventive actions. While a young person's resilience is influenced by inherent traits (personality), acquired traits and skills significantly impact their perception and actions. The interaction between the social worker and the adolescent focuses on building resilience. Meeting content focuses on key topics such as maintaining physical and mental health, resisting peer pressure, avoiding manipulation, and refraining from risky behaviour.
6. *Family interventions and mediation* – Since family conflicts and financial problems are significant sources of stress, the social worker needs to support improving communication among family members (48, 49). Mediation can help parents and children identify and alleviate tensions. In the case of financial difficulties, providing families with advice about available social services and economic support options is appropriate.
7. *Prevention of social media addiction* – Social workers can organize programs aimed at reducing excessive use of social networks and electronic devices. A part of social media addiction prevention includes education on digital hygiene and, similarly, supporting a healthy lifestyle, which includes physical activity, adequate sleep, and regular offline communication.

### **Discussion on the role of media in supporting social work**

Media play a key role in the lives of adolescents, as they not only provide information and entertainment but serve also as a platform for young people to build and express their identities. In the digital age, where access to media is nearly unlimited, young people are exposed to an intense influence of diverse content, which significantly impacts their mental well-being (50), wellbeing (51), values (52), opinions (53), behaviour (54), and social relationships (55).

Given these challenges, media can also serve as an effective tool for social workers, who can specifically address the concerns of adolescents identified in the research.

In addressing the concerns of adolescents, media can be an effective tool and aid for social workers. Empirical research and practice suggest that media are an integral part of the daily lives of today's adolescents (56), and many social work interventions cannot do without them. In addition to personal, friendly conversations between the social worker and adolescent or individual psychosocial support in difficult life situations or phases, other intervention possibilities in social work expand with media use. These interventions include leisure and developmental activities, experiential activities, workshops, discussion forums, and online meetings.

In the context of social work, it is essential to consider the risks and the potential of media as an auxiliary tool for intervention. In this regard, media can serve as:

1. *Support for education* – Spreading awareness and organizing preventive workshops or discussion forums focused on handling peer pressure, etc. Social workers can create interactive content or online campaigns to inform young people about managing their online time effectively and provide tools for coping with negative emotions related to the digital environment.
2. *Support for resilience* – Media can be used to build resilience against manipulation on social networks or address issues related to academic pressure. This helps address concerns such as fear of failure or loneliness, which are often exacerbated by intense exposure to idealized images of life on social media.
3. *Support for interpersonal communication* – In the online environment, where adolescents often feel lonely despite extensive networks of contacts, media can facilitate interactions and relationships. Social workers can organize online group meetings focused on building community and sharing experiences. Video calls or discussion platforms can be used to provide individual support, connecting with adolescents in their natural



environment and addressing their concerns about social isolation. Creating supportive online communities can also be an effective remedy for loneliness or shyness, which is significant during adolescence.

4. *Support for self-realization and entertainment* – Media can also support leisure and experiential activities that help adolescents reduce stress and strengthen their skills. Interactive games or creative online platforms can aid in developing life skills while providing a space to express individuality without the pressure to achieve “perfection”, which many adolescents feel on social media. These activities can also help alleviate concerns about being judged by others.
5. *Support for mental health* – Social workers can use media to spread reliable information on managing anxiety and stress, organize online mindfulness courses, or encourage adolescents to practice digital hygiene. This approach can reduce concerns like fear of failure or constant comparison with others on social media, which are increasingly common issues among young people.
6. *Support for the family environment* – Social workers should promote improved communication within families where conflicts and financial issues pose significant stressors. Mediation can help reduce tensions among family members, and counseling on available social services can ease the burden on adolescents and their families. These forms of assistance can also take place online, which may facilitate positive decision-making regarding accepting help from a social worker. In this way, social workers can directly address adolescents’ concerns arising from family problems.
7. *Support and prevention of media addiction* – Another important aspect is the prevention of media addiction. Social workers can organize programs focusing on the risk of excessive use of digital devices and social media, promoting a healthy lifestyle, physical activity, adequate sleep, and balanced offline communication. These programs can be valuable in reducing adolescents’ concerns about their mental health due to exces-

sive use of technology, a phenomenon that experts have long warned about (57).

## Conclusion

Adolescents share several common characteristics in their social functioning, yet they also represent a group marked by significant individual differences shaped by biological, psychological, and sociocultural factors. These common traits and differences influence their view of each other and, similarly, also their perspective on the world or its future, such as their perceptions of social, ecological, or global issues. Moreover, in the aftermath of the COVID-19 pandemic and amidst the current war in Ukraine, research into the perception of the social situation—specifically the ongoing thoughts and concerns—of today’s youth proves even more essential (58, 59).

Using a qualitative method, Focus Group, we aimed to identify the most significant concerns of adolescents within research sample. The adolescents most frequently expressed concerns that affect their daily lives. A sense of inadequacy, supported by idealized images on social media, leads to a decrease in self-confidence and an increase in anxiety. Fear of academic failure stems from the strong pressure to achieve success, primarily coming from parents and school. Family conflicts, such as frequent arguments between parents, cause adolescents long-term stress and feelings of helplessness. Concerns related to constant media use, especially excessive time spent online, are linked to an inability to control habits and feelings of frustration. These issues are exacerbated by the perception of a lack of free time, as adolescents face daily obligations, and in their words “without the opportunity for rest and regeneration”.

Less frequent but still significant concerns include fear of failure, expressed as anxiety about not meeting expectations, and feelings of loneliness, often caused by misunderstanding from loved ones or the false portrayal of “happy lives” on social media. Financial problems within the family, experienced by some respondents, evoke feelings of uncertainty and concerns about maintaining living standards and family peace. In the school environment, adolescents mention the pressure to fit in with their peers, where material

symbols, such as branded clothing and smartphones, play a role. Concerning media, they feel stressed by the constant pressure to present themselves perfectly online. Lastly, the Focus group members also expressed uncertainty regarding future careers and employment, as well as concerns about new global challenges, such as future pandemics and global conflicts, which negatively impact their sense of safety and their overall perception of the future.

In the discussion section, we interpreted these concerns in connection with adolescents' life situations as challenges for social work interventions and considered them also as opportunities for media, which can be perceived as valuable tools in supporting social work in the examined issue (60, 61).

Social work interventions encompass a wide range of methods aimed at supporting adolescents in their everyday challenges. We believe that key approaches include friendly conversations, which provide space to address problematic topics and explore alternative solutions, and individual psychosocial support, which strengthens self-confidence and the ability to cope with difficult situations (59, 60). A crucial part of the intervention is also targeted leisure and developmental activities that enhance life skills and help young people effectively navigate challenging environments (62). The preventive nature of social work is reflected in organizing workshops and discussion forums that build resilience among adolescents and offer practical advice on maintaining both physical and mental health, coping with peer pressure, and preventing risky behaviours. Additionally, it is important to include family interventions and mediation, which help resolve family conflicts and financial difficulties. Social workers should support improved communication within families and provide advice on available social services in case of financial hardship. Finally, a key aspect is media addiction prevention, which involves educating on digital hygiene and promoting a healthy lifestyle. Programs focused on balanced media usage, physical activity, adequate sleep, and offline communication can improve adolescents' mental well-being (63, 64).

We are convinced that when considering social work interventions, which can significantly

contribute to addressing adolescents' concerns and supporting their mental well-being, media support must also be part of the discussion. As emphasized earlier in the text, not only numerous studies but also our research findings confirm that new social media, particularly social networks, play a significant role in adolescents' lives, as well as in deepening their concerns, such as feelings of inadequacy, loneliness, or pressure to present oneself perfectly. However, social media not only represent a source of problems but—given their popularity among young people—also provide a space that could be effectively utilized for intervention and support. (65,66,67)

Moreover, media, as a communication tool, has the potential to become an active partner in social work, either through spreading awareness or creating supportive online communities. The reflection on the role of media in our contribution does not represent a marginal topic but an essential part of thinking about comprehensive adolescent support, which includes direct work in the field and, similarly, the strategic use of media to support social work interventions. In this way, we aim to emphasize that social work and media can form a synergy, enabling a more effective response to the challenges and concerns currently faced by adolescents (68, 69,70).

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# The Issue of energy-poor Households in the Slovak Republic

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## Abstract:

The concept of “energy poverty” currently lacks a universal definition and a unified methodology, which significantly complicates its adequate resolution. The term “energy poverty” should be distinguished from “fuel poverty,” whose primary determinant is the issue of affordability. Access to energy is fundamental for improving the quality of life and it is a key prerequisite for economic development. In the developing world, energy poverty remains widespread. However, this phenomenon is increasingly present in developed countries as well. It is essential to address energy poverty by studying its causes, symptoms, and impacts on society and the social climate, even in the absence of comprehensive data. Today, energy poverty is regarded as a consequence of sys-

temic inequalities that create barriers to accessing energy at affordable prices.

## Introduction

The phenomenon of energy poverty remains a persistent issue in everyday life and it can have either overtly or covertly form. It encompasses various determinants that shape its character. On a global scale, it is a result of profound structural inequalities among regions, countries, and social groups (Murgas, et al., 2023; Tkacova, et al., 2024). In developing countries, it is primarily associated with limited access to energy resources. In developed countries, energy poverty results mainly from a combination of low incomes, rising energy prices, and the energy inefficiency of households. The consequences of energy poverty are multifaceted, affecting individuals in various ways—from social polarization to a reduced quality of life (Duka, et al. 2024; Petrovič, et al., 2023; Zenelaga, et al., 2024). It also impacts the economy and the economic stability of nations. Without sustainable and targeted solutions, this issue could exacerbate already critical situations faced by individuals and households. A specific challenge lies in the lack of data that adequately captures this phenomenon, complicating the development of effective solutions. It is very difficult to measure energy poverty because it is experienced within individual households and influenced by various subjective and objective factors. Furthermore, it evolves dynamically based on the timing of geopolitical conflicts and, to a lesser extent, cultural contexts.

The functioning of the modern world is burdened by complexities that result in most people having only superficial knowledge of how it operates, as well as of the not-so-new yet inevitable phenomenon of globalization. To smoothly transition to addressing this problematic phenomenon, which requires adequate solutions that are already overdue, we must examine the relational correlations between concepts such as energy, finances, and human dignity (as none of these dimensions can exist independently of the others, particularly since we live in advanced democracies). V. Smil (2022, p. 11) presents a key comparison: “In 2020, the average annual per capita energy consumption of approximately 40

*percent of the world’s population (3.1 billion people, including nearly everyone in sub-Saharan Africa) was no higher than the corresponding levels achieved in Germany and France in 1860. For these 3.1 billion people to reach the threshold of a decent standard of living, they will need to at least double or triple their per capita energy use while simultaneously multiplying electricity supplies, significantly boosting food production, and building basic urban, industrial, and transportation infrastructure.”*

War-torn and indirectly war-affected states struggle with phenomenas such as inflation, energy independence, the constant rise in the cost of goods and services, and the looming threat of a persistent “oil peak.” Cultural narratives suggesting we are heading toward an energy catastrophe fuel waves of panic. However, fears come at a cost. C.H. Mann (2021, p. 271) highlights: “*Fears of resource depletion have malignantly persisted for over a century, driving imperialist incursions, inciting hatred among nations, and triggering wars and uprisings. They have claimed countless lives. Equally problematic is that the concept of peak oil has fostered a set of entirely misguided beliefs about natural systems—beliefs that have repeatedly hindered environmental progress. It has created a narrative that has misled activists for years. Too often, we are told that crises stemming from energy shortages will destroy our future, whereas the problems our children will face will likely result from energy abundance.*” In terms of markets, economic cycles, supply and demand, and rising energy prices under the influence of ongoing conflicts, we must not overlook the feedback effect on decisions. “*Current expectations do not accurately reflect future events; rather, current expectations shape future events*” (Ferguson, 2011, p. 347).

## The Phenomenon of Energy Poverty

1. Our mental reference frameworks are the result of our socialization, education, and experiences, making it difficult at times to determine whether we are at a critical point in a certain de-

velopment, at what level our decisions become irreversible, and at what moment the pursuit of a specific strategy leads to catastrophe (Kralik, et al. 2024). Shifting the boundaries of awareness is indeed an inspiring phenomenon. People tend to view the conditions they are currently experiencing as natural. When it comes to changes in societal, economic, and social domains, individuals do not perceive them as absolute states but see them through their own lens as phenomena with a relative nature, shaped by their position as observers. The intervals during which people fail to notice changes may not be very long. When a turning point in the form of an unexpected event occurs, it becomes evident that the decisions made had radical consequences for the average person. A paradoxical task would be to attempt to measure what remains invisible under current conditions but nevertheless influences our future. In such a case, we could speak of a kind of “heuristics of the future.” The pressure of social processes, such as energy poverty, arose from their inherent dynamics and forced to look for outcomes and solutions. Social development results from changes in the figurative ties into which people enter with one another. (Králik, et al., 2023; Králik, 2024; Králik et al., 2024). The consequences of yesterday’s actions are indeed the conditions of today, but this relationship does not work in reverse order, and we must not always infer conditions from consequences (Diamond, 2021).

If we look through the lens of foreign policy, energy poverty emerges as a relatively well-mapped agenda with potential solutions. In recent years, we have witnessed energy inflation, which presents a significant and growing challenge. The most common definition of energy poverty describes it as “*a condition in which a household is unable to financially maintain an adequate temperature within their living space*” (SITA, 2024). Suitable temperature is not the sole factor constituting energy poverty. The issue extends to the inability to afford sufficient energy services necessary for a dignified and fulfilling life, which, in turn, multidimensionally affects an individual’s quality of life (Andreoni, 2024). Energy poverty is not a problem of developing countries only; it also affects EU mem-

ber states. Current statistics reveal that in 2022, approximately 40 million Europeans—9.30% of the EU population—were unable to maintain adequate heating in their homes (Council of the European Union, 2023). This problem worsened in 2023, with the proportion of affected households rising to 10.60%. Compared to 2021, when 6.90% of the EU population faced similar conditions, this represents a significant increase (Eurostat, 2024a).

Based on the Commission Recommendation from 20 October 2023, energy poverty can be characterized as a social and multidimensional phenomenon with three primary causes:

- High energy expenditures relative to household income
- Low income levels
- Poor energy efficiency of buildings and appliances (Council of the European Union, 2023)

Energy poverty is a recurring theme in the formulation of social and environmental policies, particularly in addressing pressing challenges. It cannot be confined solely to the domain of energy but must be understood within a broader context related to energy services. Adequate solutions often arise from interdepartmental rivalries and, in many cases, reflect a reluctance to go beyond established agendas. This interdepartmental approach is necessary, as energy poverty and general poverty are closely intertwined. Both embody elements of inequality and significantly impact overall quality of life. While general poverty involves insufficient access to financial, educational, and social resources, energy poverty reflects households’ inability to secure enough energy for heating. For households affected by energy poverty, their social and economic inequalities deepen, exacerbating social polarization. In this sense, energy poverty perpetuates the cycle of poverty itself. Both forms of inequality require an integrated approach at the policy level (Babinčák et al., 2021).

Grossmann and Kahlheber (2017) describe the connection between energy poverty and households with disadvantaged characteristics. They distinguish factors such as financial income, health status, age, nationality, ethnicity, education, origin, language proficiency, and more. These attributes overlap and interact with

external living conditions, forming an entry point for energy deprivation, social polarization, and discrimination.

### **Energy Poverty as an Economic and Social Challenge**

Adequate solutions to the phenomenon of energy poverty aim to improve social conditions, eliminate social disparities, and ensure equal access to basic needs at a dignified level. Through various mechanisms, the European Union has established fundamental goals to protect vulnerable households and secure access to affordable energy resources. Energy poverty was first introduced into EU law through the *Directive on common rules for the internal market in electricity* (2009/72/EC). In 2019, the EU adopted the *Clean Energy for All Europeans* package along with the *National Energy and Climate Plan*, mandating member states to identify, monitor, and address energy poverty and the associated social and economic challenges. Individual EU countries have since developed their own definitions, methods, and monitoring systems. In 2020, the European Commission issued a *Recommendation on Energy Poverty* as part of the *Renovation Wave Strategy*. This recommendation provided clear guidelines on appropriate social and economic indicators to measure energy poverty. In 2021, the *Fit for 55 package* introduced measures to identify key factors influencing energy poverty. In April 2022, the *Commission's Coordination Group on Energy Poverty and Vulnerable Consumers* was established (Decision EU/2022/589), enabling EU countries to exchange best practices and enhance coordination of policy measures. In May 2023, the *Social Climate Fund* was established (Regulation EU/2023/95), prioritizing financial support for EU countries to assist vulnerable households affected by energy poverty. Member states are required to submit social climate plans by June 2025. In September 2023, the *Directive on Energy Efficiency* (EU/2023/1791) was revised, focusing on greater consumer protection. In May 2024, the *Revised Directive on Energy Performance of Buildings* (EU/2024/1275) came into effect. This directive mandates EU countries to include specific plans in their national strate-

gies to reduce the number of people affected by energy poverty (European Commission, 2024).

According to Klusáček (2019), there are several indicators that contribute to the emergence of energy poverty. Among the most common factors is income poverty. Members of households at risk of energy poverty earn significantly less compared to others. As a result, they have limited opportunities within society and face the threat of poverty. Low income often indirectly compels them to rely on alternative energy sources, such as using solid fuels for heating their homes. A lack of financial and material resources leads to deteriorating payment discipline, manifested in missed or delayed advance payments or failure to meet deadlines for energy consumption bills. The logic of energy poverty is based on the high proportion of income spent on energy costs. However, it is not appropriate to classify households that allocate a larger share of their income to energy expenses but are not in any form of poverty as being in energy poverty.

Another indicator of energy poverty is the inability to provide additional heating for a household. Even if a household regularly pays advance energy bills, it may still be unable to provide adequate heating due to economic constraints. For instance, during long winter periods or after receiving high energy surcharges, such households are forced to cut back, leading to a proportional reduction in heating. A household might decide to heat only part of its living space, motivated by the need or intention to save energy and cover expenses for future periods. Rising energy prices, regulated by market dynamics, increase the share of energy expenses within household budgets, creating a significant financial burden. Low energy efficiency in heating means that the devices or systems used consume more energy than necessary to produce the required amount of heat. The conversion of input energy (e.g., gas, electricity, or coal) into heat is influenced by various technological factors. Performance depends on the input fuel, the age and technical condition of the equipment, as well as the type of construction. Different heat sources therefore vary in efficiency. When selecting a heating system, it is essential to consider fuel availability, the size of the space to be heated, and the effi-



ciency of the chosen technology to achieve the highest efficiency at the lowest possible cost.

Research based on the concept of energy vulnerability has a distinct advantage over other studies in this field, as it highlights groups not traditionally included in the definition of energy poverty. Among these groups are students and young adults, who often face greater challenges in paying energy bills, live in discomfort more frequently, and experience subsequent effects on their physical and mental health (Sirotkin et al., 2023). Although students are not typically classified as being at risk of energy poverty, their habits often place them within this category. This issue brings to light a sociopolitical belief that it is acceptable for young adults to endure unsatisfactory living conditions at the start of their independence until they can escape such circumstances. These assumptions are neither correct nor appropriate. Young adults are often left vulnerable, as their situation is not addressed by specific policies (Kroh et al., 2022).

Energy poverty reflects the current state, while energy dependence encompasses a set of variables that contribute to the emergence and persistence of energy deprivation. Kroh et al. (2022, p. 8) highlight vulnerability as a highly dynamic condition both internally and externally, shaped by various conditions, including:

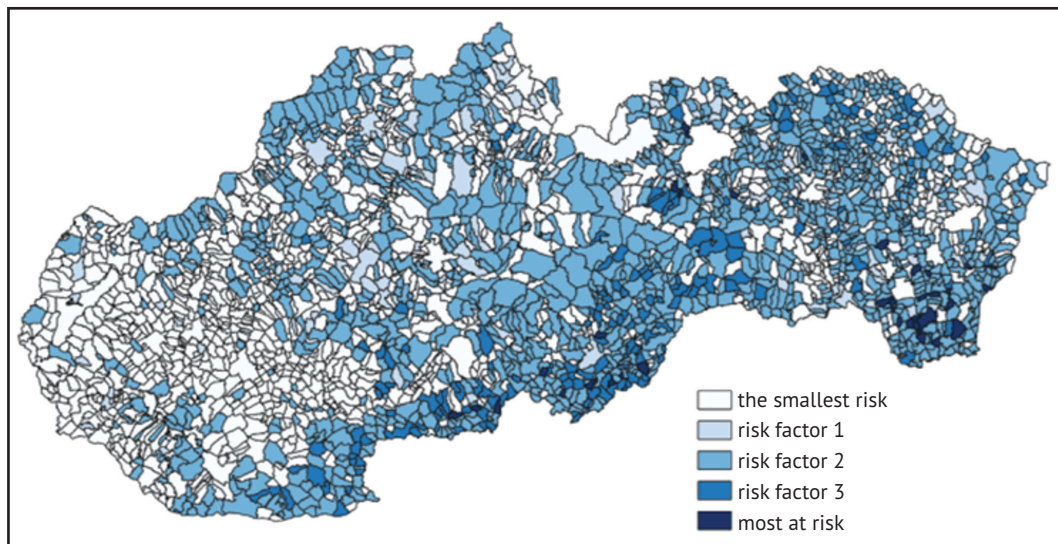
- Material (e.g., building insulation, heating systems, etc.)
- Social (e.g., interpersonal relationships and their quality, such as with landlords)
- Political (e.g., political strategies, policies, and plans)
- Economic (e.g., income increases, reductions in energy prices, etc.)

Energy-inefficient buildings lead to reduced thermal comfort in households and difficulties in retaining accumulated heat. Poor insulation, outdated technologies, inadequate windows, and similar issues increase energy consumption for heating, resulting in higher costs. The larger the living area, the more energy is required to maintain the desired temperature. This issue is a critical factor contributing to the rise in energy poverty, as higher energy costs may be unsustainable for low-income households (Klusáček et al., 2019). Low energy efficiency in heating

systems means that the equipment or system used consumes more energy than necessary to produce the required amount of heat. The conversion of input energy (e.g., gas, electricity, or coal) into heat is influenced by various technological factors. Performance depends on the input fuel, the age and technical condition of the equipment, as well as the type of construction. Different heat sources therefore have varying levels of efficiency. When choosing a heating system, it is essential to consider fuel availability, the size of the space to be heated, and the efficiency of the technology used, ensuring the greatest efficiency at the lowest possible cost (Kroh et al., 2022).

Energy poverty, viewed through the lens of social and economic challenges, highlights the stigma directed toward marginalized groups and other excluded communities. This stigma polarizes society and fosters reluctance to provide assistance. Prejudices also exist regarding state aid to these societal groups. For example, there is often resistance to participating in social projects or providing housing for economically weaker residents. Additionally, governments frequently exhibit low initiative in creating effective solutions or supporting these communities. This reluctance is the result of social barriers that neither the state nor the nonprofit sector can adequately address to resolve the situation of energy-stricken households. Furthermore, these assistance processes are often complex, non-transparent, and require multiple components to function effectively. Consequently, citizens are generally skeptical of these lengthy processes and their outcomes (Papantonis et al., 2022). Social exclusion is considered a multi-dimensional phenomenon, encompassing processes and mechanisms that push individuals to the margins of society. This exclusion weakens social bonds, limiting individuals' participation in societal life and their access to institutions that address health, education, and welfare. Social exclusion varies in intensity, which can change over time. Key determinants include low income, insufficient education, micro- and macro-deprivations, poor health, inadequate social skills, dysfunctional family structures, unsuitable housing conditions, and various forms of

**Figure 1** The Risk of Energy Poverty for Households in Municipalities in Slovakia Based on the Risk Index.



Source: Dokupilová, Gerbery, 2023, p. 17.

discrimination (Szabová-Širová, 2015). One of the primary aspects of social polarization driven by energy poverty is economic inequality. Wealthier households have easier access to energy-efficient technologies and renewable energy sources, such as modern insulation materials, solar panels, and heat pumps. These investments enable them to reduce their long-term energy costs, ultimately improving their financial situation. Conversely, low-income households lack the financial resources to modernize their homes. They often rely on inefficient, energy-intensive appliances or outdated heating systems, which leads to high energy costs. Economic inequality thus reinforces social disparities and exacerbates social exclusion. Wealthier households can adapt and thrive, while poorer households face increasing financial and social challenges, deepening the divide.

### Energy-Poor Households

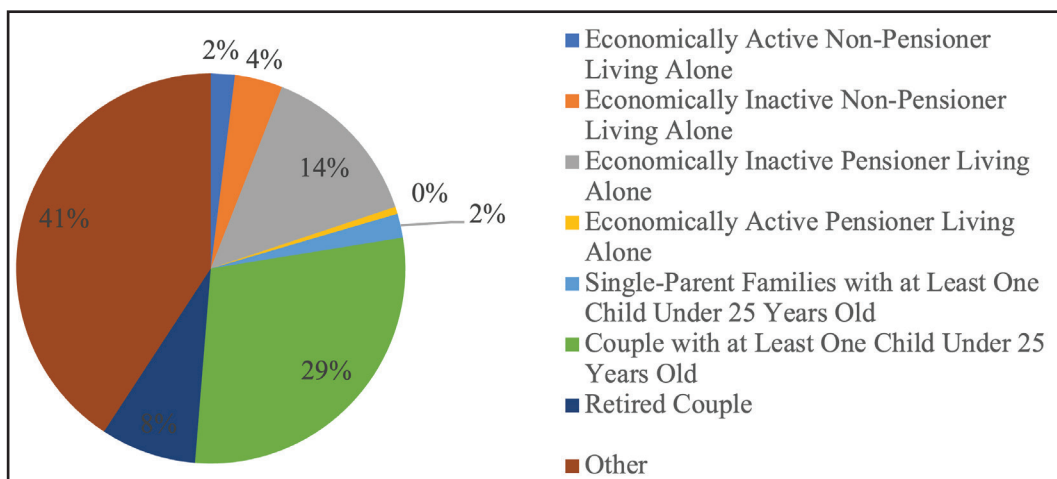
Based on conducted analyses and available data, a household is considered energy-poor if it meets the following criteria:

A. A household is at risk of energy poverty if, after covering its total energy costs (including water supply and sewage costs), it has

less than 1.5 times the subsistence minimum remaining, and at the same time, its total annual net equivalent disposable income (calculated per household member) is less than the national median (€8,818 for the year 2022, according to official data from the Statistical Office of the Slovak Republic).

- B. A household exhibiting signs of economical behavior—i.e., with annual energy costs below half of the national median (€903 per household in 2022, based on Family Account statistics)—and with a total equivalent disposable income below 60% of the national median, falls into the category of households at risk of hidden energy poverty.
- C. A household without physical access to electricity (Dokupilová, 2024, p. 10).

The Energy Poverty Risk Index in Slovakia is the result of an in-depth analysis of energy poverty, statistical data, and defined indicators. It helps identify households at higher risk and supports the creation of targeted policies to mitigate energy poverty. Each indicator is assigned a specific index value, meaning the total index value is calculated as the sum of the values of individual indicators. The resulting state of the energy poverty index is illustrated in Figure 1.

**Graph 1** Percentage Distribution of Population Groups at Risk of Energy Poverty

Source: Dokupilová, 2024, p. 12.

The principle is that the higher the index value a household receives, the greater its risk of energy poverty. According to Risk Index No. 4, the villages and towns most affected by energy poverty are located in southern Slovakia, where individual citizens' incomes are lower. This group also includes places where household energy consumption ranks among the top 10% highest in Slovakia (Dokupilová, Gerbery, 2023).

According to Dokupilová (2024, p. 12), "16% of Slovak households are exposed to energy poverty based on the aforementioned definitions. The largest segment of the population at risk of energy poverty consists of complete families with at least one child under the age of 25, accounting for 28.6% of affected households. The second most vulnerable group, according to the 2022 Family Accounts, is pensioner households consisting of individuals living alone and not economically active - 14%. Another at-risk group includes pensioner couples, who make up 8% of those affected by energy poverty."

A characteristic feature of such households is significant cost-cutting and the adjustment of their expenditures. Their primary priority is to cover housing and energy-related expenses, with other expenditures adjusted to fit their financial situation. Dokupilová (2024, p. 11) states that: "Households in energy poverty are left with an average of €450 per month after paying for food,

housing, health, and transportation (basic expenses). After covering all consumption expenses (including mortgage repayments), they are left with an average of €120 per month, an amount insufficient to cover unexpected or investment expenses. Energy costs represent a significant portion of household expenditures—more than 18%. In comparison, for households whose per capita income exceeds the median income of €8,818, this is nearly 2.5 times less. At the same time, energy-poor households have less than €450 left after paying for basic expenses, which is only 28% of the resources available to households with incomes exceeding €8,818 (median household income in Slovakia, calculated based on the EU SILC 2022 equivalent income)."

Bakoš (2022), in his analysis of energy poverty, also confirms that households affected by energy poverty often have to make substantial adjustments to their expenses. For most of these households, covering housing and energy costs is the main priority, with remaining expenditures adapted to the leftover finances.

The state of energy poverty in Slovakia is very serious and demands urgent and systematic solutions. Many households, particularly those with lower incomes, are at risk of being unable to afford basic energy needs. This pressing issue is not limited to a single group of households but affects a wide range of the population, from se-

**Table 1** Model Household Situation in Slovakia

Calculated per month in % and in Euros	Household		
	Energy-poor household	Income below national median (€8818 in 2022)	Income above national median (€8818 in 2022)
Energy expenses as % of net income	18,10 %	10,70 %	7,30 %
Remaining after basic expenses (€)	447	1098	1571
Remaining after all expenses (€)	122	622	1025
Food expenses per person (€)	93	94	123
Meat expenses per person (€)	23	23	27
Milk and eggs expenses per person (€)	16	16	22
Fruit expenses per person (€)	6	8	12
Vegetable expenses per person (€)	10	10	15
Clothing and footwear expenses per person (€)	12	15	26
Health expenses per person (€)	11	12	19
Recreation expenses per person (€)	33	50	54

Source: Dokupilová, 2024, s. 11.

niors living alone to families with children, as well as individuals living in income poverty and material deprivation (Bursová, et al. 2024).

## Conclusion

One of the most crucial functions of any public policy is to identify vulnerable groups within a given state. For every grant call related to investments in energy efficiency, it is essential to first define and specify the target groups. For this reason, public policies must be precisely targeted and closely linked to social measures. Equally important is the need for an adequate definition of energy poverty and an emphasis on targeted support to improve energy efficiency. Addressing energy poverty will also mitigate issues of social exclusion and polarization, as these are direct consequences of energy poverty (Judak et al., 2022). Moreover, we should remember the importance of supporting science and research, as well as fostering public discourse and social

dialogue because these aspects form the foundation of an advanced democratic society, which is built on the protection and support of basic human rights and freedom in their fullest scope.

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# The Role of spiritual Values in Social Work – The Context of Sustainability

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Original Article

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## Abstract:

The study explores the significance of spiritual needs in the lives of seniors, focusing on their role in enhancing well-being and addressing challenges in social work from a sustainability perspective. Spiritual needs, such as dignity, life continuity, support, and transcendental experiences, are closely intertwined with seniors' emotional, social, and health outcomes. The COVID-19 pandemic underscored the vulnerability of seniors, particularly in care homes, due to unmet spiritual and social needs. Addressing these needs is vital for maintaining

their sense of purpose, autonomy, and connection with others. Spiritual care, which includes activities like family interaction, prayer, or nature-based experiences, provides essential emotional and existential support, especially for non-religious seniors.

The study emphasizes the preparation of social workers and caregivers to meet these needs through specialized training and interdisciplinary collaboration. Results from qualitative research conducted in six senior care facilities in 2024 revealed that most seniors consider spiritual needs crucial, with key areas including gratitude, forgiveness, preparation for death, and a sense of being valued. The paper highlights the critical role of families, caregivers, and clergy in ensuring a holistic approach to spiritual care, advocating for its integration into sustainable practices in social work.

## Introduction

Spiritual needs play a significant role in life satisfaction and contribute substantially to overall well-being (1: 53). These needs manifest differently across various age groups. Pavlíková and Ambrózy point out that among the younger generation, spiritual needs often intertwine with social needs and the initial formulation of the meaning and purpose of their existence (2). Similarly, for seniors, due to their extensive life experiences, successes, and disappointments, their approach to spiritual needs tends to be less ambitious. Their desires for the future are usually limited to a few basic needs, particularly the need for family and spiritual activities associated with reflecting on the proximity of death.

In our study, we focus on seniors for several reasons. One key reason is the experience of many seniors during the COVID-19 pandemic. Experts have highlighted that seniors, like other generations, experienced social distancing from other groups of people as part of measures aimed at protecting them from the virus (3). Similarly, they felt a loss of control over their lives due to pandemic-related regulations and confusion caused by the increasing prevalence of misinformation (4,5). Moreover, as Pavlíková notes, many people, including seniors, lost their most meaningful person. This loss encompassed several dimensions: help with daily routine tasks (a past-oriented loss), expressions of care, love, and friendship (a present, ongoing loss), and the hope of a shared old age (a future, anticipated

loss) (6). In short, and especially during the COVID-19 pandemic, many seniors—particularly those in care homes—faced a significant lack of fulfilment of their social and spiritual needs. Additionally, we focus on seniors because addressing their spiritual needs presents a significant challenge for social work, particularly in terms of its sustainable development.

## Method

Qualitative research uses words as data (7: 809). More specifically, it involves the interpretation of observations, texts, and/or concepts (8: 12). It focuses on the ‘why’ rather than the ‘what’ of social phenomena and relies on the direct experiences of human beings as meaning-making agents in their every day lives (9,10). The results presented in this paper are excerpts from a research project conducted in six senior care facilities in Slovakia, between November 2023 and June 2024. The present study adopted the method of convenience sampling. Although it is open to bias and introduces vulnerable relations between the researchers and the participants (7: 812), convenience sampling is commonly used in qualitative research, within disciplines such as educational and social sciences, as useful results can be obtained.

Following the creation of the questionnaire, we consulted with the staff of the University Hospital in Nitra, who are also engaged in research in the field of social work. The questionnaires were distributed to 3 facilities that

are managed by the church or have a religiously motivated character. The second part of the questionnaires was distributed to facilities that are not of a religious nature.

The research sample of our respondents was made up of seniors who were over 65 years old. After confirming our interest, we presented our idea of the course of data collection and at the same time found out what the number of potential respondents in a particular facility is. Specific social workers were appointed to collect the data. We developed a manual according to which they were asked to proceed when filling out the questionnaire. Filling out the questionnaire was voluntary. Upon completion of the fill-out, the social workers checked the questionnaires, and, if necessary, we conferred with the workers by phone and e-mail concerning any ambiguities.

### **Spiritual Needs of Seniors and Well-Being**

Several authors agree that fulfilling the spiritual needs of seniors plays a crucial role not only in their subjective satisfaction with life and willingness to continue living but also significantly impacts their overall health (11). Furthermore, ‘quality of life is equated with the good life, psychological well-being, pleasant life, satisfaction with life, high social standing, usefulness of life, sense of happiness’ (12: 251). However, well-being is a social ‘thing’ that transcends the psychological aspects of belonging to a group or an individual (13: 2,14: 381). Social well-being consists in creating, developing and maintaining meaningful relationships with others (14: 381). One aspect of the well-being of seniors therefore includes their ‘position in the wider community, satisfaction with contacts with the community’ (12: 251). One of the most significant needs is the awareness of one’s own value and dignity (15). This need is closely linked to the increasing dependency of seniors on others as they age and their decreasing self-sufficiency. A fundamental principle in addressing this is accepting seniors in all situations, regardless of their challenges, while respecting their human dignity—a cornerstone of social work.

Another essential need is the preservation of continuity in their life story—the understanding that nothing truly ends, life continues, and there

are still goals to pursue and a future to envision. This continuity can only be realized if seniors feel supported by their environment and sense a willingness to help them achieve their goals. Seniors must feel that their current life connects meaningfully to their past. They often have a strong need to share their life stories with others—not only to pass on their wisdom but also to affirm that their life had meaning and was important to others (16). At the same time, they need to feel that their life remains meaningful, that they are valued by their loved ones and society (17: 113), and that they are not seen as a burden or a problem. In this respect, family plays a key role (18: 568).

The absence of spiritual fulfilment became especially evident during the Covid-19 pandemic, when seniors emerged as the most vulnerable group due to the reduced opportunities to satisfy their spiritual needs (19). Seniors often rely on the support of others, which limits their autonomy and the sense of functional independence. In many cases, they require assistance even with the most fundamental activities, such as eating or personal hygiene. This can lead to feelings of powerlessness over their own lives—a reality frequently observed in social care facilities. For seniors, a sense of security and stability is critical. The lack of these feelings can lead to fear, mistrust, or despair, which may manifest as aggression or even thoughts of suicide. The reduction in functional independence is especially pronounced in care facilities, where meeting with family is often the only meaningful connection to the broader world. However, during the pandemic, such meetings were severely restricted, leaving many seniors feeling that their spiritual needs were unmet.

In addition to relationships with loved ones, spiritual needs also encompass connections to the transcendent. While some seniors view their family as a spiritual community, a relationship with the transcendent remains equally important for many. This connection is often fostered through reading the Bible, prayer, or meditation. Although the experience of spirituality is highly individual, it generally emphasizes positive values correlated with religious and spiritual life, as well as gratitude to God for life’s blessings (20: 98).

A key aspect of spiritual needs is the need for gratitude, which serves as a cornerstone of mental and spiritual health, where gratitude is seen as a source of motivation. Gratitude is particularly important for seniors who, for much of their lives, felt in control of their existence and

were essential to their social environment, particularly their family.

Another critical spiritual need is the need for forgiveness, both in forgiving others and in experiencing forgiveness themselves. Both aspects represent challenging life tasks. Achieving forgiveness often requires spiritual guidance, helping individuals view their lives from a transcendent perspective and understand the situations of their loved ones and community.

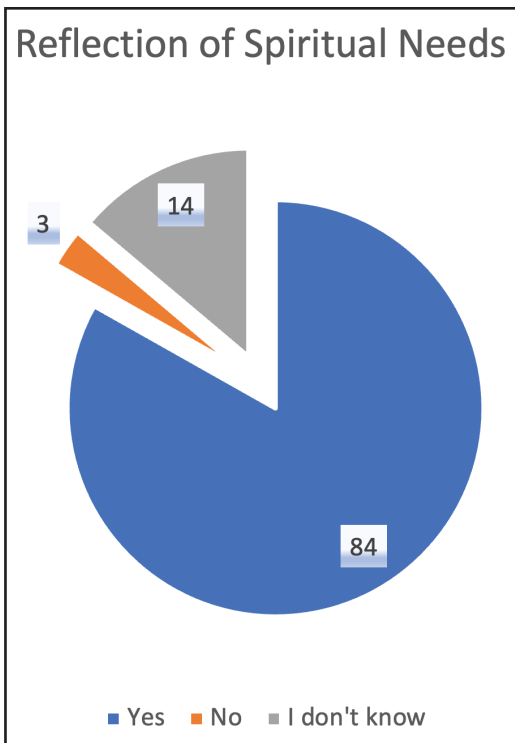
Preparation for dying and death is another significant spiritual need, yet it remains a socially under-discussed and often taboo subject. Accepting aging also entails accepting one's mortality and the finiteness of life.

As part of our research conducted in social service homes in the Nitra region on a sample of 101 respondents, we focused on examining seniors' attitudes toward their spiritual needs and how they fulfil them.

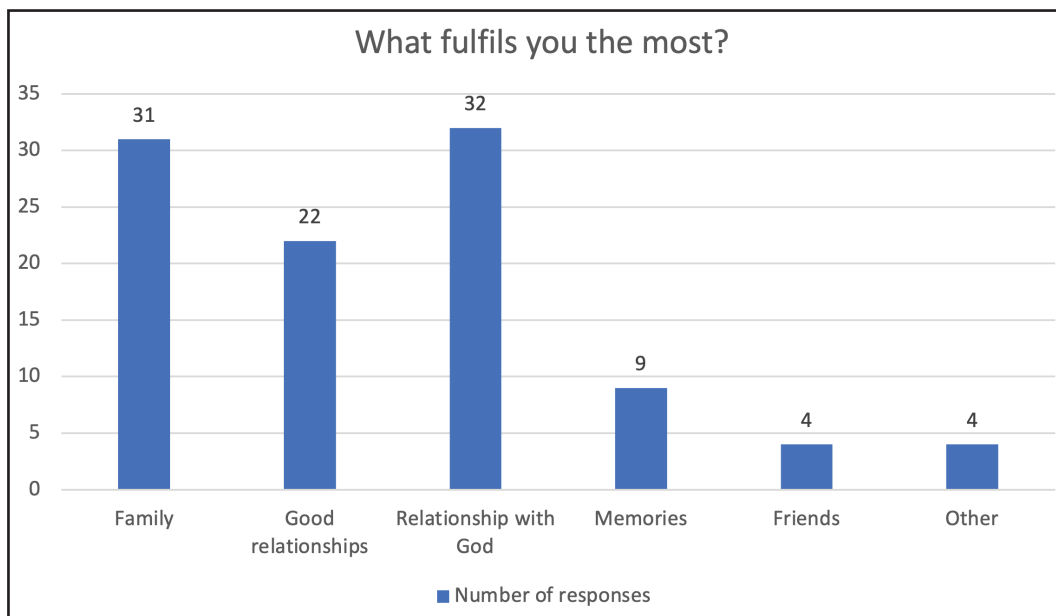
The following graph shows how seniors perceive the importance of spiritual needs in their lives.

84 percent reflect on spiritual needs and perceive their fulfilment as an important part of their existence. It proves to be essential that proper attention is given to meeting spiritual needs. Services provided by the Church play a key role in this process.

More than half of the respondents satisfy their spiritual needs through participation in







worship services or prayer. Thirty-five percent of respondents identify participation in worship services as the most significant way to fulfil their spiritual needs.

From the perspective of maintaining the quality of services, the Church faces the task of ensuring a sufficient number of clergy in the future to provide support in the spiritual lives of seniors.

We reached a similar conclusion when examining the question of what fulfils seniors the most in their lives. An essential part of meeting spiritual needs is the relationships seniors with their social environment.

32 percent of respondents stated that their relationship with God is what gives their lives the most meaning. The fulfilment of this relationship with God occurs through spiritual services, once again highlighting the key role of the Church.

The services provided by the Church play an irreplaceable role in meeting the spiritual needs of seniors in social care facilities. Given the demographic trends, the number of seniors in social service facilities is expected to grow. This increase will also require a rise in the number of priests and workers capable of providing adequate services.

A notable challenge is the decreasing number of active priests as well as the low interest in the priesthood. From the perspective of maintaining

the quality of social services, it will be essential to give this issue proper attention (cf. 17: 10).

## Findings

We consider two dimensions regarding the aspect of sustainable development in social work practice. The first dimension is maintaining awareness of the existence of spiritual and related social needs in seniors (cf. 21: 30). This knowledge must be shared not only by the staff of social care facilities at all levels but also by relatives and the close social environment of the senior. It is crucial that the senior's close social environment reflects that the senior needs more than just food, drink, and a made-up bed (22). Specifically, this task is important when preparing social workers and in the ongoing training of staff in social care facilities. Employees in these facilities must approach seniors with an awareness of the complexity of the wide range of needs they have, even if it might seem, at first glance, that they don't need anything (23).

In addition to accepting the fact that spiritual needs exist for every senior, it is also important for specific workers to be adequately prepared to meet the spiritual needs of seniors. While playing music or taking a walk in nature may not require specific skills, everyday communication,

accompanying a senior on a walk in nature, or accompanying them to a medical examination and other situations that require specific communication skills with the senior do. These require certain abilities and competencies to ensure that, within such communication and relationships, the senior's spiritual needs can also be fulfilled (24). This requires ongoing education of staff in social care facilities and is the biggest challenge for the future when it comes to meeting the social and spiritual needs of seniors.

Spiritual needs of seniors are a topic that involves many professions, including healthcare workers (25: 160) and personnel in social care facilities, priests, spiritual guides, psychologists, therapists, and everyone, because old age concerns each of us (26). In our work, we have stated that spiritual needs are not exclusively tied to a senior's religious denomination, but that these needs are present in all people, regardless of their religious orientation or the depth of their spiritual identity. The church provides necessary services for the pastoral care of seniors, for example, through hospital chaplains or various volunteer activities aimed at fulfilling both social and spiritual needs for seniors in need of assistance. Other staff in the facilities, such as orderlies, nurses, caregivers, and other professionals, also play an important role in meeting social and spiritual needs (27).

Research results have shown that spiritual needs of seniors can be met through activities like staying in nature or listening to music. Especially for clients who are not strongly religious, these activities can provide a form of experience or encounter with the transcendent (28). These activities are important not only for active seniors but also for those who rely on others' assistance and cannot move to natural environments where they could fulfil their spiritual needs. It is important to remember that everyone has spiritual needs, even those who are limited in movement or cognitive abilities. The effect of such activities is the creation of positive emotions, which are important for how one experiences events and for processing the meaning of their existence (29: 124). A companionship senior to fulfil their spiritual needs also results in the feeling of being important. The fact that someone

takes the senior, even with their bed, to nature, or brings them a music player with the music they love, is an experience of dignity. It is a confirmation that they are important to someone and that someone cares enough to bring them a radio and play the music they wish to hear.

One spiritual and social need in seniors is the need for love, which manifests in various forms (30). We have shown that seniors need to feel important, that they are needed, and that someone cares about them. This is particularly important for seniors who are bedridden and have limited contact with the social environment. It is a task not only for close family members but also for social workers and employees of social care facilities, as well as priests, spiritual guides, and all believers (31). Seniors who have been surrounded by others during their lives and lived in rich social relationships often find it particularly hard to bear the loss of these connections. For many, the loss of these bonds means a loss of the meaning of their existence, and consequently, a loss of willingness to cooperate in caring for their needs.

Another significant social and spiritual need for seniors is the need for conversation, especially spiritual conversations (20). A conversation of gratitude doesn't have to be the sole privilege of priests or spiritual guides of a particular facility. Many laypeople undergo courses where they gain basic skills for working with seniors and are able to engage in spiritual conversations on topics that are essential and most important for seniors in their situation. The spiritual conversation within social care for seniors includes an interest in their needs and an interest in their wisdom and the experiences they have gained throughout their lives. We have shown that church documents highlight the high value of seniors through their experience and their ability to pass this experience on to present generations. Therefore, spiritual conversation also confirms the importance of the senior's existence and is a vital tool for meeting both their social and spiritual needs.

A spiritual conversation also often involves the topic of dying and death, which is a fundamental question when searching for the meaning of one's existence, especially for seniors who are aware of their mortality due to age or health

condition (32,33,34). As with other activities, the topic of death and dying is not reserved only for priests who administer the sacrament of reconciliation or the anointing of the sick. Seniors might perceive the words of a priest as overly spiritual and distant, so it is essential that the topic of death and dying also be brought up by others in the senior's close social environment. We have suggested that the topic of death and dying is taboo in many institutions, including hospitals. Healthcare personnel often avoid this subject, feeling that discussing death and dying will give the patient the impression that they have no solutions for their situation (35).

Regardless of whether the social care facility's staff are religious or not, the topic of death may be taboo, but it must be addressed in an appropriate way to avoid counterproductive reactions from the senior, such as resignation. Healthcare staff should be properly trained for discussions about death and should possess the necessary skills for conducting such conversations. Priests play a specific role in this regard, as they bring the sacraments, including the celebration of the Eucharist, which are powerful moments for fulfilling and satisfying the spiritual needs of seniors, and they also provide spiritual sustenance that gives seniors the strength to overcome challenges and see meaning even in the most difficult moments of their lives (36).

In addition to accepting death, another significant spiritual need is accepting one's own weakness, pain, and suffering, which the senior experiences (37, 38, 39). Spiritual help, as in the previous case, should come not only from a priest but also from close relatives and the entire surrounding environment. Seniors perceive the meaning of their suffering as a sacrifice they can offer for everyone, for their loved ones, and for the Church (40, 41, 42). In this way, the difficulties they endure gain meaning and significance, giving the seniors the conviction that they are important and needed by others, even though they are frail and require constant care (43, 44, 45).

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