

Pomáhajúce profesie



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Univerzita Konštantína Filozofa v Nitre
Fakulta sociálnych vied a zdravotníctva

Constantine the Philosopher University in Nitra
Faculty of Social Sciences and Health Care

Pomáhajúce profesie

Recenzovaný vedecký časopis pre teóriu, výskum, prax a vzdelávanie v pomáhajúcich profesiách

Vydáva Univerzita Konštantína Filozofa v Nitre, Fakulta sociálnych vied a zdravotníctva

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POMÁHAJÚCE PROFESIE

Ročník 9
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Fakulta sociálnych vied a zdravotníctva
Univerzita Konštantína Filozofa v Nitre

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EDITORIAL

Vážené čitateľky a vážení čitatelia,

predkladáme vám prvé tohtoročné číslo recenzovaného vedeckého časopisu Pomáhajúce profesie. Cieľom časopisu je prinášať vedecké poznatky z odborov psychológia, sociálna práca, ošetrovatelstvo a urgentná zdravotná starostlivosť, a tým podporovať rozvoj vedných disciplín a kvalitu výskumu, vzdelávania a praxe v odboroch.

Aktuálne číslo prináša spolu šesť originálnych empirických aj prehľadových štúdií, ktoré reprezentujú širokú obsahovú aj metodologickú škálu prístupov. V prvej štúdií autorky s využitím metódy zakotvenej teórie explorovali, ako mladí ľudia s duševnými ťažkosťami, ich rodičia a pracovníci v oblasti sociálnej starostlivosti vnímajú fungovanie systému podpory v kontexte duševného zdravia mladých. Kvalitatívny prístup uplatňuje aj druhá štúdia o self-supervízii ako reflexívnej a protektívnej praxi medzi začínajúcimi supervízormi v sociálnej práci. Sekciu venovanú sociálnej práci uzatvára prehľadová štúdia o analýze rodinného fungovania z perspektívy rodičov, ktorá syntetizuje výsledky viacerých zahraničných štúdií venovaných rodinnej dynamike. Odbor psychológia je zastúpený dvomi empirickými štúdiami – v prvej autorky overujú vzťahy svetonázoru a subjektívne percipovaného socioekonomického statusu s ľavicovým autoritárstvom ako špecifickým ideologickým konštruktom, a v druhej autorky porovnávajú úroveň kritického myslenia ako schopnosti aj dispozície medzi študentmi vysokých škôl rôznych odborov. Číslo uzatvára prierezová štúdia z odboru ošetrovatelstva venovaná identifikácii nenaplnených potrieb u starších osôb žijúcich v domácom a komunitnom prostredí.

Publikovaním aktuálneho čísla časopisu Pomáhajúce profesie otvárame už deviaty ročník jeho vydávania. Náš cieľ je naďalej ponúkať priestor pre otvorenú a slobodnú diskusiu o dôležitých témach v pomáhajúcich profesiách, dbať na metodologickú rozmanitosť a zároveň na kvalitu, a prispievať k poznaniu v pomáhajúcich profesiách.

Nitra, jún 2026

Tomáš Sollár

„ZTRACENÝ HLAS DÍTĚTE V SYSTÉMU“: GROUNDED THEORY ANALÝZA ZKUŠENOSTÍ MLADISTVÝCH S DUŠEVNÍMI OBTÍŽEMI

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Abstrakt: Cílem této kvalitativní studie je porozumět tomu, jak mladiství s duševními obtížemi, jejich rodiče a pracovníci v oblasti sociální péče vnímají fungování systému podpory v kontextu duševního zdraví dětí. Studie byla realizována v České republice a vychází z analýzy 48 hloubkových rozhovorů s využitím metodologie zakotvené teorie. Pomocí otevřeného, axiálního a selektivního kódování byla identifikována centrální kategorie „ztracený hlas dítěte v systému“, která odkazuje na opakovanou zkušenost dětí, jejichž hlas a potřeby zůstávají v rámci systému péče neviditelné, neuznané či bagatelizované. Instituce, škola i rodina často selhávají ve včasném zachycení signálů duševního strádání a reagují až ve fázi krize. Změna nastává v situacích, kdy dítě nachází oporu v tzv. průvodci – důvěryhodné osobě, která mu poskytuje vztahové ukotvení, naslouchání a podporu při orientaci v systému. Výsledky ukazují, že rozhodujícím faktorem pozitivní změny není typ služby, ale kvalita vztahu a míra participace dítěte. Studie představuje procesuální teoretický model zakotvený v datech, který popisuje dynamiku ztráty a znovunabývání hlasu dítěte prostřednictvím kauzálních podmínek, kontextových bariér, intervenujících faktorů, strategií aktérů a jejich důsledků. Součástí výstupů jsou rovněž konkrétní doporučení pro praxi, zaměřená na posílení participace dětí, kontinuitu péče a roli průvodce, a doporučení pro další výzkum v oblasti systémové podpory duševního zdraví dětí a dospívajících.

Klíčová slova: Grounded Theory, duševní zdraví dětí, sebepoškození, systém péče, participace

ÚVOD

Cílem této studie je porozumět tomu, jak děti a dospívající s duševními obtížemi prožívají fungování systému péče, jaké významy přisuzují vlastním zkušenostem a jaké faktory podle nich ovlivňují zhoršení či zlepšení jejich situace. Záměrem výzkumu je vytvořit teoretický model zakotvený v datech, který zachytí procesy ztráty a znovunabytí hlasu dítěte v systému podpory duševního zdraví. Autoři se tomuto tématu věnují z důvodu dlouhodobě identifikovaných systémových bariér v oblasti dětské duševní péče a nedostatečné participace dětí na rozhodování o vlastní péči, která je v českém kontextu dosud jen okrajově reflektována.

Zkušenosti adolescentů s duševními obtížemi představují komplexní fenomén, který nelze redukovat pouze na symptomatologii. Významně se do něj promítá jejich vnitřní prožívání, sociální prostředí, stigmatizace, dostupnost služeb i kvalita poskytované péče. Výzkumy posledních let upozorňují na to, že adolescenti čelí psychickému strádání, ale často narážejí na překážky při hledání a využívání pomoci, což zhoršuje jejich duševní stav a komplikuje zotavení (Fusar-Poli et al., 2024; Ringle et al., 2023; Radez et al., 2020). Adolescenti s duševními obtížemi popisují svůj stav dle Omari et al. (2023) a Tang et al. (2023) jako „život ve tmě“, často doprovázené pocity beznaděje, úzkosti, nejistoty a izolace. Fusar-Poli et al. (2024) dále uvádí, že nedostatek informací o vlastním stavu, neporozumění v okolí a ztráta důvěry v budoucnost plánování, snižují motivaci k vyhledání pomoci. Tang et al. (2023) dále doplňuje, že obtíže v oblasti budoucího plánování či zhoršená schopnost regulovat emoce jsou běžné zejména u adolescentů s depresivními stavy a úzkostnými poruchami.

Jedním z nejvíce limitujících faktorů pro adolescenty je dle Moses (2010) a Roques et al. (2022) stigma, které zažívají od vrstevníků (62%), členů rodiny (42%) i školního personálu (35%). Roach et al. (2020) uvádí, že stigmatizace se projevuje jako nedůvěra, ztráta přátel či bagatelizace jejich obtíží. Mnozí adolescenti proto své problémy skrývají nebo hledají porozumění pouze u vrstevníků se stejnou zkušeností, což může mít jak podpůrný, tak zátěžový efekt. Dále Fusar-Poli et al. (2024) doplňuje, že podpora od přátel je sice důležitá, ale často bývá emocionálně vyčerpávající a nedostatečná (Fusar-Poli et al., 2024). Stigma souvisí s nedostatečnou duševní gramotností v rodinách a komunitách, což dále komplikuje přístup adolescentů k pomoci (Saade et al., 2023; Radez et al., 2020). U některých skupin, například etnických minorit nebo imigrantů, je stigma ještě výraznější v důsledku kulturních norem nebo jazykových bariér (Lu et al., 2021; Wang et al., 2020). Kulturní stigma a přesvědčení často vedou k tomu, že duševní onemocnění je vnímáno jako osobní nebo rodinné selhání, což adolescenti i jejich rodiče vede k utajování obtíží a oddalování vyhledání pomoci (Samuel, 2014; Saade et al., 2023; Wang et al., 2018). Další překážkou je nedostatek kulturně kompetentních služeb. Pokud odborníci nerozumějí kulturním specifikům adolescentů a jejich rodin, může dojít k nedorozuměním, ztrátě důvěry a nižší efektivitě terapie (Lu et al., 2021; Cauce et al., 2002). Naopak, sdílené kulturní pozadí či kulturně citlivý přístup zvyšují pravděpodobnost navázání vztahu a udržení v péči (Fox et al., 2025). Zkušenosti adolescentů se zdravotní péčí ukazují ambivalenci: na jedné straně oceňují přístup založený na empatii, důvěře a respektu k jejich potřebám, na straně druhé se často setkávají s bariérami – například dlouhými čekacími lhůtami, složitostí systému, nebo obavami z narušení důvěrnosti (Buston, 2002; Granrud et al., 2020; Lindborg et al., 2024). Chlapci se podle výzkumů zdráhají vyhledat pomoc častěji než dívky – především kvůli genderovým normám a obavám z odsouzení (Granrud et al., 2020; Lindborg et al., 2024). Bariéry přístupu k odborné pomoci jsou mnohovrstevnaté a dotýkají se osobní, rodinné, sociální i systémové roviny. Podle Ringle et al. (2023) adolescenti často narážejí na rodičovské bariéry – např. nepochopení, zlehčování obtíží či odmítání odborné pomoci ze strany rodičů, kteří zároveň plní roli „brány“ ke službám (Reardon et al., 2017; Hansen et al., 2020). V některých případech rodiče nerozpoznají příznaky duševních onemocnění nebo je přičítají výchovným problémům (Lu et al., 2021).

Další překážkou je nedostatečná duševní gramotnost, která snižuje schopnost adolescentů i jejich blízkých rozeznat varovné signály a najít vhodné služby (Carbonell et al., 2023; Nizam, Ali, 2021). Výrazným faktorem je rovněž strukturální nepřístupnost péče – nedostatek služeb, dlouhé čekací lhůty, finanční zátěž nebo nedostupnost dopravy, zejména v rurálních oblastech (Aisbett et al., 2007; Mubeen et al., 2024). K tomu se přidávají služby, které nejsou přizpůsobené adolescentům – komplikovaný vstupní proces, nedostatek mládeži přívětivých prostor nebo negativní zkušenosti s personálem mohou odradit od dalšího kontaktu (Platell et al., 2020; Roberts et al., 2021).

METODY

Tato studie vychází z klasické verze zakotvené teorie (Grounded Theory). Cílem bylo vytvořit teorii, která bude zakotvena v autentických zkušenostech adolescentů s duševními obtížemi a dalších aktérů, a která zachytí dynamiku propadu i možnost proměny v rámci systému péče.

Výzkumný design byl kvalitativní a interpretativní. Data byla získána prostřednictvím hloubkových rozhovorů, které umožnily otevřené mapování subjektivních významů, vztahových kontextů a narativních struktur. Celkem bylo analyzováno 48 rozhovorů, z toho:

- 34 rozhovorů s adolescenty ve věku 12–18 let s diagnostikovanou duševní poruchou,
- 10 rozhovorů se sociálními pracovníky působícími v oblasti péče o děti a mládež,
- 4 rozhovory se zákonnými zástupci adolescentů, kteří byli aktivně zapojeni do procesu péče.

Výběr informantů probíhal cíleně (purposive sampling) na základě jejich zkušeností se systémem péče, typem obtíží (např. deprese, úzkost, PPP, suicidální chování) a různými modely podpory. Záměrem bylo zajistit maximální variabilitu případů, aby bylo možné identifikovat jak opakující se vzorce, tak specifické kontexty. Nábor probíhal ve spolupráci s klinickými zařízeními, školskými poradenskými službami, OSPOD a neziskovým sektorem. Zvláštní pozornost byla věnována zastoupení hlasů mladistvých, které jsou v odborném diskurzu často marginalizovány. Sběr dat byl ukončen v okamžiku dosažení teoretické saturace, kdy další rozhovory již nepřinášely nové kódy ani významné rozšíření existujících kategorií. Saturace byla sledována průběžně v rámci analytického procesu.

Rozhovory byly doslovně transkribovány a analyzovány pomocí postupů otevřeného, axiálního a selektivního kódování. Otevřené kódování sloužilo k identifikaci klíčových významových jednotek. V axiálním kódování byly tyto jednotky seskupovány do širších kategorií a propojeny s podmínkami, strategiemi a důsledky. V selektivním kódování byla hledána ústřední kategorie, která sjednocuje výpovědi a odhaluje jádrovou zkušenost napříč případy. Analytický proces byl iterativní a probíhal se sběrem dat v souladu s principy zakotvené teorie. V průběhu analýzy byla systematicky uplatňována triangulace dat (výpovědi adolescentů, rodičů a sociálních pracovníků). Nedílnou součástí analýzy byl po celou dobu výzkumu veden reflexivní deník, v němž si výzkumník zaznamenával vlastní předporozumění, emoční reakce na data a potenciální interpretační zkresení. Pro podporu systematické analýzy byl využit kvalitativní analytický software Atlas.ti, který sloužil k organizaci dat, kódování a práci s analytickými memy.

Etická reflexe výzkumu představovala klíčový pilíř celého výzkumného procesu. Vzhledem k citlivé povaze tématu, které se týká duševního zdraví dětí a adolescentů, byla veškerá výzkumná činnost realizována s maximálním důrazem na ochranu práv a důstojnosti všech účastníků. Všichni informanti byli předem detailně seznámeni s účelem, průběhem a podmínkami výzkumu. Byl jim vysvětlen jejich dobrovolný podíl na studii, možnost kdykoliv odstoupit bez udání důvodu a právo na ochranu soukromí. Informovaný souhlas byl získán u všech účastníků výzkumu, v případě mladistvých respondentů byl dále doplněn o souhlas zákonného zástupce. U dětí a dospívajících byla komunikace o účasti na výzkumu vedena citlivě, jazykem přiměřeným jejich věku a kognitivní úrovni. Anonymita všech informantů byla zajištěna prostřednictvím pseudonymizace dat a odstraněním všech identifikačních údajů z transkriptů i výstupů analýzy. Veškeré citace byly upraveny tak, aby nebylo možné zpětně identifikovat konkrétní osoby, zařízení či situace. Zvláštní pozornost byla věnována ochraně mladistvých účastníků, u nichž bylo zohledněno riziko emočního rozrušení při sdílení náročných životních zkušeností. Výzkumnice byla vyškolená v oblasti krizové komunikace a v případě potřeby byla informantům nabídnuta možnost kontaktu na odbornou psychologickou nebo terapeutickou pomoc. Rozhovory probíhaly v bezpečném prostředí a jejich ukončení bylo možné kdykoliv na žádost informanta. Výzkum byl schválen Etickou komisí Zdravotně sociální fakulty Jihočeské univerzity v Českých Budějovicích pod číslem 018/2023, čímž bylo zajištěno naplnění všech standardů výzkumu s lidskými subjekty, včetně zásad důvěrnosti, transparentnosti, dobrovolnosti a prevence újmy.

VÝSLEDKY

Analýza 48 rozhovorů (34 adolescentů s duševními obtížemi, 10 sociálních pracovníků, 4 rodiče dětí s duševními obtížemi) odhalila výrazné a opakující se motivy, které napříč skupinami poukazují na hluboce zakořeněnou potřebu být slyšen, pochopen a bezpečně proveden systémem péče. Centrálním tématem se stala kategorie „ztracený hlas dítěte v systému“, která vyjadřuje situaci, kdy instituce a dospělí selhávají v základní potřebě dítěte- být vnímán jako subject se svými emocemi, potřebami a právem na aktivní roli v péči.

Ústřední kategorie: Ztracený hlas dítěte

Téma „ztraceného hlasu“ se objevovalo napříč rozhovory jako základní prožitek bezmoci, přehlížení a institucionálního mlčení. Adolescenti často popisovali situace, kdy jejich potíže nebyly brány vážně, byly zlehčovány, nebo vůbec nezachyceny.

„Řekli mi, že když se směju, nemůžu mít depresi.“ (mladistvá, 16 let)

„Učitelka řekla, že to přejde, ať se soustředím na známky.“ (mladistvý, 15 let)

Také rodiče často popisovali pocety zmatku, nedostatečné informovanosti a bezmoci při hledání pomoci:

„Nikdo mi neřekl, co mám dělat. Jen jsem brečela na úřadě.“ (matka dítěte s PPP)

Sociální pracovníci pak potvrzovali propady mezi systémy a chybějící návaznost:

„Děti padají mezi systémy. Když není někdo, kdo to sleduje, ztratí se.“ (sociální pracovník)

Pozitivní změny

Přes výrazně negativní zkušenosti se v části rozhovorů objevily také momenty úlevy a změny. Ty byly výhradně spojeny s přítomností podpůrného vztahu – ať už s terapeutem, sociální pracovnící, nebo podpůrným rodičem. Zásadní roli zde hrál prvek vztahu, bezpečí a přijetí.

„Poprvé mi někdo řekl: chápu, že tě to bolí.“ (mladistvý, 15 let)

„Paní ze sociálky mě držela za ruku. To si pamatuju do teď.“ (mladistvá, 16 let)

„Pomohla mi sociální pracovníce, která vysvětlila celý proces.“ (matka)

Facilitující faktory

Informanti napříč skupinami označili několik faktorů, které napomáhaly změně a zvládání krizí:

- Bezpečný vztah s dospělým, který uměl naslouchat a nehodnotil
- Dlouhodobá přítomnost jednoho pracovníka, který byl průvodcem dítěte i rodiny
- Participace dítěte na rozhodování – tam, kde bylo jeho slovo respektováno, rostla motivace i důvěra v systém

„Když jsem mluvil s terapeutkou, cítil jsem se poprvé slyšen.“ (mladistvý, 16 let)

„Nejvíc mi pomohlo, že jsem mohl být u toho, co se bude dít.“ (mladistvá, 17 let)

Přetrvávající obtíže

Navzdory pozitivním výjimkám popisovala většina adolescentů i rodičů přetrvávající nebo opakující se bariéry. Výrazná byla fragmentace systému, dlouhé čekací doby, stigmatizace a necitlivost institucí.

„Řekl jsem, že se zabiju. A oni mi dali papír, že mám jít k psychologovi za dva měsíce.“ (mladistvý, 16 let)

„Na pohotovosti mě odmítli, protože jsem nebyla dost 'rozbitá'.“ (mladistvá, 17 let)

Sociální pracovníci často upozorňovali na **systémový tlak a roztržitost služeb**, která znesnadňuje jakoukoliv koordinovanou podporu:

„Nejsou služby. Není systém. Jsme sami.“ (sociální pracovník)

Impedující faktory

Významné překážky, které komplikovaly nebo přímo znemožňovaly pozitivní změnu, zahrnovaly:

Faktor	Ilustrační citace
Stigmatizace duševních potíží	„Ve třídě se mi smáli, když se zjistilo, že chodím k psychologovi.“
Dlouhé čekací lhůty	„Čekali jsme tři měsíce na psychiatra.“
Odmítnutí pomoci	„Psycholožka řekla, že mě nevezme, protože už má plno.“
Nepřítomnost podpory ve škole	„Učitelka říkala, že si vymyslím. Že takové věci se nestávají.“
Rodičovská bezmoc	„Nevěděla jsem, co dělat, ani kam jít. Cítila jsem se jako špatný rodič.“

Vznikající teorie

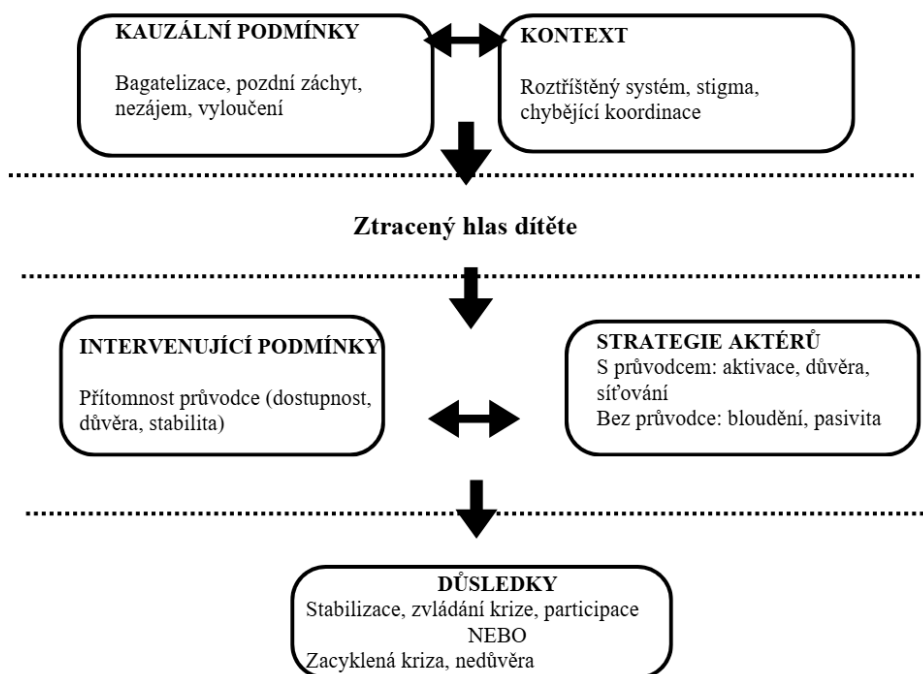
Na základě kvalitativní analýzy 48 rozhovorů s dětmi, rodiči a pracovníky v pomáhajících profesích byla vytvořena teorie, která zachycuje dynamiku selhávání i podpory v systému péče o děti s duševními obtížemi. Teorie ukotvuje centrální fenomén „*ztraceného hlasu dítěte*“, který se objevoval ve výpovědích všech aktérů bez ohledu na diagnózu či konkrétní instituce. Dítě se ocitá ve víru systému, kde není slyšeno, jeho potřeby nejsou reflektovány a rozhodnutí se dějí bez něj. Tento „*ztracený hlas*“ není pouze metaforou, ale konkrétní zkušeností přehlížení, bagatelizace a vyloučení.

Dítě prochází systémem, který je roztržštěný, nepružný a zcela postrádá navigační oporu. Zatímco dospělí mezi sebou přehazují odpovědnost, dítě čeká – často v akutní krizi – na reakci, která nepřichází. Jeho hlas je „*neviditelný*“: není slyšen učiteli, lékaři ani dalšími profesionály. Psychické projevy jsou často bagatelizovány („je to puberta“), případně stigmatizovány. V této zkušenosti se dítě postupně stahuje, ztrácí důvěru ve smyslu sdílení a může rozvinout rezignaci, rizikové chování či suicidální tendence.

Z rozhovorů se však zároveň ukázalo, že existuje moment zlomu. Tím je přítomnost osoby, která dítě skutečně slyší, věří mu a zůstává. Tato osoba – průvodce – může mít různé role (sociální pracovník, peer konzultant, školní psycholog, někdy i dobrovolník), ale sdílí určité charakteristiky: je dostupná, důvěryhodná, stabilní a aktivně propojuje systém. Průvodce tak napomáhá znovuzviditelnění hlasu dítěte, jeho ukotvení v systému a stabilizaci celé rodiny.

Tato teorie vznikla na základě kombinace otevřeného, axiálního a selektivního kódování. V rámci axiální analýzy se vykrytalizoval paradigmatický model (viz obr. č 1), v němž vystupují následující složky.

Obr. č. 1 Paradigmatický model podpory rodin dětí s duševním onemocněním



Na základě hloubkové analýzy výpovědí dětí, rodičů a sociálních pracovníků vznikl paradigmatický model, který shrnuje klíčové složky a vztahy v systému péče o děti s duševními obtížemi. Tento model vychází z principů zakotvené teorie a poskytuje přehled hlavních determinant, které ovlivňují trajektorii dítěte v kontaktu se systémem podpory. Centrálním fenoménem modelu je „ztracený hlas dítěte“, jenž reflektuje zkušenost neviditelnosti, marginalizace a absenci participace dítěte na rozhodnutích týkajících se jeho života. Dítě, jehož psychické potíže zůstávají dlouhodobě neuchopené či zpochybňované, se postupně stává pasivním objektem systému, jehož hlas je buď ignorován, nebo přehlušen systémovými procesy.

Model se skládá z pěti základních komponent:

1. Kauzální podmínky

Jako iniciační moment vstupu do systému péče vystupují zpravidla krizové situace – výrazný propad psychického stavu, sebepoškozování, útěky z domova či školní selhávání. Tyto projevy však bývají předcházeny dlouhodobou kumulací signálů, které okolí dítěte často bagatelizuje („je to puberta“, „jen zlobí“) nebo přehlíží. Důsledkem je pozdní záchyt potíží, ztráta důvěry a eskalace problému do akutní roviny. Dítě i jeho rodina pak do systému vstupují v situaci, kdy již není prostor pro prevenci, ale pouze pro krizový zásah.

2. Kontext

Všechny zúčastněné skupiny aktérů vnímají systém péče jako roztříštěný, nejednotný a málo dostupný. Klíčovými kontextovými bariérami jsou dlouhé čekací lhůty, nedostatek odborníků,

chybějící mezioborová koordinace, neochota institucí přijmout odpovědnost a rigidita pravidel. Tento kontext navíc často obsahuje prvky stigmatizace duševních onemocnění, především u školních pracovníků a některých zdravotnických institucí. Nezřídka se objevuje zkušenost s tzv. přehazováním odpovědnosti („*to není naše kompetence*“), které zvyšuje frustraci rodin a posiluje pocit bloudění v systému.

3. Intervenující podmínky

Zásadním intervenujícím prvkem, který v modelu mění trajektorii vývoje směrem ke stabilizaci, je přítomnost průvodce. Tato role není omezena profesním zařazením – průvodcem může být sociální pracovník, peer konzultant, pedagog, psycholog, nebo i neformální aktér – avšak sdílí určité klíčové charakteristiky: dostupnost, důvěryhodnost, vztahovou stabilitu, schopnost aktivního propojení služeb. Průvodce je často první osobou, která dítě i rodinu skutečně vyslechne, reflektuje jejich potřeby, poskytne emoční oporu a současně pomůže s orientací v síti služeb. Jeho role má jak informační, tak terapeutický potenciál – umožňuje přechod od chaosu k pochopení a plánování.

4. Strategie aktérů

Strategie, které rodiny a děti volí v interakci se systémem, jsou výrazně ovlivněny přítomností či nepřítomností průvodce. Pokud taková opora existuje, rodiny jsou schopny aktivněji se zapojit do plánování podpory, spolupracují s institucemi a dochází k postupné aktivizaci jejich vlastních zdrojů. Dítě se začíná více projevovat, získává zpět důvěru a zapojuje se do rozhodování. Naproti tomu v případech, kdy průvodce chybí, strategie rodin bývají spíše defenzivní – opakovaně hledají pomoc na různých místech, ale bez úspěchu. Dítě se může uzavírat, přestává komunikovat a problém se cyklí.

5. Důsledky

V konečné fázi se ukazuje dvojitý možný vývoj. V případě podpory a přítomnosti průvodce dochází ke stabilizaci situace dítěte i celé rodiny, ke zvýšení jejich kompetencí, obnovení důvěry v systém a schopnosti zvládat další výzvy samostatněji. Průvodce se může postupně stáhnout a jeho roli přebírá přirozená síť podpory. Naopak v nepřítomnosti podpory přetrvává stav krizové spirály, nedůvěra, ztráta naděje a pocit bezmoci. Důsledkem může být dlouhodobá institucionalizace dítěte, nárůst psychiatrických hospitalizací či úplné odpojení rodiny od systému pomoci.

DISKUZE

Výsledky této studie potvrzují a zároveň významně prohlubují poznání o tom, jak adolescenti s duševními obtížemi vnímají systém péče, jaké překážky při hledání pomoci zažívají a jaké faktory mohou přispět k pozitivní změně. Ústřední kategorie „ztracený hlas dítěte“ ukazuje na závažný strukturální deficit v participaci dětí, který byl dosud v českém kontextu jen málo reflektován. Výpovědi adolescentů, rodičů i pracovníků potvrdily, že mladí lidé s psychickými obtížemi jsou v systému často neviditelní – jejich hlas není vnímán jako relevantní, jejich prožívání bývá bagatelizováno, a rozhodnutí o jejich osudu se často odehrávají bez jejich vědomí a účasti. Tato zkušenost institucionálního mlčení a přehlížení je přítom v souladu s mezinárodní literaturou, která rovněž upozorňuje na systémový nedostatek participace mladistvých v oblasti duševního zdraví (Fusar-Poli et al., 2024; Cauce et al., 2002).

Studie zároveň poukazuje na význam vztahu jako klíčového faktoru pozitivní změny – nikoli typ služby, ale kvalita a kontinuita vztahu s důvěryhodným dospělým („průvodcem“) rozhodují o tom, zda dítě nalezne oporu, orientaci a důvěru v systém. Tato zjištění odpovídají přístupům orientovaným na zotavení (recovery-oriented care), které kladou důraz na partnerský vztah, uznání subjektivity klienta a jeho aktivní roli v rozhodovacích procesech (Roberts et al., 2021; George et al., 2024). Současně však výsledky odhalují celou řadu bariér, které mladistvým brání v přístupu k péči: od dlouhých čekacích lhůt, přes nedostatek informací, až po zkušenosti s odmítnutím a stigmatizací. Tyto překážky nejsou náhodné, ale strukturální – a to zejména u chlapců a dětí z marginalizovaných skupin, které často čelí dodatečným kulturním a jazykovým bariérám (Granrud et al., 2020; Wang et al., 2018; Samuel, 2014). Kulturní faktory se v této studii ukázaly jako klíčové, zejména v tom, jak formují postoje rodin k vyhledávání pomoci. Zkušenosti s kulturně necitlivými službami vedly u některých adolescentů k rezignaci na další pokusy o kontakt se systémem, což potvrzují i studie George et al. (2024) nebo Saade et al. (2023).

Výsledky také dokládají, že fragmentace systému a „přehazování odpovědnosti“ mezi institucemi vede k opakovanému zklamání dětí i rodičů, čímž se oslabuje důvěra ve funkčnost systému a zvyšuje se riziko chronifikace obtíží (Reardon et al., 2017; Platell et al., 2020). Výrazné jsou rovněž genderové rozdíly – chlapci mají nižší míru vyhledávání pomoci, což souvisí s vnitřními normami maskulinity a stigmatem projevu zranitelnosti (Buston, 2002; Lindborg et al., 2024). Přesto však studie ukazuje i potenciál pozitivní změny – tam, kde je adolescentům nabídnuta lidsky bezpečná a respektující podpora, dochází ke znovuoobnovení důvěry, aktivizaci a participaci dítěte. Tyto momenty průlomu byly v rozhovorech silně spojeny se zkušeností „být konečně slyšen“, což potvrzuje význam přístupů založených na vztahu a respektu k dětské subjektivitě (Fox et al., 2025; Roach et al., 2020).

Z hlediska teoretického přínosu studie nabízí komplexní paradigmatický model, který propojuje dimenze individuální zkušenosti dítěte s institucionálním a kontextovým rámcem péče. Tento model může sloužit jako nástroj pro další výzkum i pro koncepční změny v oblasti politiky duševního zdraví. Důraz na průvodcovství, kontinuitu a participaci poskytuje konkrétní východiska pro transformaci systému směrem k dětsky přívětivé péči.

Na základě výsledků studie lze formulovat několik doporučení pro praxi. Klíčovým zjištěním je význam role průvodce, tedy stabilní a důvěryhodné osoby, která dítěti pomáhá orientovat se v systému péče a zprostředkovává kontinuitu podpory. Praxe by měla systematicky posilovat přístupy založené na vztahu, participaci dítěte a mezioborové spolupráci. Důraz je třeba klást na včasný záchyt obtíží, respektování hlasu dítěte v rozhodovacích procesech a omezení fragmentace služeb, která vede k opakovaným propadům v péči.

Další výzkum by se měl zaměřit na hlubší porozumění fungování role průvodce v různých kontextech péče a na zkoumání mechanismů, které podporují nebo naopak oslabují participaci dětí v systému duševního zdraví. Přínosné by bylo také rozšířit výzkumný soubor o další skupiny dětí, například chlapce nebo děti s méně závažnými obtížemi, a ověřit vzniklý model v jiných sociokulturních či institucionálních kontextech.

SILNÉ STRÁNKY A LIMITY STUDIE

Silnou stránkou této studie je využití klasické zakotvené teorie, která umožnila detailní zachycení procesuálních aspektů zkušeností dětí s duševními obtížemi. Přínosná je rovněž triangulace perspektiv tří skupin aktérů a důraz na hlas samotných dětí, který bývá v obdobných výzkumech marginalizován. Zároveň je však třeba reflektovat i limity studie.

V neposlední řadě je třeba reflektovat limity výzkumu – zejména výběrovou selekci respondentů (převaha dívek s těžšími diagnózami) a kontextualizaci v českém prostředí. I přesto však studie přináší silné výpovědi, které mají výpovědní hodnotu pro širší odbornou debatu o tom, jak může systém péče skutečně sloužit dětem, a ne pouze „o dětech rozhodovat“.

Přestože výzkum přinesl hluboký vhled do prožívání dětí s duševními obtížemi a jejich rodin v kontextu systému péče, je třeba reflektovat i některá omezení, která mohou ovlivnit zobecnitelnost a interpretaci výsledků. Jedním z hlavních limitů je kvalitativní charakter výzkumu, který byl realizován metodou zakotvené teorie. Cílem nebylo statistické zobecnění, ale hluboké porozumění procesům a významům, jak je prožívají samotní aktéři. Výsledky tak nelze mechanicky přenášet na celou populaci dětí s duševními obtížemi, ale je nutné je chápat jako teoretický model založený na kontextuálně vázaných zkušenostech konkrétních účastníků.

Dalším limitem je složení výběrového souboru. Ačkoli byly zahrnuty výpovědi tří klíčových skupin (dětí, rodičů a sociálních pracovníků), výzkumný soubor nebyl rovnoměrně vyvážený – například převažovala výpověď dívek ve věku 13–16 let s duální diagnózou a zkušeností s hospitalizací. Chlapci, mladší děti nebo děti s méně závažnými obtížemi byli zastoupeni méně. Výsledný obraz tak může být více ovlivněn perspektivou těch, kteří zažili systém ve své akutní a nefunkční podobě. Specifickou výzvou byla i práce s dětskými informanty, která vyžadovala maximální senzitivitu, etický přístup a bezpečné prostředí. I přes opakované ujištění o dobrovolnosti a anonymitě mohl být rozsah sdělovaných informací ovlivněn věkem, kognitivní vyspělostí či aktuálním psychickým stavem dítěte. Některé zkušenosti tak mohly zůstat nevyslovené nebo naopak zveličené v důsledku silných emocí.

ZÁVĚR

Tato studie ukazuje, že jedním z nejzásadnějších problémů současného systému péče o duševní zdraví dětí a dospívajících v České republice je absence hlasu samotných dětí. Analýza výpovědí dětí, rodičů i pracovníků v pomáhajících profesích odhalila, že mladiství se v systému často necítí slyšeni, jejich prožívání bývá bagatelizováno a rozhodnutí o jejich životě jsou činěna bez jejich aktivní účasti. Takto vzniká stav, který byl v rámci výzkumu konceptualizován jako „ztracený hlas dítěte“ – tedy situace, kdy je dítě nejen psychicky oslabené, ale zároveň systémově neviditelné. Zásadní proměna nastává v okamžiku, kdy dítě nachází důvěryhodného průvodce – osobu, která mu naslouchá, věří mu a pomáhá mu orientovat se v systému péče. Tato role se ukazuje jako klíčový faktor stabilizace, aktivace vnitřních zdrojů a znovuoobnovení důvěry. Nejde přitom pouze o odbornou funkci, ale o vztahový rámec, ve kterém dítě získává bezpečný prostor pro vlastní hlas a aktivní participaci.

Závěry studie podtrhují, že účinná reforma systému péče o duševní zdraví dětí musí jít nad rámec strukturálních změn – zásadní je kultivace vztahů, posílení participace a systematická podpora rolí, které tuto participaci umožňují. Pokud má být dítě skutečně vnímáno jako subjekt péče a nikoli jako objekt systému, je nezbytné vytvářet podmínky, ve kterých bude jeho hlas slyšen, respektován a integrován do rozhodovacích procesů. Jen tehdy se systém může stát nejen efektivním, ale především lidsky podpůrným a transformačním pro všechny, kteří se v něm pohybují.

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“THE LOST VOICE OF THE CHILD IN THE SYSTEM”: A GROUNDED THEORY ANALYSIS OF THE EXPERIENCES OF ADOLESCENTS WITH MENTAL HEALTH DIFFICULTIES

Abstract: The aim of this qualitative study is to understand how adolescents with mental health difficulties, their parents, and social care professionals perceive the functioning of the support system in the context of child and adolescent mental health. The study was conducted in the Czech Republic and is based on the analysis of 48 in-depth interviews using grounded theory methodology. Through open, axial, and selective coding, the central category of the “lost voice of the child within the system” was identified, referring to the recurring experience of children whose voices and needs remain invisible, unacknowledged, or trivialized within the care system. Institutions, schools, and families often fail to recognize early signs of psychological distress and respond only at the point of crisis. Change occurs when the child finds support in a so-called “guide” – a trustworthy person who provides relational anchoring, active listening, and support in navigating the system. The findings show that the decisive factor for positive change is not the

type of service provided, but the quality of the relationship and the degree of child participation. The study presents a data-grounded, process-oriented theoretical model describing the dynamics of the loss and re-emergence of the child's voice through causal conditions, contextual barriers, intervening factors, actors' strategies, and their consequences. The outputs also include concrete recommendations for practice, focusing on strengthening child participation, continuity of care, and the role of the guide, as well as recommendations for further research in the field of systemic support for child and adolescent mental health.

Keywords: Grounded Theory, child mental health, self-harm, care systém, participation

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SELF-SUPERVISION AS A REFLECTIVE AND PROTECTIVE PRACTICE AMONG NOVICE SOCIAL WORK SUPERVISORS: A QUALITATIVE STUDY

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Abstract: Background: Reflective practice is widely recognised as a core competence in social work supervision. However, self-supervision as an internal and independent reflective process remains underexplored, particularly among novice supervisors. Aim: This study aims to explore how novice social work supervisors perceive and apply self-supervision in relation to self-observation, self-assessment, and mental hygiene. Methods: A qualitative research design was employed using semi-structured interviews with seven novice supervisors working in different regions of Slovakia. Data were analysed using open coding and thematic categorisation. Results: Four key categories emerged: (1) conceptual understanding of self-supervision, (2) self-observation in supervisory practice, (3) self-reflection and self-assessment, and (4) the contribution of self-supervision to mental hygiene and burnout prevention. Participants described self-supervision as a routine and meaningful practice that enhances professional judgement, emotional awareness, and ethical responsibility. Conclusion: The findings suggest that self-supervision constitutes a vital component of professional reflexivity and self-care for novice supervisors. Its systematic integration into supervision training and social work education may strengthen professional competence, support mental wellbeing, and enhance the quality of supervisory practice.

Keywords: Self-supervision. Social work supervision. Novice supervisors. Reflective practice. Burnout prevention. Mental wellbeing.

INTRODUCTION

Supervision is widely recognised as a fundamental mechanism for ensuring the quality, ethical integrity, and effectiveness of professional practice in the helping professions (Kadushin, 1976; Gabura, 2018). In social work, supervision supports practitioners in developing professional competence, reflecting on complex client situations, and managing the emotional demands associated with work with vulnerable populations (Schavel & Tomka, 2010; Oláh & Schavel, 2019). Over recent decades, supervision has gradually shifted from a predominantly administrative and

control-oriented function towards a reflective and developmental process that emphasises learning, ethical awareness, and emotional regulation (Gabura, 2018; Li et al., 2023).

Reflective practice has become a central element of contemporary social work supervision and education (Li et al., 2023; Dore et al., 2025). Through reflection, professionals are encouraged to critically examine their actions, assumptions, emotional responses, and decision-making processes (Yip, 2011). For supervisors, this reflective orientation is particularly important, as they are responsible not only for guiding supervisees but also for monitoring their own influence on professional relationships and practice outcomes (Kadushin, 1976; Gabura, 2018). Reflexivity is therefore increasingly regarded as a key supervisory competence across helping professions (Li et al., 2023).

Despite the growing emphasis on reflective supervision, much of the existing literature conceptualises supervision primarily as an externally facilitated, interpersonal process (Kadushin, 1976; Li et al., 2023). Less attention has been paid to internal reflective processes that occur independently of formal supervisory encounters. One such process is self-supervision, which is often implicitly subsumed under broader notions of self-reflection or reflective practice, but rarely examined as a distinct professional phenomenon (Morrissette, 2001; Vaska & Čavojská, 2012). This conceptual and empirical gap is particularly evident in relation to novice supervisors.

The transition into a supervisory role represents a demanding professional phase characterised by increased responsibility, ethical decision-making, and emotional strain (Vaska, 2014; Schavel, Kuzyšin, & Hunyadiová, 2018). For novice supervisors, access to external supervision may be limited or irregular, which increases the importance of structured internal reflection (Morrissette, 2001). Self-supervision may therefore play a critical role in supporting professional judgement, ethical sensitivity, and mental hygiene, as well as in preventing emotional exhaustion and burnout (Moreno-Pérez et al., 2021).

The present study addresses this gap by focusing explicitly on self-supervision as an internal reflective process among novice social work supervisors. The study aims to explore how novice supervisors perceive and apply self-supervision in relation to self-observation, self-assessment, and mental hygiene. By adopting a qualitative research design, the study seeks to contribute to the conceptualisation of self-supervision as an internalised supervisory function and to expand the empirical knowledge base in the field of social work supervision (Morrissette, 2001; Vaska & Čavojská, 2012).

Despite the growing body of research on reflective supervision, little is known about how novice supervisors internalise supervisory functions through self-supervision, particularly in Central and Eastern European contexts.

Historical Development of Supervision in the Helping Professions

Supervision in the helping professions has evolved from early administrative and educational functions towards a reflective and developmental practice. Its roots can be traced to the charity organisation movement at the turn of the 20th century, where supervision primarily served

control, coordination, and accountability purposes within emerging forms of organised social assistance (Schavel & Tomka, 2010; Vaska, 2014).

Over time, key figures such as Mary Richmond contributed to the professionalisation of supervision in social work by emphasising informed assessment, ethical responsibility, and systematic decision-making in practice (Richmond, 1917). Later, Alfred Kadushin conceptualised supervision as a structured professional process integrating administrative, educational, and supportive functions, thereby strengthening its role in professional development and quality assurance in social work practice (Kadushin, 1976).

A significant shift occurred with the introduction of psychodynamically informed approaches, particularly through the work of Michael Balint, who highlighted the relational and reflective dimensions of professional practice and the importance of examining professionals' emotional responses within helping relationships (Balint, 1957). Since the late 20th century, supervision has increasingly been understood as a space for reflexivity, emotional processing, and professional growth across helping professions, extending beyond control-oriented models towards reflective and developmental frameworks (Gabura, 2018; Oláh & Schavel, 2019).

Conceptualising Self-Supervision in Social Work Supervision

Despite the growing emphasis on reflective practice in social work supervision, the concept of self-supervision remains insufficiently conceptualised and empirically explored. Self-supervision is often implicitly embedded within broader notions of reflection or self-awareness, yet it represents a distinct professional process that deserves explicit attention (Morrissette, 2001; Yip, 2011; Vaska & Čavojská, 2012).

In this study, self-supervision is understood as an **intentional, structured, and internally guided reflective process**, through which supervisors critically examine their professional actions, emotional responses, ethical considerations, and decision-making following supervisory encounters. Unlike formal supervision, which is relational and externally facilitated, self-supervision operates at a **meta-reflective level**, enabling practitioners to internalise supervisory functions and apply them independently.

Self-supervision can be understood as an internalised supervisory dialogue through which professionals critically examine their actions, emotional responses, and decision-making processes (Morrissette, 2001; Langs, 2018).

Self-supervision differs from general self-reflection in its **systematic orientation towards professional accountability, ethical responsibility, and client protection**. While self-reflection may occur spontaneously, self-supervision involves deliberate questioning, evaluative judgement, and the formulation of alternative courses of action. In this sense, self-supervision functions as an internalised supervisory dialogue that complements, but does not replace, external supervision.

Although supervision, reflective practice, and self-reflection are frequently used interchangeably in professional discourse, they represent conceptually distinct processes with different levels of

focus and function. To clarify these distinctions, Table 1 summarises the key characteristics of each concept.

Table 1 Conceptual differentiation of supervision-related processes

Concept	Primary focus	Level of operation	External / internal
Supervision	Case guidance and professional support	Interpersonal	External
Reflective practice	Learning from professional experience	Individual	Internal
Self-reflection	Awareness of thoughts and emotions	Individual	Internal
<i>Self-supervision</i>	<i>Structured internal supervisory dialogue</i>	<i>Meta-level</i>	<i>Internal</i>

Table 1 illustrates the conceptual distinctions between supervision-related processes that are often conflated in professional discourse. While supervision is typically understood as an externally facilitated interpersonal process, reflective practice and self-reflection operate primarily at the individual level. Self-supervision differs from both by representing a structured internal dialogue that integrates supervisory functions within the practitioner. It operates at a meta-level, enabling professionals to critically examine their practice, emotional responses, and decision-making processes in the absence of external supervision. This conceptual clarification provides theoretical grounding for examining self-supervision as a distinct competence of novice supervisors.

For novice supervisors, self-supervision plays a particularly critical role. At early stages of professional development, supervisors are still consolidating their professional identity and supervisory competence. Self-supervision supports this process by fostering reflexivity, emotional regulation, and ethical sensitivity, while simultaneously contributing to mental hygiene and burnout prevention.

Legislative coverage of supervision in Slovakia

Legislative frameworks in Slovakia recognise supervision as an important mechanism for ensuring professional quality and accountability in social work practice. Several legal acts require the implementation of supervision programmes within social services and related institutions (e.g., Act No. 448/2008 Coll. on Social Services; Act No. 305/2005 Coll. on Social and Legal Protection of Children; Act No. 219/2014 Coll. on Social Work). These regulations emphasise the role of supervision in maintaining professional standards and supporting practitioners in demanding professional contexts. Although the legislation primarily refers to external supervision, it

indirectly highlights the importance of reflective practice and professional self-regulation, which are closely related to the concept of self-supervision.

International Standards for Supervision and Self-Supervision in Social Work

Supervision in social work is underpinned by global ethical and professional standards that emphasize reflective practice, self-care, and ongoing professional development. The International Federation of Social Workers (IFSW) Global Ethics Statement (2018) mandates that social workers "maintain best practice by making appropriate and regular use of supervision" to support effective, reflective, and ethical practice, while prioritizing safeguarding practitioners' wellbeing. This includes self-supervision as an internalized process for reflexivity, aligning with the profession's core values of human dignity, social justice, and professional integrity.

The IFSW and International Association of Schools of Social Work (IASSW) Global Standards for Social Work Education and Training (2004, revised 2020) require curricula to integrate supervision training, including reflexive skills and ethical conduct, ensuring graduates adhere to universal principles adaptable to local contexts. Similarly, the NASW Best Practice Standards in Social Work Supervision (2013, updated 2023) position supervision—including self-supervision—as essential for client protection, practitioner competence, and burnout prevention, recommending regular access to structured reflective processes.

In Europe, the British Association of Social Workers (BASW) Code of Ethics (2018) stresses that social workers must ensure access to professional supervision for sound judgments, explicitly linking it to self-reflection and peer support. The European Centre for Clinical Social Work (ECCSW) Ethical Principles further affirm supervision's role in upholding dignity and service quality across clinical practices. Although EU directives (e.g., Directive 2005/36/EC on professional qualifications) do not prescribe social work supervision specifically, they support recognition of regulated professions requiring continuous professional development (CPD), including supervision, harmonized via mutual recognition of training standards.

These standards complement national frameworks, promoting self-supervision as a protective mechanism for novice supervisors, particularly in resource-limited settings. Their integration into training enhances global comparability and ethical accountability.

Indispensability of self-supervision in the work of a novice supervisor

Self-supervision is an important component in the professional performance of supervisors. Self-supervision is used on a daily basis not only by supervisors or social workers but also by workers in the helping professions when working with clients - they just often do not know how to name it professionally. Self-supervision began to emerge in Europe and North America in the late 1970s. Self-supervision has also gradually begun to develop in the course of the so-called search for therapeutic mistakes, the search for directions and the identification of positive aspects in the work of the helping professional. According to Langs (Morrisette, 2001), self-supervision is an ignored method because it is assumed that the helping professionals themselves are vigilant in solving the problem with their client, they continuously check their work and adopt a professional

attitude towards the client in order to solve the client's problems; further it is assumed that helping professionals will use the same skills in working with the client that they use in solving the problem with all other clients. These assumptions are coupled with the further assumption that the helping professional is not only expected to be able to independently transcend their own boundaries in addressing the client's problem and to introspectively consider the impact of working with the client on their own self-evaluation, but also that they are sufficiently prepared and competent to undertake such a task without close guidance or mentoring (Langs, 2018). There is a stage of development in self-supervision in which the individual is able not only to plan independently, but also to observe, analyse, and be able to further integrate his/her findings in the work with the client. Such self-supervision means that the helping professional knows when to seek help and where to find it, can formulate questions to achieve effective and, most importantly, can, on the basis of his/her own self-knowledge, appropriately accept the client or forward him or her to another professional.

Contemporary studies further confirm that self-supervision functions not only as a reflective tool, but also as a protective mechanism against emotional exhaustion and professional burnout. Moreno-Pérez et al. (2021) demonstrate that regular reflective supervision significantly reduces burnout symptoms among professionals working with vulnerable populations, emphasising the importance of structured self-reflection and emotional processing.

Self-supervision can determine successful work with clients and self-supervision is seen as asking precise questions that lead to self-reflection and responding to the client's behaviour and feelings (Bärtlová, 2007). The authors Vaska and Čavojská (2012) draw attention to the area of self-supervision as a part of supervision, which is not only unexplored, but also not given much emphasis in the literature. They claim that it is ignorance of its existence that is curtailing the jobs of all those working in the helping professions.

Self-supervision in novice supervisors is an indispensable phenomenon in the helping professions, the cornerstones of which are self-observation and self-assessment. It can also be seen as self-care, especially in terms of mental health. In this aspect, we can state that there is absolutely no mention of the necessity of taking care of oneself in the professional practice of social work in the aforementioned Codes of Ethics or in the Code of Ethics for Social Workers (adopted by the Association of Social Workers, 1997) and the Code of Ethics for Social Workers and Social Work Assistants of the Slovak Republic (published by the Ministry of Social Work and Social Policy of the Slovak Ministry of Labour and Social Policy of the Slovak Republic, 2015) states that: *"It is not only the right but also the duty of the social worker and social work assistant to take the necessary steps in professional and personal self-care to be able to provide quality services to clients."* (Vaska & Čavojská, 2012)

The very work of a supervisor in the helping professions is very demanding, especially the psychological strain. Thus, we can conclude that the supervisor is at risk of burnout syndrome all the time, because he or she is dealing with the problems of his clients, "takes work home" and his/her full attention is focused on the problems of his/her clients. Previous research suggests that

helping professionals who have higher rates of burnout syndrome are also more likely to experience depression and anxiety (Schavel, Kuzyšín, Hunyadiová, 2018).

The publication *Hledání a objevování* suggests that it is useful to think of the so-called “inner supervisor”. The author has noticed that beginners tend to rely on the advice or some comment from the supervisor, which creates a barrier between the social worker and the client. According to him, one should acquire one's own capacity for inner supervision during the process, already during the session with the client. The method of self-supervision proved useful even though the supervisee was able to write down his/her findings about working with the client. (Casement, 1985)

Self-supervision as an important method of mental hygiene

Self-supervision is essentially self-care for one's own mental health, as is psycho-hygiene. Self-care mainly refers to concepts such as: self-management, self-monitoring, symptom management and self-efficacy. (Richard, Shea, 2011) Self-care is related to the practice of activities that an individual undertakes independently over time in order to promote and maintain overall well-being, healthy functioning, and continued development throughout his/her lifetime. It is this need to see self-care in a broader sense that distinguishes the different components and activities that can be defined as psychological but also spiritual self-care, not excluding the physical side of the person.

Recent qualitative studies underline the close relationship between self-supervision, self-care practices, and mental wellbeing. Turner et al. (2025) report that social workers perceive reflective practices, including self-supervision, as essential strategies for maintaining psychological resilience and professional sustainability. These findings strongly correspond with the participants' views expressed in category K4 of the present study.

We consider it most important that the novice supervisor should be able to carefully consider his/her emotions when working with the supervisee and be able to identify them precisely in the process of his/her own self-observation and self-assessment.

In the actual process of self-assessment and self-observation, the novice supervisor should be confident in what he/she is undertaking. He/she should also know when and where to seek external help and support, when not to think about working with the client anymore and when to start relaxing and using activities for his own mental hygiene and last but not least to accept his shortcomings (Kam-Shing Yip, 2011).

Self-supervision with an emphasis on self-observation and self-assessment not only benefits the novice supervisor with insights from monitoring the entire supervision session, when he answers questions and evaluates his/her practices and approaches with the client, but through this process, he/she also gains many additional insights into the problem being addressed. Self-supervision should be a matter of course for everyone, not just novice supervisors in the helping professions.

Through self-supervision, the novice supervisor in the helping professions can not only answer basic questions such as “*Did I work well with the client?*”, “*Could I have done anything differently?*”, “*How do I continue to work with the client?*” etc., but can also reflect on the whole working day. Reflection is especially suitable for a novice supervisor in the helping professions, where he/she not only gains new insights when working with a client, but is able to put the solution to a given problem with a client into new contexts from different perspectives and is able to better understand a particular situation and creatively solve the problem himself/herself.

Self-supervision is an important process of mental hygiene in professional performance, not only for novice supervisors in the helping professions, and ultimately protects supervisees from harm or damage.

Novice supervisors who apply self-supervision in their work with an emphasis on self-assessment, self-knowledge, reflection, and feedback tend to demonstrate higher levels of professional awareness and responsibility. They are more open to creative and alternative problem-solving strategies, are able to consider situations from multiple perspectives, and can more effectively evaluate the consequences of their professional decisions (Morrissette, 2001; Yip, 2011; Moreno-Pérez et al., 2021).

METHODS

Self-supervision of novice supervisors represents a significant source of professional support for clients, which helps not only to develop professional competence, verify the correctness of procedures, search for alternatives, but also to protect the helping professional against burnout syndrome, to maintain and increase the status of the profession, to protect the client from harm.

Aim of the Study

The main objective of this study is to explore the role and contribution of self-supervision in the professional functioning of novice social work supervisors, with a particular focus on its perceived meanings, functions, and developmental potential.

Sub-objectives

To achieve the main objective, we have set sub-objectives:

Sub-goal number 1: To examine how novice social work supervisors conceptualise self-supervision within their professional practice.

Sub-goal number 2: To identify the perceived functions of self-supervision in relation to emotional regulation, decision-making, and professional responsibility.

Sub-goal number 3: To explore situations in which novice supervisors engage in self-supervision and the reasons for its use.

Sub-goal number 4: To analyse how self-supervision contributes to the development of supervisory competence in the absence or limitation of external supervision.

Research questions:

RQ1: What does the word self-supervision mean to you?

RQ2: How and when do you most often use self-supervision?

RQ3: How does self-observation in self-supervision work for you?

RQ4: What do you most often analyse as part of the self-observation in the self-supervision process?

RQ5: What do you focus on in the self-assessment in the self-supervision process?

RQ6: What is the benefit of self-supervision in relation to mental hygiene?

Research Design

This study employed a qualitative research design grounded in an interpretivist paradigm. Given the exploratory nature of the research aim, a qualitative approach was considered appropriate to capture participants' subjective experiences, meanings, and interpretations related to self-supervision.

Research sample

The research sample consisted of 7 male and female participants whose experience with supervision was at the beginning of their career during the first 3 years. The participants came from the Nitra, Trenčín and Bratislava Regions.

Table 2 Research sample

Participant designation	Self-governing region	Gender	Length of practice
P1	Nitra Region	Woman	1 year and 3 months
P2	Nitra Region	Woman	2 years
P3	Nitra Region	Woman	2 years and 6 months
P4	Trenčín Region	Man	1 year 5 months
P5	Trenčín Region	Woman	10 months
P6	Bratislava Region	Woman	1 year
P7	Bratislava Region	Man	2 years and 9 months

Research method/methodology:

In order to achieve the main objective and sub-objectives, we have chosen a qualitative research method in the form of a semi-structured interview, also bibliographic method, method of analysis and comparison. The length of the interviews was not fixed (about 30 min on average). The interviews were recorded and then the data was tabulated. We used an open coding method to analyse the data. Subsequently, four categories were created from the codes, labelled K1, K2, K3, and K4.

Data Collection

Data were collected using semi-structured in-depth interviews. This method enabled participants to reflect on their professional experiences while allowing flexibility to explore themes emerging during the interview process. Interviews focused on participants' understanding of self-supervision, situations prompting its use, and its perceived role in their professional development. All interviews were audio-recorded with participants' informed consent and subsequently transcribed verbatim.

Research Ethics

This study was conducted in accordance with fundamental ethical principles governing research in the social sciences, including respect for persons, beneficence, and justice. Particular attention was paid to the ethical considerations associated with qualitative research involving professionals in the helping professions.

Prior to data collection, all participants were informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw from the research at any time without any negative consequences. Informed consent was obtained from all participants before the interviews were conducted. Participants were also informed about the procedures used for data collection, recording, and analysis.

Anonymity and confidentiality were strictly ensured throughout the research process. Personal identifiers were removed from the data, and participants were assigned anonymised codes (P1–P7). No identifying information that could reveal the identity of the participants or their workplaces was collected or reported. All data were stored securely and were accessible only to the researcher.

The study complied with the relevant national legislation on data protection, specifically Act No. 18/2018 Coll. on the Protection of Personal Data, which is aligned with the General Data Protection Regulation (GDPR). Audio recordings and transcripts were handled in a manner that ensured data security and confidentiality and were used exclusively for research purposes.

Given the professional status of the participants, particular care was taken to minimise any potential psychological discomfort or perceived evaluation of professional competence. The interviews focused on participants' subjective experiences and reflections rather than on the assessment of their professional performance. The research design did not involve any interventions or procedures that could pose a risk of harm to participants.

The researcher maintained reflexivity throughout the research process, acknowledging her role in data collection and interpretation. Ethical sensitivity was exercised during data analysis and reporting to ensure that participants' perspectives were represented accurately and respectfully. Overall, the study adhered to established ethical standards for qualitative research and ensured the protection, dignity, and rights of all participants.

Researcher Reflexivity

The researcher has a professional background in social work and supervision, which informed both the design and interpretation of the study. This insider position enabled a nuanced understanding of supervisory practice and facilitated rapport with participants during the interviews. At the same time, the researcher remained attentive to potential bias arising from prior professional experience. To minimise its influence, reflexive notes were maintained throughout data collection and analysis, and interpretations were repeatedly checked against the raw data. The focus of the analysis was on participants' subjective meanings rather than on evaluating their professional performance, thereby supporting analytical transparency and credibility.

Self-presentation and socially desirable responding may represent a potential limitation in qualitative interviews with professionals, particularly when discussing their own competence or reflective abilities. To minimise this risk, several strategies were applied during data collection. Participants were explicitly informed that the purpose of the study was not to evaluate their professional performance but to understand their subjective experiences with self-supervision. The interviews were conducted in a non-evaluative manner and emphasised openness and reflexive exploration rather than assessment of correctness. Anonymity was ensured and participants were assured that neither their identities nor their workplaces would be identifiable in the research outputs.

Furthermore, interview questions were formulated to encourage descriptive accounts of concrete situations rather than normative statements about professional behaviour. This approach supported participants in reflecting on their experiences without pressure to present themselves in a socially desirable manner. The analysis also focused on the diversity of experiences and meanings expressed by participants rather than assuming uniform responses.

As in many qualitative studies involving professionals, the possibility of socially desirable responding cannot be completely excluded, although steps were taken to minimise this risk through anonymity, reflexive interviewing, and an emphasis on participants' subjective experiences rather than evaluation of professional competence.

RESULTS

We processed the information accurately, created categories, coded the participants' responses and recorded them in form of a table.

Table 3 Participant statements

Category	Research question	Codes	Participants' answers
K1 The concept of self-supervision	Knowing the meaning of self-supervision and its most common use - when and where	<i>...retrospective evaluation of one's own thoughts, practices and feelings...in the evening after work, at home, I take notes and plan for the next meeting....</i>	P1 r7,8 r10
		<i>...how I communicated..., reacted... immediately after the supervision, in the car, on the way home</i>	P2 r22 r23
		<i>...summary of questions and answers...after the session, still at work..</i>	P3 r25,26
		<i>...evaluation of own inputs and outputs in supervision... ...immediately after the session, when it's still fresh in my mind...</i>	P4 r37 r38
		<i>....how I worked with the client... ...in hindsight, not immediately after the supervision, to organize my thoughts, at home, when I have peace....</i>	P5 r47 r49
		<i>...asking myself if I reacted correctly... ...at home, when I think about the meeting....</i>	P6 r61 r63
		<i>....prefix "self", supervising myself, I evaluate and take notes for the next meeting... ...about 4-5 hours after the session....</i>	P7 r73 r76
		K2 Self-observation in relation to self-supervision	Self-observation in self-supervision

		<i>of suggestions not only from the supervisor but also from the client..., then choosing the most appropriate approach....</i>	
		<i>...what was my approach, was it adequate....did the client understand me....how will I choose the next course of action if he pretends not to understand me...what questions will I ask...what alternatives will I offer.....,but the supervisee should be involved too..., ...we will then choose the most appropriate approach....</i>	P2 R23,24
		<i>...I could have done more for the client, or I did everything I could...how will the client behave in the next meeting, will he do everything as we have agreed, will he make excuses....what procedures will I then choose, what alternative will I offer....., I always ask the client to make some suggestions to solve the problem....., together we will choose the best one...,</i>	P3 r27,28
		<i>...my feelings with the client...,his reactions..., my questions - were they appropriate, could I have phrased them differently....what could I have done differently...what will our next meeting be like... He understood everything - his reactions...</i>	P4 r38,40,41
		<i>...my questions were appropriate..., my feelings..., the client's reactions and mimic..., he understood me... will I continue to work with the client..., ...if so, what stance will I take, what appropriate solutions will I offer, with the understanding that the client will also offer</i>	P5 r53

		<i>suggestions.....we will make the choice together...</i>	
		<i>...I understood the supervisee well...what I perceived, felt...he was telling the truth...how he presented his problem to me...I handled it well...I asked appropriate questions...</i>	P6 r65,66
		<i>.... during the session I always observe my thoughts, feelings, reactions, expressions to the client's problem, but also him/her, it is reciprocal...questions on me regarding the right course of action....questions directed to me, how they were asked, what the client meant, what he wants from me....making a plan for the next meeting, my and the client's proposals for alternative solutions...., we will determine the most suitable proposal together...</i>	P7 r78,79,80,81
K3 Self-reflection, self-assessment in relation to self-supervision	Self-assessment, self-reflection in self-supervision.	<i>...what effect did my response have on the client...what was the effectiveness of my proposed alternative, how was it evaluated by the client... Self-supervision is of great importance to me, especially in the proper follow-up workflow in supervision sessions.</i>	P1 r15 r17
		<i>...my recommended alternatives were set correctly...</i>	P2 r25
		<i>...we managed to solve the problem together....I have to write down the chosen approaches to solving the problem....I was satisfied with myself....the client was satisfied....the right approaches were chosen... in case of unsuccessful setup, choose</i>	P3 r30,31,32

		<i>other alternatives...but follow through to a successful end for the benefit of all...</i>	
		<i>..I evaluate my procedures from my side, I require feedback from the client's side....</i>	P4 r43
		<i>...whether the choice of my proposed alternatives was the right one... what was the impact of a certain procedure, approach....</i>	P5 r56
		<i>...evaluation of set procedures....</i>	P6 r68
		<i>...self-assessment of working practices.... and client feedback is important...</i>	P7 r83
K4 Contribution of self-supervision with an emphasis on mental hygiene	Own contribution of self-supervision with emphasis on mental hygiene, its recommendation for practice	<i>I recommend...not only for beginning supervisors in practice but also for advanced professionals. Prevents burnout syndrome. One form of psycho-hygiene. It should appear more in study material, higher education on supervision, courses, training.</i>	P1 r19 r20
		<i>Yes, of course, I recommend it to every supervisor.. It prevents burnout.....</i>	P2 r26
		<i>I recommend it. in the field of mental hygiene I use others ...such as yoga, going to the countryside, family...but I don't exclude that self-supervision suitable too...at least the shortcomings will be eliminated in this way.....</i>	P3 r35,36
		<i>Sure, I highly recommend it to any supervisor. It should be taught in schools, courses, trainings, etc.....</i>	P4 r45
		<i>Yes. It can also be used in burnout prevention...</i>	P5 r59,60

		<i>Yes. ...self-supervision in mental hygiene may also be an option..., further education in this area is important and especially beneficial...</i>	P6 r69 r72
		<i>Of course I do, I recommend it. It should be talked about more at universities because it is part of mental hygiene, I know what I'm talking about.</i>	P7 r85 r87,88,89

Analysis of the interview data resulted in four analytical categories.

K1: Conceptual Understanding of Self-Supervision

Participants demonstrated a clear and functional understanding of self-supervision. They described it as a deliberate retrospective evaluation of their thoughts, emotions, communication strategies, and professional decisions following supervision sessions. Self-supervision was perceived as a routine and meaningful part of professional practice.

K2: Self-Observation in Supervisory Practice

Self-observation emerged as a central component of self-supervision. Participants reflected on their emotional reactions, verbal and non-verbal communication, and the perceived responses of supervisees. This process enabled them to remain attentive to relational dynamics and to adapt their supervisory approaches.

K3: Self-Reflection and Self-Assessment

Participants engaged in evaluative reflection focused on the effectiveness of their interventions, the appropriateness of proposed alternatives, and feedback from supervisees. This evaluative dimension allowed supervisors to translate reflection into concrete professional decisions and supported learning from practice.

K4: Contribution of Self-Supervision to Mental Hygiene

All participants perceived self-supervision as a protective factor contributing to emotional regulation and burnout prevention. Self-supervision was described as an accessible form of self-care that supports psychological resilience, particularly in the absence of regular external supervision.

DISCUSSION

This study explored how novice social work supervisors perceive and apply self-supervision as part of their professional practice, with a particular focus on self-observation, self-assessment, and mental hygiene. The findings indicate that self-supervision is not an incidental or marginal activity, but rather a routinised and meaningful internal process that supports professional reflexivity, ethical responsibility, and psychological wellbeing.

The first analytical category (K1) demonstrates that all participants possessed a clear and functional understanding of self-supervision. Participants described self-supervision as a

deliberate retrospective evaluation of their thoughts, emotions, communication strategies, and professional decisions following supervision sessions. This finding aligns with recent international literature emphasising reflective supervision as a mechanism for enhancing professional judgement and ethical sensitivity (Li et al., 2023). Importantly, the present study extends this perspective by showing that reflective processes are actively internalised and independently applied by novice supervisors, rather than being confined to formal supervisory relationships.

Self-observation (K2) emerged as a central component of self-supervision. Participants consistently reflected on their emotional reactions, verbal and non-verbal communication, and the perceived responses of supervisees. This emotionally informed self-monitoring corresponds with contemporary models of reflective and emotionally attuned practice in social work (Dore et al., 2025). The findings suggest that self-supervision enables novice supervisors to remain attentive to relational dynamics and to adapt their interventions in response to supervisees' needs, thereby enhancing the quality of supervisory interactions.

The third category (K3) highlights the evaluative dimension of self-supervision, encompassing self-reflection and self-assessment. Participants reported assessing the effectiveness of their interventions, the suitability of proposed alternatives, and the feedback received from supervisees. This evaluative process represents a crucial bridge between reflection and action, allowing supervisors to translate insights into concrete professional decisions. Such findings are consistent with research on reflective journaling and evaluative reflection, which emphasises their role in consolidating professional learning and accountability (Smith et al., 2025). For novice supervisors, this internal evaluative process appears to be particularly important in the early stages of professional identity formation.

The contribution of self-supervision to mental hygiene and burnout prevention (K4) constitutes one of the most significant findings of this study. All participants perceived self-supervision as a protective factor that supports emotional regulation and psychological resilience. This perception is strongly supported by existing research demonstrating the role of reflective supervision and self-care practices in reducing burnout among professionals working in emotionally demanding contexts (Moreno-Pérez et al., 2021; Turner et al., 2025). The present findings suggest that self-supervision functions as an accessible and internalised form of self-care, particularly valuable for novice supervisors who may have limited access to ongoing external supervision.

Taken together, the findings indicate that self-supervision represents a critical element of professional reflexivity and ethical practice in social work supervision. By enabling supervisors to critically examine their actions, emotions, and decision-making processes, self-supervision contributes not only to professional competence, but also to the protection of supervisees and clients from potential harm. Despite these benefits, self-supervision remains insufficiently addressed in formal education and training programmes. The study therefore supports calls for the systematic integration of self-supervision into supervision training, social work curricula, and continuing professional development.

Recommendations for Practice

Based on the findings of this study, self-supervision should be recognised as a core component of professional practice in the helping professions, particularly for novice supervisors. The following recommendations are explicitly derived from the identified analytical categories (K1–K4) and reflect both empirical evidence and contemporary international research.

First, self-supervision should be systematically promoted as a routine and integral part of supervisory practice rather than an informal or optional activity (**K1**). The findings indicate that novice supervisors clearly understand the meaning of self-supervision and apply it regularly, most often after supervision sessions. Organisations and institutions providing supervision services are therefore encouraged to formally acknowledge self-supervision within professional standards, internal guidelines, and supervisory frameworks, thereby strengthening its legitimacy and consistent application.

Second, professional education and training programmes in social work and related helping professions should explicitly incorporate self-supervision as a distinct and structured component of supervision training (**K2**). The study demonstrates that self-observation—focused on emotions, thoughts, verbal and non-verbal reactions, and interactional processes—is a fundamental element of effective self-supervision. Embedding self-supervision into higher education curricula, accredited supervision courses, and continuing professional development programmes would support the development of emotionally informed, reflective practitioners.

Third, novice supervisors should be encouraged to employ structured self-supervision methods that facilitate self-reflection and self-assessment (**K3**). These may include reflective journaling, guided self-questioning frameworks, or structured self-evaluation tools focusing on the effectiveness of interventions, the appropriateness of selected alternatives, and feedback from supervisees. Such methods support learning from practice, ethical decision-making, and the gradual consolidation of professional identity, which is particularly critical during the early stages of supervisory practice.

Fourth, self-supervision should be explicitly framed as an essential strategy for mental hygiene and burnout prevention (**K4**). The findings suggest that novice supervisors perceive self-supervision as a protective factor contributing to psychological resilience and professional sustainability. Organisations, professional chambers, and educational institutions are therefore encouraged to integrate self-supervision into broader self-care and wellbeing policies, emphasising that responsibility for mental health is shared between the individual professional and the organisational context.

Finally, the dissemination of knowledge and best practices related to self-supervision should be strengthened at both professional and institutional levels (**K1–K4**). This may include the organisation of workshops, conferences, and practice-oriented publications aimed at increasing awareness of self-supervision as a professional competence. Promoting evidence-based approaches to self-supervision may contribute to its broader acceptance as a standard component of supervision practice across helping professions.

Strengths and Limitations of the Study

This study provides insight into the experiences of novice social work supervisors and contributes to the limited body of research focusing specifically on self-supervision as an internal reflective process. By employing qualitative interviews, the study was able to capture participants' subjective perspectives and professional meanings associated with self-supervision.

However, several limitations should be acknowledged. The research sample was relatively small and geographically limited to selected regions of Slovakia, which may restrict the transferability of the findings. Furthermore, as with many qualitative studies involving professionals, the possibility of socially desirable responding cannot be entirely excluded. Future research could benefit from larger samples and mixed-method approaches in order to further explore the role of self-supervision across different professional contexts.

CONCLUSION

Supervision represents a fundamental mechanism for ensuring the quality, ethical integrity, and effectiveness of professional practice in the helping professions. Within this framework, self-supervision emerges as a particularly valuable internal process that enables supervisors to critically reflect on their professional actions, emotional responses, and decision-making processes. This study aimed to explore whether and how novice social work supervisors apply self-supervision in relation to self-observation, self-assessment, and mental hygiene.

The findings demonstrate that self-supervision is perceived and practiced by novice supervisors as an integral and routinised component of their professional activity. Participants consistently described engaging in self-observation focused on their own thoughts, emotions, and interactions with supervisees, followed by reflective self-assessment of the effectiveness and ethical appropriateness of their interventions. These processes support the development of professional judgement, reflexivity, and responsible supervisory practice.

Furthermore, the study highlights the significant role of self-supervision in promoting mental hygiene and preventing burnout. Novice supervisors perceive self-supervision as an accessible and effective form of self-care that contributes to psychological resilience and long-term professional sustainability. In this respect, self-supervision functions not only as a reflective learning tool but also as a protective factor safeguarding both supervisors and supervisees from potential harm.

By providing empirical evidence from the perspective of novice supervisors, this study contributes to the limited body of research on internal supervisory processes in social work. It underscores the need to recognise self-supervision as a core professional competence rather than an optional or informal practice. The findings support calls for the systematic integration of self-supervision into social work education, supervision training, and professional standards, particularly during the early stages of supervisory practice.

Despite its contributions, the study has certain limitations, including a small research sample and a qualitative design that limits generalisability. Future research may benefit from larger and more diverse samples, longitudinal designs, and mixed-methods approaches to further examine the role

of self-supervision across different stages of professional development and across helping professions.

In conclusion, self-supervision constitutes a critical element of reflective and ethical supervision practice. Its deliberate and structured application has the potential to enhance professional competence, support mental wellbeing, and strengthen the quality of supervision in social work and related helping professions.

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ANALYSIS OF FAMILY FUNCTIONING FROM THE PARENTS' PERSPECTIVE: LITERATURE REVIEW

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Abstract

Background: Family functioning is a key factor influencing the healthy development of individuals and their relationships with society. Olson's circumplex model is an effective tool for assessing family dynamics through three dimensions: cohesion, adaptability, and communication. Previous research has focused on individual aspects of family dynamics, but there has been no systematic analysis of parents' perceptions of family functioning.

Methods: In this review study, we analyzed ten empirical studies from seven countries that examined family functioning from the parents' perspective using the FACES III and FACES IV questionnaires. Articles were selected through a systematic review of the Scopus, Web of Science, and PubMed databases. We used quantitative content analysis to synthesize findings and identify patterns in family functioning.

Results: The research revealed significant differences in the perception of family functioning in different types of families. Families with a disabled member showed greater flexibility and cohesion, with adaptability proving to be a predictor of family satisfaction. Military families reported lower adaptability and more rigid relationships during periods of deployment.

Conclusion: The circumplex model is a useful tool for understanding family dynamics and can be applied in helping professions when working with families. The results suggest that adaptability and communication are key factors influencing family satisfaction. For further research, we recommend a deeper examination of the interaction between family dimensions and cultural differences.

Keywords: Circumplex model, Cohesion, Adaptability, Communication, Parenting, Family functioning

INTRODUCTION

A healthy family needs a balanced amount of cohesion. The adaptability of the family, i.e., its' ability to adapt to different situations and find appropriate solutions, is also particularly important. A family that functions in this way provides the conditions for the healthy development of the individual (Oyanadel, Worrell, Pinto-Vigueras, Betancur, Véliz-Tapia, Au-Castro, Peña-Reyes, González-Loyola, Peñate, 2023). The area of family functioning, measured using Olson's

circumplex model from the parents' perspective, has not yet been examined in the literature review. Our aim was to create an overview of empirical research on systemic family analysis in the context of the circumplex model from the parents' perspective.

General systems theory is of great importance in social work. It is based on the assumption that the whole is greater than the sum of its parts, and that systems have certain common properties, regardless of their specific characteristics (Planka, Čakarová, 2025). In the context of social work, this approach can be used to understand social systems such as families, communities, institutions, and societies as a whole.

The family plays a key role in shaping the relationship between the individual and society. It is therefore important for its members, as well as for society as a whole. The quality of the family in which a person grows up influences their life, and the image of society also depends on the families that make up that society (Hovanová, 2021; Weiss-Laxer, Crandall, Hughes, Riley, 2020). Individual members of the family system cannot be viewed separately, as its members influence each other. For this reason, when working with a client, emphasis should be placed on working with the client's entire family and not just the client themselves. When applying general systems theory to social work, we perceive the client holistically, as a bio-psycho-socio-cultural being, together with their environment and connections with their surroundings (Larsson, Nyborg, Psouni 2022; Planka, Čakarová, 2025). General systems theory attempted to transcend the traditional boundaries of science and emphasize the importance of a holistic view of problems and phenomena in nature and society (Katrakazas, Grigoriadou, Koutsouris, 2020). Systemic theory is a field that informed and inspired the founders of family therapy, on which family systems theory is based in many important respects. The family system contains elements of feedback, mutual interaction, group dynamics, maintaining balance, and constant development. Using a systems approach, social work can better understand and explain events that occur in the family, whether positive or problematic, as suggested by (Wampler, Miller, Seedall, 2020). The system has various elements, i.e., subsystems, feedback that is reflected in the system or its surroundings, and, of course, every system has its limits. As an open system, the family has permeable boundaries, meaning that in addition to the relationships between its members, it is also influenced by relationships with its surroundings (Planka, Čakarová, 2025; von Sydow, Beher, Retzlaff, 2024). If a family has overly rigid boundaries, it becomes isolated from its social environment. Conversely, if the family's boundaries are weak and open, the functioning of the family system will depend on the functioning of the social environment (Žiedelis, Urbanavičiūtė, Lazauskaitė-Zabielské, 2022).

Although Olson's Circumplex Model is one of the most widely used frameworks for assessing family functioning, other systemic models are also applied in social work and family research. The McMaster Model of Family Functioning focuses on problem-solving, communication, family roles, affective responsiveness, affective involvement, and behavioral control within the family system. Bowen Family Systems Theory emphasizes intergenerational processes and the concept of differentiation of self, while Structural Family Therapy developed by Minuchin focuses on family boundaries, hierarchies, and interaction patterns among family members. Together, these

approaches provide alternative perspectives for understanding family functioning and planning interventions with families (Miller et al., 2020; Calatrava et al., 2022; Vetere & Dallos, 2023).

The author of the circumplex model for measuring family dynamics is American psychologist David Olson. It is one of the main theoretical models worldwide that examines the structural dynamics of family functioning. It was developed in an effort to bridge the gap that usually exists between research, theory, and practice (Olson, Waldvogel, Schlieff, 2019; Popelková, 2016). According to several authors (Olson, Waldvogel, Schlieff, 2019; Javadian, 2011; Mydlíková, 2017), healthy families do not usually show extreme values in the circumplex model and achieve balanced scores for adaptability and cohesion. We consider it important to further explore theories of the systemic approach and apply them to social work with families, as mapping and perceiving family functioning is important for orientation within the family, as well as the work or health history of its members or social history.

In order for a family to function healthily, allowing its members independence and an appropriate sense of responsibility, it needs an optimal degree of cohesion. The ability of the family to adequately address and adapt to different situations is also important. When a family has this adaptability, it provides healthy conditions for the development of its members (Popelková, 2016; Wampler, Miller, Seedall, 2020). The adaptability of the family system can be understood as the flexibility and ability of the family system to change its power structure, roles within the family, boundaries, and rules when responding to stressful or new situations (Javadian, 2011).

Cohesion in the family can be described as the emotional bond between its members (bonding). Cohesion is also related to boundaries, mutual trust, friendship, time spent together, and coalitions between family members (Mydlíková, 2017). In social work, we can support a healthy level of cohesion in the family by building mutual trust and creating a safe space for sharing and processing emotional experiences. It is important to strengthen the emotional bonds of the family, for example by sharing positive experiences among its members (Vetere, Dallos, 2023).

Communication is considered to be the third dimension that positively influences the functioning of a family (Hamilton, 2015). It is defined as positive communication skills used in the family system and includes active listening skills, emotional tone of communication, and sharing feelings with respect for one another (Olson, Waldvogel, Schlieff, 2019).

According to Smith-Acuna (2011), problematic communication is a very common cause of problems in families. When an individual in a family does not feel understood or listened to, they are more likely to communicate aggressively and provoke conflict than to constructively solve problems with other members.

In this review study, we examined and synthesized available knowledge from research on the family in the context of assessing adaptability and cohesion using the circumplex model. The results will be useful for helping professions, specifically when working with family systems. The research objective was to synthesize the currently available knowledge on the perception of family functioning from the perspective of different target groups of parents, which was analyzed using

the circumplex model. Using the PICO scheme, we formulated the research question: How is family functioning perceived by different target groups of parents using the circumplex model?

By family functioning, we mean the subjective perception of family cohesion, adaptability, and satisfaction with communication within the family (Oyanadel, et al. 2023; Olson, 2000).

METHODS

The FACES questionnaire is a tool of the circumplex model. Previous versions of FACES (I, II, and III) were only able to measure family functioning in terms of cohesion and flexibility (Olson, Waldvogel, Schlieff, 2019). However, the current version of the FACES IV scale is able to provide a curved ratio that includes a combined assessment of healthy and extreme values in the family system (Turkdogan, 2019). The FACES III items consist of 30 five-point Likert scales and the FACES IV questionnaire items consist of 42. In terms of cohesion, the family system can balance on a four-level scale between excessive emotional dependence of members and emotional disconnection (Mydlíková, 2017). In terms of adaptability, the dimension ranges from four points between rigidity and chaos. We can therefore speak of 16 categories of dynamics in couple and family relationships: chaotically disconnected, chaotically separated, chaotically connected, chaotically entangled, flexibly disconnected, flexibly separated, flexibly connected, flexibly entangled, structurally disconnected, structurally separated, structurally connected, structurally entangled, rigidly disconnected, rigidly separated, rigidly connected, and rigidly entangled (Olson, Waldvogel, Schlieff, 2019; Mydlíková, 2017).

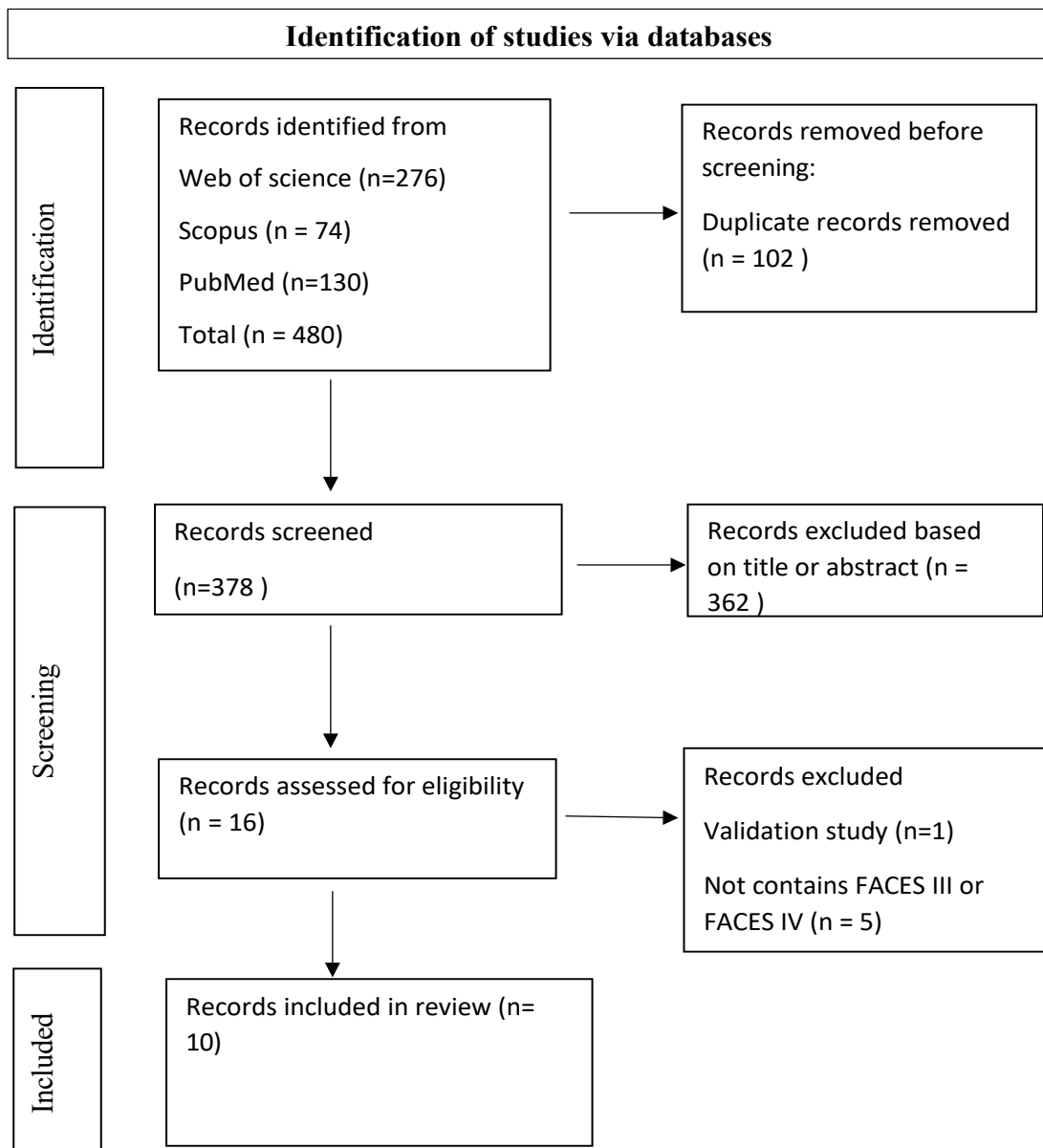
For the purposes of our literature review, we decided to analyze studies of the circumplex model that used the FACES III and FACES IV questionnaires as measurement tools.

Samples

Our review study included a total of ten studies from seven countries. Three studies were conducted in Greece, two in Israel, and others in Italy, Romania, the United Kingdom, Portugal, and Mexico. Several research samples in the selected articles consisted of family members with various health disabilities. A total of 60% of our research sample (six studies) consisted of this type of family. These were families with children with autism spectrum disorder (Grigilopoulos, 2022), families with daughters suffering from anorexia nervosa (Laghi, et al, 2015), families with mostly adult children who had suffered traumatic brain injuries (Lehan, et al, 2012), families with children with health disabilities (Tsibidaki, Tsamparli, 2015), families with children suffering from cerebral palsy (Tsibidaki, 2020), and families with children with different symptoms (Yahav, 2002). One study focused on parental health disabilities, specifically schizophrenia (Carvalho, et al, 2015). Peleg-Popko (2012) examined the relationship between family functioning and three other variables: marital quality, fear, and social anxiety in children. Pye (2017) examined how family functioning changed depending on the phase of the deployment cycle of soldiers in the United Kingdom compared to non-military families. Rada (2014) compared the family functioning of Romanian families from urban and rural areas. Four articles used the FACES IV questionnaire, and six articles used the FACES III questionnaire as a research tool.

Data collection

We searched for relevant sources using three online bibliographic databases: Scopus, Web of Science, and PubMed. We selected these databases based on their institutional availability. We searched for articles using the keywords: "Circumplex model," "Family," "Marital," "Adaptability," "Flexibility," and "Cohesion." When browsing the databases using advanced search, Boolean operators "AND" and "OR" were used to ensure the most accurate results.



Picture 1: Identification of studies via databases

A total of three pilot searches were conducted to refine the search strategy and adjust the keywords. The final database search was completed on March 25, 2024. Following this search, 480 records met the initial inclusion criteria: 276 from the Web of Science database, 74 from Scopus, and 130 from PubMed. The systematic review management tool Rayyan was used to identify and screen articles for inclusion in the research sample. The software was also employed to analyze in detail the abstracts and keywords of the selected articles. Only *peer-reviewed journal articles* written in English were considered for inclusion.

Inclusion and exclusion criteria

The inclusion criteria were intentionally defined to ensure methodological comparability across studies and to facilitate meaningful synthesis of findings related to family functioning within the Circumplex Model framework.

Studies were included if they met the following criteria:

- published in peer-reviewed scientific journals;
- written in English;
- published after the year 2000;
- used the FACES III or FACES IV instrument based on Olson's Circumplex Model;
- employed a quantitative research design;
- included parents as participants (studies involving both parents and children were also eligible);
- used a version of the research instrument that had been validated in the respective country.

Studies were excluded if they:

- were validation studies of the FACES III or FACES IV instruments;
- did not employ FACES III or FACES IV;
- were not published in peer-reviewed journals;
- were published in languages other than English;
- used qualitative research methods;
- did not include parents among the respondents;
- were published before the year 2000.

Eligibility criteria required the use of the FACES III or FACES IV research instruments and a quantitative research design. To ensure the quality of the findings, only studies using a tool validated in the respective country were included, while validation studies themselves were excluded from the sample. Subsequently, the studies were categorized according to the type of respondents. Articles in which parents participated in the research were included, while several studies also involved both parents and children. Only articles published after the year 2000 were included. This time restriction was applied to ensure that the review reflects contemporary perspectives on family functioning and the application of the Circumplex Model in research and practice. In addition, substantial developments in family structures, social contexts, and the

validation of the FACES III and FACES IV instruments have occurred during the last two decades, making more recent studies particularly relevant to the research question.

After systematic selection and the removal of duplicates, a total of 16 articles remained in the dataset, from which six were excluded after further analysis. The final sample consisted of ten articles selected from the original 480 records.

Analyses and reporting

Selected data from the final research sample were synthesized into eight categories, which were organized alphabetically according to the last name of the first author. The categories included: article author, year of publication, country of data collection, respondent population (number and characteristics), research instrument in the context of the Circumplex Model (FACES III or FACES IV), and the main findings of the study.

The screening process and verification of the predefined inclusion and exclusion criteria were conducted independently by two researchers (LR and EG) to ensure objectivity and reduce the risk of selection bias. No formal methodological quality assessment tool was applied. Study quality was addressed through predefined inclusion criteria, including publication in peer-reviewed journals and the use of validated research instruments. Data synthesis was carried out using both tabular and narrative approaches. Content analysis was employed to address the research question (Hsieh & Shannon, 2005): *“How is family functioning perceived by different target groups of parents through the Circumplex Model?”*

RESULTS

The present review examined perceptions of family functioning from the perspective of parents, guided by Olson’s Circumplex Model. Content analysis was applied to address the research question: *“How is family functioning perceived by different target groups of parents through the Circumplex Model?”*

Table 1 presents the basic characteristics of the studies included in the review. The studies are listed in alphabetical order according to the last name of the first author. For each article, the following information is provided: authors, year of publication, country in which the study was conducted, characteristics of the research sample, research objective, Circumplex Model instrument used, and the main findings in relation to family functioning. In total, ten studies describing parental perceptions of family functioning across different target groups were synthesized (see Table 1).

Table 1 Results

Author, Year, Country	Name of the Article	The Goal	The Circumplex Model of Affects	The Respondents	The Findings
Carvalho, J. C. et al, 2015, Portugal	Healthy functioning in families with a schizophrenic parent	To examine healthy functioning in families where one parent has been diagnosed with schizophrenia. To determine how the presence of the diagnosis and associated social problems affect family dynamics	FACES IV	38 single-parent families with children aged 6-18 suffering from schizophrenia	Within the circumplex model, most families achieved balanced scores. Despite difficulties such as low socioeconomic status, families with a disabled parent show healthy family functioning
Grigoropoulos, I., 2022, Greece	The influence of family's cohesion and adaptability in family satisfaction of parents with a child with autism spectrum disorder	To determine the relationship between family functioning and overall family satisfaction among parents who have a child with autism spectrum disorder	FACES III	100 parents (27 fathers and 73 mothers) of children with autism spectrum disorder	Family adaptability, together with the diagnosis of autism spectrum disorder in the child, were significant predictors of family satisfaction
Laghi, F. et al, 2015, Italia	How adolescents with anorexia nervosa and their parents perceive family functioning?	Analyze various dimensions of family system functioning within the circumplex model in families with adolescents suffering from anorexia nervosa	FACES IV	36 patients with anorexia and 72 parents (36 mothers and 36 fathers)	Significant differences in the perception of rigidity were found between mothers and daughters. Families showed lower levels of adaptability and cohesion compared to the control group. Mothers rated family functioning as more rigid than their daughters did

Lehan, T. et al, 2012, Mexico	Balancing act: the influence of adaptability and cohesion on satisfaction and communication in families facing TBI in Mexico	To examine how family adaptability and cohesion influence communication and satisfaction in families in which one member has suffered a traumatic brain injury	FACES IV	38 patients who suffered traumatic brain injury paired with 38 family caregivers. Most pairs (53%) consisted of parents and children	Patients and their caregivers who reported higher levels of family adaptability and cohesion reported better family communication and greater satisfaction. Family adaptability and cohesion had a positive impact on family communication and satisfaction
Peleg-Popko, O. Dar, R., 2001, Israel	Marital quality, family patterns, children's fears and social anxiety	The main objective of the study was to examine the relationships between marital quality, family functioning, fear, and social anxiety in children aged 5-6 years from the perspective of mothers	FACES III	108 mothers (aged 28-45) of children (aged 5-6, 56 boys and 52 girls)	Marital quality was negatively correlated with family cohesion but not related to social anxiety. Family cohesion and rigidity are associated with social anxiety and fear in children
Pye, R. E., Simpson K. L., 2017, UK	Family functioning differences across the deployment cycle in British army families: the perceptions of wives and children	To examine how marital and family functioning differed across different phases of the military deployment cycle, comparing military families with non-military families	FACES IV	78 military families (wives and youngest children aged 3,5-11) and 34 non-military families	The results showed that the wives of deployed and recently returned soldiers were less satisfied with family communication. The families of deployed soldiers demonstrated poorer family functioning. The functioning of families with soldiers who had not yet been deployed was comparable to that of non-military families. These two groups showed balanced levels and higher cohesion
Rada, C., 2014, Romania	Family adaptability and cohesiveness	Diagnose the current situation of family functioning in Romanian families using a	FACES III	1 215 respondents aged between 18 and 74, 672 from urban	Families from urban areas showed a higher level of flexibility and a lower level of cohesion compared to families from rural areas. Approximately half of

	evaluation scale III in Romania	circumplex model with regard to sociodemographic variables		areas and 543 from rural areas	respondents consider their families to be very cohesive, with low flexibility and average communication
Tsibidaki, A. Tsamparli, A., 2015, Greece	Adaptability and cohesion of Greek families: raising a child with a severe disability on the island of Rhodes	Identify differences in perceptions of family functioning between families with and without a child with a disability	FACES III	30 Greek families with a child with a disability and 30 families with a child without a disability	There is no statistically significant difference between cohesion, adaptability, and communication in families with a child with a disability and families with a child without a disability. Families with a child with a disability show a high level of cohesion and adaptability
Tsibidaki, A., 2020, Greece	Family functioning and strengths in families raising a child with cerebral palsy	To examine the family functioning and strengths of Italian and Greek families with a child with cerebral palsy	FACES III	120 parents raising their biological child with cerebral palsy (60 couples, 30 from Greece and 30 from Italy)	Parents from both countries perceive family functioning and their strengths positively, but there are differences between their ideal and real perceptions of cohesion and adaptability. A statistically significant difference was found only in the perception of family cohesion
Yahav, R., 2002, Israel	External and internal symptoms in children and characteristics of the family system: a comparison of the linear and circumplex models	To examine the relationship between children's symptomatology (external and internal symptoms) and family functioning according to the circumplex model	FACES III	111 families (34 families with a child with external symptoms, 43 families with a child with internal symptoms, and 34 families with a child without symptoms)	Parents of children with external symptoms had lower scores on the cohesion dimension compared to parents in the control group. Parents of children with internal symptoms were between these two groups

Families with a parent diagnosed with schizophrenia perceive their family functioning as very good. The study reports that 81% of patients and 82% of patients' partners rated their family as "flexible or very flexible," and in terms of cohesion, 71% of patients and 82% of partners rated their family as "connected or very connected." Most families were in the "flexibly connected" dimension. Both groups (patients and partners) rated family communication as more negative than positive. 34% of patients rated communication as positive, while 66% rated it as negative. Partners had a slightly more positive view, with 44% rating communication as positive and 56% as negative. Approximately 55% of patients and 56% of partners reported low satisfaction with communication (Carvalho, 2015).

Family adaptability and the presence of autism in a child have been shown to be significant predictors of family satisfaction. Higher levels of family satisfaction are associated with higher levels of family adaptability (Grigopoulos, 2022).

On average, families with daughters suffering from anorexia nervosa have a high level of cohesion, but scored lower on family adaptability. Fathers had the highest scores, while daughters had the lowest. The level of family communication was high. In the dimension of family satisfaction, daughters scored highest, while mothers scored lowest, but overall family satisfaction was high (Laghi, 2015).

In families with a member who had suffered a traumatic brain injury, all families had at least one member who confirmed balanced family cohesion and adaptability. In 68% of cases, balanced cohesion and adaptability were confirmed by all members. Families that reported higher cohesion and adaptability also had higher scores in communication and family satisfaction. Parents reported higher family cohesion, adaptability, and family satisfaction than patients (Lehan, 2012).

Parents with children with disabilities rated their families as structured, while parents with children without disabilities rated their families as flexible (fathers) to very flexible (mothers). Parents with children with disabilities rated their families as cohesive to very cohesive, with mothers expressing a stronger sense of cohesion than fathers. The importance of communication within the family was rated higher by families with children with disabilities. Family satisfaction was balanced in both groups (Tsibidaki, Tsamparli, 2015).

Psychological literature distinguishes between two types of symptoms in children and adolescents: internal symptoms, which are internal manifestations of anxiety, depressive moods, or emotional instability, and external symptoms, which manifest themselves externally—for example, aggressive, oppositional, hyperactive, or delinquent behavior (Royuela-Colomer, Orue, Visu-Petra, 2024). Parental cohesion was lowest in children with external symptoms and highest in the control group of parents of children without symptoms, with no difference between fathers and mothers. Parents of children with internal symptoms were between the two groups (Yahav, 2002).

In an Israeli study examining the relationships between several variables from the perspective of mothers in the context of the circumplex model, it was found that families with high cohesion were associated with higher social anxiety in children. Chaotic adaptability also contributes to this.

Research also suggests that families with communication problems may have difficulties in terms of children's satisfaction and emotional health. Similarly, lower marital satisfaction is associated with higher levels of childhood fears and anxiety (Peleg-Popko, 2001).

Families without soldiers and families with soldiers prior to deployment showed balanced family functioning. Families with deployed and recently deployed soldiers had problematic family functioning. Families prior to soldier deployment showed a significant increase in rigidity compared to non-military families. Mothers before deployment were most satisfied with family communication. Mothers in non-military families also reported high satisfaction. Mothers with recently deployed soldiers reported very low satisfaction, but at a later stage they were relatively satisfied with communication (Pye, 2017).

Romanian families in urban areas are less cohesive than families in rural areas. We observe greater rigidity among younger people (under 35). Families with high cohesion showed average to high levels of communication. High levels of cohesion correlate with high marital satisfaction, with the exception of rigid families (Rada, 2014).

Parents in Greece and Italy showed high levels of cohesion, with Greek (41%) and Italian (71%) families rating their ideal cohesion as enmeshed. 58% of the research sample agreed that their ideal adaptability is very flexible. Parents from both countries tend to prefer open and supportive communication within the family and reported high levels of satisfaction (Tsibidaki, 2020).

DISCUSSION

Our literature review dealt with the perception of various dimensions of family functioning from the perspective of parents with different family characteristics, such as families with a parent diagnosed with schizophrenia, families with a parent who is a soldier, families with a child with a health disability, autism spectrum disorder, anorexia nervosa, etc. Through systematic selection from three scientific databases and subsequent screening, our research sample included ten quantitative studies focused on family functioning in various contexts. We found that

the research sample came from seven countries, which allows us to speak of the global significance and wide use of circumplex model tools. The circumplex model was developed in the USA, many studies in our research sample were conducted in the European Union, two in Asia, and one in America. The wide dispersion allows us to gain insight into different family functioning in different cultural spheres.

In addition to cultural differences, there may also be differences in lifestyle between different types of parents. It would be expected that families with a member who has suffered brain trauma would likely have problems with cohesion and adaptability, but most of them showed balanced functioning. This may indicate that in the event of serious injury, families specifically seek ways to maintain stability or become more supportive.

When one parent is physically absent for a long period of time, as is the case in military families, family members must change their family dynamics. A father's military deployment creates stress within the family that could disrupt it. A father's military deployment has been linked to emotional

and behavioral problems in children and adolescents (Cunitz, Dölitzsch, Kösters, et al., 2019). On the other hand, a father's absence also has positive effects on family flexibility. Older siblings often take on more responsibility in representing the role in the household (Huebner, Mancini, Bowen, Orthner, 2009). In cases of families before the soldier's deployment, according to Pyea and Simpson (2017), there was, on the contrary, rigidity, i.e., stricter rules and a lack of flexibility. Such family functioning was associated with lower family satisfaction. Greater rigidity was also found in younger families in urban areas in Romania (Rada, 2014). The urban environment brings a greater degree of stress, economic pressure, and social comparison. Rigidity can be seen as a form of protection for family stability—families respond to environmental pressures with stricter rules and less flexibility in order to maintain internal order.

We noticed an interesting trend in several studies from our research sample. Families in which one member suffers from a health disability (schizophrenia, autism, anorexia nervosa, or traumatic brain injury) tend to rate their family as moderately flexible or very flexible. For these families, a higher capacity for adaptability is key (Carvalho, et. al, 2015; Grigolopoulos, 2022; Laghi, 2015; Lehan, 2012). We can therefore argue that families with a member with a health disability feel the need to adapt to the changes and challenges that everyday life brings with its constantly changing conditions. These families also reported increased cohesion, which correlated with higher family satisfaction. Greek and Italian families perceive their families as very connected, and they also imagine their ideal of family cohesion as intertwined (Tsidaki, 2020). On the other hand, high cohesion can also have disadvantages. For example, in families with a parent diagnosed with schizophrenia, where cohesion was relatively high, communication was perceived rather negatively. This may indicate that even though families feel cohesion, it does not automatically mean effective communication. This phenomenon may also be important in other types of families—being cohesive does not mean that members always get along well. Similarly, in Israeli families, high cohesion was associated with higher anxiety in children (Yahav, 2002). When family cohesion is extremely high, the boundaries between its members may not be properly set. The child may feel that they lack autonomy and that they are responsible for their parents' emotions. This can increase pressure and anxiety as the child takes on more responsibility than is appropriate for their age.

Strengths and limitations

In seven studies, the research sample consisted of between 100 and 120 respondents, which is acceptable given the specificity of the population. However, researchers had fewer respondents in two studies, which had 72 (Laghi, 2015) respondents in a group of mothers and daughters suffering from anorexia nervosa and 38 (Lehan, 2012) respondents from families where one member had suffered a traumatic brain injury.

The diversity of the included family groups may also be considered a limitation, as differences in family characteristics and life circumstances make it difficult to formulate universal conclusions regarding family functioning. Future reviews could focus on specific family populations to improve comparability of findings.

When creating versions for individual countries, such a tool must be validated and modified to adapt to the conditions in the given culture. We may still be skeptical about the relevance of data for family functioning in general, but when summarizing high-quality literature, there is a higher chance that these results will be useful. The absence of studies from Slovakia and other Central European countries also limits the direct applicability of the findings to social work practice in this region. Family functioning is influenced not only by individual and relational factors but also by broader cultural, economic, and welfare-system characteristics. As a result, intervention strategies derived from findings obtained in Southern European or non-European contexts may not fully reflect the needs of Slovak families. Further research conducted within the Slovak and Central European context is therefore warranted.

For this reason, we have also included the use of a validated tool in our systematic selection to ensure the quality of the results. Another strength of our study is that it is not limited to a general examination of families, but focuses on various specific groups. For example, the analysis includes families with a disabled member, military families, and families from urban and rural environments. This approach allows for a better understanding of how the dynamics of family functioning can vary depending on the specific circumstances and environment in which the family lives. At the same time, it provides practical implications for professionals who work with specific target groups and need to take their specific needs into account.

Recommendations

Research has shown that families with members who have health disadvantages demonstrate greater adaptability and cohesion. It is therefore important to strengthen their flexibility through programs designed to develop coping mechanisms and problem-solving skills. Social workers and therapists should focus on supporting these families in coping with unpredictable situations, for example through parenting training and support groups.

Military families and families where one parent is often absent (e.g., due to work abroad) show greater rigidity and lower adaptability. Specialized interventions should be developed for these families to improve communication and conflict resolution during periods of separation. Support for children in these families should include programs for emotional regulation and stress resilience development.

Since communication has been identified as a key factor influencing family satisfaction, it is important to develop parents' skills in active listening, emotional expression, and conflict resolution. Workshops for parents could include techniques for effective communication, assertiveness, and interpersonal problem solving.

Given the differences identified between families in urban and rural areas, it is appropriate to implement community programs tailored to local needs. In urban communities, programs to support family cohesion could be offered, such as workshops for parents focused on strengthening communication skills and building shared leisure spaces for families (e.g., family clubs or community centers). In rural areas, on the other hand, the emphasis could be on flexibility in problem solving and adaptability through training in stress and crisis management, or by

introducing support groups that would focus on sharing experiences and finding practical solutions in smaller communities.

Conclusions

Cohesion, adaptability, and communication are key factors that influence family satisfaction. We have found that excessive cohesion or rigidity can be problematic, especially in families with health or mental health issues. Most interestingly, however, even families in difficult situations can find homeostasis and function in a balanced way if they have sufficient adaptability and maintain functional relationships.

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LEFT-WING AUTHORITARIANISM AND DANGEROUS AND COMPETITIVE WORLDVIEWS: A CORRELATIONAL STUDY IN A SLOVAK SAMPLE

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Abstract: Left-wing authoritarianism (LWA) remains a relatively understudied construct in political psychology, particularly in post-communist contexts where the historical legacy of left-wing authoritarian regimes and the strains of societal transformation create specific conditions for its emergence. This study examined the relationship between LWA and dangerous (DWV) and competitive worldviews (CWV) within the Dual Process Model of Ideology and Prejudice (DPM), while also considering the role of subjective socioeconomic status (SSS). The sample comprised 122 adult participants from Slovakia (64 men, 58 women; $M = 36.4$ years), who completed the Specter of Left-wing Authoritarian Views Scale (SLAV; Petrović & Ninković, 2025), the Frequency Estimation Index of Social Worldviews (Perry & Sibley, 2010), and the MacArthur Scale of Subjective Social Status (Adler et al., 2000). Correlational analyses revealed statistically significant positive relationships between LWA and both DWV ($r = .26, p = .005$) and CWV ($r = .25, p = .007$), with Steiger's Z-test indicating no significant difference between the two effect sizes. Dimensional analysis revealed that three of the four SLAV dimensions — anticapitalist sentiment, anticonventionalism, and antihierarchical aggression — were significantly correlated with both worldviews, whereas censorship of right-wing ideas showed no significant relationship with either worldview. A significant negative relationship between SSS and LWA was found ($r = -.24, p = .009$); however, bootstrap mediation analyses did not support a mediating role of SSS in the relationship between worldviews and LWA. These findings suggest that LWA is associated with a generalized perception of threat rather than an ideologically specific worldview, thereby challenging a straightforward extension of the DPM to left-wing forms of authoritarianism and empirically supporting calls for a reconceptualization of the construct's motivational homogeneity.

Keywords: left-wing authoritarianism, dangerous worldview, competitive worldview, subjective socioeconomic status, dual process model, post-communist context

INTRODUCTION

In Central and Eastern European countries where left-wing authoritarian regimes have left a profound historical imprint, the question of the psychological underpinnings of left-wing authoritarianism (LWA) takes on particular urgency. Slovakia represents a paradigmatic case: collective memory of the socialist regime coexists with enduring skepticism toward neoliberal capitalism, the socioeconomic strains of the post-1989 transformation created deep societal fractures, and contemporary political polarization manifests in ways that cannot be explained solely by right-wing extremism (March & Mudde, 2005; Duckitt & Bizumic, 2013). Despite this, research on authoritarianism in this context — and especially on its left-wing forms — remains markedly underdeveloped. This gap is not merely geographical: it reflects a deeper asymmetry within the discipline itself, where authoritarianism has been studied almost exclusively as a right-wing phenomenon since the seminal work of Adorno et al. (1950), leading to the systematic neglect of its potential manifestations on the political left (Conway et al., 2018; Duarte et al., 2015). This one-sidedness has consequences for the validity of the entire research program: if authoritarianism as a psychological construct is not inherently right-wing, but rather represents a cognitive style or motivational orientation that can take on different ideological forms (Rokeach, 1960), then its selective measurement necessarily distorts conclusions about its nature, causes, and consequences.

Early systematic attempts to conceptualize LWA as a distinct construct demonstrated that it is a measurable phenomenon with real psychological and social consequences (Conway et al., 2023; Costello et al., 2022). Conceptually, LWA can be understood as a structural counterpart to right-wing authoritarianism (RWA): both forms share formal characteristics — submission to authorities, aggression toward perceived deviations from norms, and conventionalism — but differ in their ideological content. Whereas RWA directs hostility toward groups perceived as threatening the traditional order and favors submission to established authorities, LWA legitimizes aggression toward economic elites, rigidly adheres to progressive norms, and orients submission toward left-wing ideological authorities (Costello et al., 2022). Nilsson (2024) further argues that left-wing antidemocratic tendencies are not simply a mirror image of their right-wing counterparts — they do not stem from adherence to established norms but from a progressive zeal for values that may override democratic principles. Despite these conceptual differences, both forms share key psychological mechanisms, including cognitive rigidity, moral absolutism, and low tolerance for dissent (Zmigrod et al., 2021). In post-communist contexts, LWA is assessed using the Specter of Left-wing Authoritarian Views Scale (SLAV; Petrović & Ninković, 2025), which — unlike scales developed in American contexts — explicitly incorporates anticapitalist sentiment as a distinct dimension, thereby capturing the economic axis of radical left-wing attitudes that is particularly relevant in countries with a legacy of socialist regimes.

Beyond ideological attitudes, subjective socioeconomic status (SSS) — defined as the individual's perception of their own position in the social and economic hierarchy (Adler et al., 2000) — plays an important role in shaping political radicalization. Unlike objective socioeconomic indicators, SSS captures the cognitive and emotional processes through which individuals interpret their

standing relative to others, and has been shown to be a stronger predictor of political attitudes than objective socioeconomic measures (Brown-Iannuzzi et al., 2015). Individuals who perceive themselves as lower in the social hierarchy tend to view the social order as unjust and to express greater willingness to support radical change (Zhao et al., 2025), thereby predisposing them toward the core attitudinal content of LWA — specifically anticapitalist sentiment and antihierarchical aggression (Petrović & Ninković, 2025).

The Dual Process Model of Ideology and Prejudice (DPM; Duckitt & Sibley, 2009) provides an established framework for investigating the motivational bases of authoritarianism. The model posits that RWA is rooted in the dangerous worldview (DWV) — a perception of the social environment as threatening and chaotic, which activates a motivation for safety and order — whereas social dominance orientation (SDO) is rooted in the competitive worldview (CWV) — a perception of society as an arena in which groups compete for scarce resources. Although the DPM was primarily developed and validated for RWA and SDO, its extension to LWA remains an open research challenge (Osborne et al., 2023). SSS may play a mediating role in this relationship: DWV undermines the sense of sociopolitical control, which in turn leads to an underestimation of one's own status (Torres-Vega et al., 2021; Lachman & Weaver, 1998), and lower SSS subsequently amplifies dissatisfaction with the existing hierarchical order — a mechanism that could help explain the association between worldviews and LWA. Empirical evidence for this pathway in a post-communist context, however, is lacking.

The present study pursues four interrelated objectives: (1) to examine whether LWA is significantly associated with both DWV and CWV; (2) to determine whether LWA's relationship with CWV is stronger than its relationship with DWV, in line with the theoretically predicted ideological specificity; (3) to analyze whether the individual dimensions of LWA differ in their associations with the two worldviews; and (4) to investigate the role of SSS in the relationship between worldviews and LWA, including its potential mediating function.

METHOD

Participants

The sample comprised 122 participants (64 men, 52.46%; 58 women, 47.54%) aged 18 to 70 years ($M = 36.4$; $SD = 13.0$). Participants were recruited through a combination of convenience and snowball sampling via online distribution of the questionnaire, which constitutes a limitation with respect to the generalizability of findings. Of 123 collected responses, one record was excluded due to incomplete completion of the SLAV scale (more than 60% missing responses). In terms of educational attainment, the largest group consisted of participants with a secondary school leaving certificate ($n = 46$; 37.70%), followed by those with a master's degree ($n = 38$; 31.15%). The majority of participants were employed full-time ($n = 81$; 66.39%).

Measures

Left-wing authoritarianism was assessed using the Specter of Left-wing Authoritarian Views Scale (SLAV; Petrović & Ninković, 2025), developed and validated on a Serbian post-communist sample.

The scale comprises 46 items rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*) and measures four dimensions: anticapitalist sentiment (ACS), anticonventionalism (AC), antihierarchical aggression (AHA), and censorship of right-wing ideas (CRW). Internal consistency was excellent: total scale $\alpha = .96$; ACS $\alpha = .95$; AC $\alpha = .87$; AHA $\alpha = .92$; CRW $\alpha = .90$.

Dangerous and competitive worldviews were assessed using the Frequency Estimation Index of the Dual Process Model's Social Worldviews Component (Perry & Sibley, 2010). Participants estimated the percentage of Slovak residents who would engage in various forms of dangerous (9 items, DWV) or competitive behavior (9 items, CWV) purely out of their own volition, on a scale from 0 to 100. Internal consistency was excellent too: DWV $\alpha = .94$; CWV $\alpha = .96$.

Subjective socioeconomic status was assessed using the MacArthur Scale of Subjective Social Status (Adler et al., 2000), comprising two single-item subscales measuring perceived standing within Slovak society and within one's local community, respectively (10-rung ladder). As single-item measures, internal consistency estimates are not applicable; prior research has demonstrated adequate test-retest reliability and convergent validity (Adler et al., 2000). All three instruments were translated into Slovak in collaboration with the authors, with both language versions compared and adjusted where necessary.

Procedure

Data collection took place from December 2025 to March 2026 via Google Forms. Participants received information about the study's purpose, the voluntary nature of participation, and the full anonymity of data collection, and provided informed consent before proceeding. The questionnaire was administered in a fixed order: demographic questionnaire, MacArthur SSS scale, Frequency Estimation Index, and SLAV scale. The estimated completion time was 20 minutes.

Statistical Analysis

Relationships among LWA, DWV, CWV, and SSS were examined using Pearson product-moment correlations. The difference in the strength of LWA's correlations with DWV and CWV was tested using Steiger's Z-test (Steiger, 1980). Mediation analyses were conducted using bootstrap resampling (5,000 samples) following Hayes (2018). All analyses were performed using IBM SPSS Statistics.

RESULTS

Descriptive statistics and intercorrelations for all primary variables are presented in Table 1. Participants' LWA scores clustered near the midpoint of the scale, and they perceived the world as more competitive than dangerous. Subjective socioeconomic status indicated a slightly above-average self-appraisal within the social hierarchy.

Table 1 Descriptive Statistics and Intercorrelations of Primary Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. LWA	3.77	1.04	—							
2. ACS	3.88	1.25	.87**	—						
3. AC	3.52	1.10	.88**	.77**	—					
4. AHA	3.75	1.09	.97**	.75**	.81**	—				
5. CRW	3.96	1.32	.76**	.41**	.53**	.83**	—			
6. DWV	27.11	19.14	.26**	.26**	.26**	.24**	.14	—		
7. CWV	42.20	23.39	.25**	.27**	.20*	.22*	.13	.77**	—	
823. SSS	5.95	1.59	-.24**	-.24**	-.24**	-.23*	-.08	-.17	-.05	—

Note. LWA = total left-wing authoritarianism score; ACS = anticapitalist sentiment; AC = anticonventionalism; AHA = antihierarchical aggression; CRW = censorship of right-wing ideas; DWV = dangerous worldview; CWV = competitive worldview; SSS = subjective socioeconomic status. * $p < .05$. ** $p < .01$.

Associations Between LWA and Social Worldviews

LWA was significantly and positively associated with both worldviews (see Table 1). The two correlation coefficients were of comparable magnitude, and Steiger's Z-test revealed no statistically significant difference between them ($Z = -0.095$; $p = .924$). The hypothesis that LWA would be more strongly associated with CWV than with DWV was not supported.

Dimensional Analysis

Analysis at the level of SLAV dimensions revealed a differential pattern of associations (see Table 1). Three of the four dimensions — ACS, AC, and AHA — showed significant positive correlations with both worldviews. ACS exhibited the strongest and most consistent associations with both DWV and CWV. AC correlated more strongly with DWV than with CWV. AHA showed significant but somewhat weaker correlations with both worldviews. CRW showed no significant association with either worldview, suggesting that it operates on distinct psychological foundations relative to the other LWA dimensions.

Subjective Socioeconomic Status

SSS was significantly and negatively associated with LWA — participants who perceived themselves as lower in the social hierarchy reported higher levels of left-wing authoritarianism (see Table 1). The associations between SSS and both DWV and CWV were negative in direction but did not reach conventional levels of statistical significance.

Mediation Analyses

Bootstrap mediation analyses (5,000 samples) did not support a mediating role of SSS. Results are summarized in Table 2.

Table 2 Results of Mediation Analyses

Path	B	β	SE	p	95% CI
Model 1: DWV → SSS → LWA					
a: DWV → SSS	-0.016	-.172	0.007	.038	[-.030, -.001]
b: SSS → LWA	-0.126	-.192	0.058	.031	[-.240, -.012]
c: total effect DWV → LWA	0.015	.255	—	.005	—
c': direct effect DWV → LWA	0.013	.213	0.005	.010	[.003, .022]
a × b: indirect effect	0.002	—	0.001	—	[-.000, .005]
Model 2: CWV → SSS → LWA					
a: CWV → SSS	-0.003	-.047	0.006	.607	[-.016, .009]
b: SSS → LWA	-0.147	-.224	0.057	.011	[-.259, -.035]
c: total effect CWV → LWA	0.011	.245	—	.007	—
c': direct effect CWV → LWA	0.010	.235	0.004	.008	[.003, .018]
a × b: indirect effect	0.001	—	0.001	—	[-.001, .003]

Note. B = unstandardized coefficient; β = standardized coefficient; SE = standard error; 95% CI = bootstrap confidence interval (5,000 samples). Values in bold red require completion from SPSS output. The indirect effect is non-significant when the CI includes zero.

In Model 1, both constituent paths were statistically significant; however, the indirect effect did not reach significance, as its confidence interval included zero. In Model 2, the path from CWV to SSS was non-significant, thereby precluding mediation. The direct effects of both worldviews on LWA remained significant in both models.

DISCUSSION

This study examined the motivational underpinnings of left-wing authoritarianism in a Slovak post-communist context through the lens of the Dual Process Model of Ideology and Prejudice. The findings reveal that LWA is comparably and positively associated with both dangerous and

competitive worldviews, challenging the assumption of ideological specificity in its motivational bases. Dimensional analysis further uncovers internal heterogeneity within the construct, with censorship of right-wing ideas constituting a notable exception to the overall pattern. Subjective socioeconomic status emerged as a direct predictor of LWA, rather than as a mediator of the relationship between worldviews and authoritarianism.

Symmetry in LWA's Associations with Social Worldviews

The central finding of this study is that LWA is comparably associated with both DWV ($r = .26$) and CWV ($r = .25$), with Steiger's Z-test yielding no significant difference between the two. The magnitude of these effects is comparable to correlation coefficients reported by Sibley et al. (2007) for the RWA \times DWV relationship within the DPM, suggesting that, despite their unexpected symmetry, these associations are not trivial.

This finding stands in direct contrast to the theoretical prediction that left-wing authoritarianism — with its emphasis on class conflict and economic inequality — would be primarily motivated by the competitive worldview. Instead, our results suggest that LWA is associated with a generalized threat sensitivity that is not ideologically specific. This pattern is consistent with Zmigrod et al. (2021), who found that cognitive rigidity characteristic of authoritarian thinking across the ideological spectrum is linked to an undifferentiated reactivity to threat, and with Conway et al. (2023), who demonstrated that LWA predicts endorsement of a dangerous worldview to a degree comparable to RWA.

An alternative interpretation is that the symmetry reflects contextual specificity. The strong correlation between DWV and CWV in our sample suggests that in post-communist Slovakia, both worldviews may form an interconnected cognitive complex — a consequence of a historical experience in which economic insecurity and a sense of societal threat emerged concurrently and mutually reinforced each other during the post-1989 transition (Duckitt & Bizumic, 2013; March & Mudde, 2005). This interpretation is, however, constrained by the cross-sectional design and cannot be separated from the first explanation without comparative data from other contexts. Finally, the symmetry may partly reflect the limited statistical power of Steiger's Z-test to detect small differences between correlation coefficients in samples of $n = 122$ (Steiger, 1980) — future research with larger samples could reveal subtle differentiation that remained undetected in the present study.

Dimensional Heterogeneity: The Exceptional Status of CRW

Analysis at the level of SLAV dimensions reveals that LWA is not a motivationally homogeneous construct. Whereas ACS, AC, and AHA all show significant positive associations with both worldviews, CRW shows no significant relationship with either — despite having the highest mean score of all dimensions in our sample ($M = 3.96$). This dissociation suggests that support for the censorship of right-wing ideas is not activated by perceiving the world as dangerous or competitive, but is instead rooted in moral absolutism or in-group conformity within an ideological reference group (Conway et al., 2016; Brandt et al., 2014).

This finding carries theoretical weight in the context of the ongoing debate about the conceptual status of LWA. Petrović and Ninković (2025) questioned, on the basis of SLAV validation studies, whether the scale measures authoritarianism in the classical sense, given that SLAV showed predominantly negative or non-significant associations with right-wing authoritarianism and ideologically neutral authoritarianism measures. Our finding that the most explicitly 'authoritarian' SLAV dimension stands outside the worldview pattern predicted by the DPM empirically strengthens this challenge. Treating LWA as a unidimensional construct when testing motivational models may obscure important internal distinctions.

Subjective Socioeconomic Status

The findings confirmed a significant negative relationship between SSS and LWA, consistent with the proposition that subjective social deprivation predisposes individuals toward more radical political attitudes (Brown-Iannuzzi et al., 2015; Zhao et al., 2025). Mediation analyses, however, did not support SSS as a mediator of the worldview–LWA relationship. Torres-Vega et al. (2021) demonstrated that DWV mediates the relationship between low SES and authoritarian tendencies via a reduced sense of sociopolitical control — our results are partially consistent with this model in that both DWV and SSS independently predict LWA, yet SSS does not function as a mediator. In Model 1, the bootstrap confidence interval for the indirect effect was just above zero, which does not rule out a small mediating effect that remained statistically undetectable at $n = 122$ (Fritz & MacKinnon, 2007). The absence of mediation in Model 2 is theoretically more consequential: the non-significant path from CWV to SSS suggests that perceiving the world as a competitive arena and subjectively evaluating one's own position within that arena are relatively independent psychological processes.

Theoretical Contributions

These findings offer three interrelated theoretical contributions to the authoritarianism and political psychology literatures. First, they provide the first empirical evidence on the associations between LWA and DWV and CWV in a post-communist context, demonstrating that the motivational logic of the DPM does not apply straightforwardly to LWA. Extending the model to left-wing forms of authoritarianism requires not only the addition of a new motivational pathway, but likely also a reconceptualization of the assumption that authoritarian constructs form motivationally coherent wholes — for two reasons: LWA is simultaneously associated with both types of perceived threat, which does not align with the specific motivational profiles posited by the DPM; and the dimensional analysis shows that LWA itself is not motivationally homogeneous. Second, the dimensional analysis empirically supports calls for a conceptual reappraisal of LWA (Petrović & Ninković, 2025; Nilsson, 2024) by demonstrating that different SLAV dimensions have distinct psychological underpinnings. Third, the identification of SSS as a direct predictor of LWA, independent of worldviews, opens a question about its role in a broader motivational model of political radicalization that merits systematic investigation.

Limitations, Future Directions, and Implications

The cross-sectional design precludes causal conclusions about the directionality of relationships among worldviews, SSS, and LWA — longitudinal research is necessary to clarify temporal sequences. The non-probability sample (n = 122) limits generalizability to the broader population and reduces statistical power for detecting small effects. Future research should include a direct comparison of LWA and RWA within a single sample to test whether their motivational profiles are indeed symmetrical, and should examine alternative mediators including the need for cognitive closure (Kruglanski, 1989) and perceived social injustice (Zhao et al., 2025).

The finding that LWA shares with RWA not only a formal structure but also an association with a generalized perception of threat suggests that the mechanisms of political radicalization at opposite ends of the ideological spectrum may be psychologically closer than ideologically specific models assume. This has implications for research on deradicalization and the prevention of political extremism, where ideologically neutral approaches targeting the reduction of generalized threat perception may prove more effective than interventions focused exclusively on the content dimension of political beliefs.

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LEVEL OF CRITICAL THINKING AMONG UNIVERSITY STUDENTS

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Abstract: This study examines the level of critical thinking among university students from different fields of study. Critical thinking was analyzed from two perspectives— as a skill and as a disposition. The sample consisted of 92 undergraduate and graduate students from technical and social science fields. Data were collected using the Critical Thinking Questionnaire (CThQ; Kobylarek et al., 2022) and the Critical Thinking Disposition Scale (CTDS; Sosu, 2013). The results indicate a moderate to high level of critical thinking among university students. No statistically significant differences were found between students of technical and social sciences in terms of either critical thinking skills or dispositions. Similarly, no significant gender differences were observed. The findings highlight the importance of systematically fostering critical thinking in higher education, regardless of the field of study.

Keywords: critical thinking, university students, critical thinking disposition, critical thinking skills, higher education

INTRODUCTION

Critical thinking represents one of the most essential competencies in contemporary society. In the context of information overload and the rapid dissemination of unverified information, the ability to analyze, evaluate, and interpret information has become a fundamental component of both academic and professional life. Davies and Stevens (2019) identify critical thinking as one of the ten most important competencies expected by employers, while also emphasizing its role as a key capability required for achieving higher levels of education. Accordingly, the development of critical thinking has become a global priority in educational systems and curricular frameworks. Critical thinking can be understood as a complex set of cognitive processes representing a specific form of higher-order, self-regulated thinking focused on the evaluation of information, argumentation, and reasoned decision-making (Facione, 1990). In the present study, critical thinking is conceptualized as both a disposition and a skill. Dispositions toward critical thinking refer to relatively stable internal tendencies or willingness to engage in critical thinking; thus, they encompass not only the ability to think critically but also the motivation and inclination to apply such abilities in practice (Facione, Facione, & Gittens, 2000). According to Facione (1990), critical thinking comprises a set of cognitive skills necessary for effective information processing. Core skills include interpretation, analysis, evaluation, inference, explanation, and self-regulation.

Interpretation involves clarifying the meaning of information, experiences, and situations. Analysis refers to identifying relationships among statements, arguments, and evidence, while evaluation involves assessing the credibility of sources and the quality of arguments. Inference denotes the ability to draw appropriate conclusions based on available evidence. Explanation encompasses the ability to justify one's conclusions and reasoning processes clearly, and self-regulation refers to the capacity to reflect on and adjust one's own thinking.

Contemporary education increasingly recognizes the need to foster critical thinking among university students, as it is considered one of the key competencies for the 21st century and a major objective of modern higher education. The mission of education is to prepare professionals capable of contributing to the advancement of key domains such as science and technology through their knowledge and skills (Verawati et al., 2010). The importance of critical thinking is further supported by studies examining its application and level across different fields of study. However, findings regarding differences in critical thinking among students from various fields of study remain inconclusive. Therefore, this study focuses on analyzing the level of critical thinking among students from two domains—technical and social sciences.

In the context of technical sciences, critical thinking plays a crucial role, as success in engineering professions requires a complex set of skills, including not only creativity but also the ability to solve practical problems and make sound decisions (Mohaffyza et al., 2017; Mohamad et al., 2018). These skills and dispositions are essential for the effective application of critical thinking in professional challenges, innovation processes, and responsible decision-making in practice. Previous research indicates that students in technical fields achieve high levels of critical thinking across multiple dimensions, including analysis, evaluation, induction, and deduction (Mohamad et al., 2018).

Psychology and educational sciences represent disciplines in which critical thinking is considered fundamental. Lawson, Jordan-Fleming, and Bodle (2015) identify critical thinking as an essential skill for psychology students, as their studies enable them to apply critical thinking in real-life contexts. The American Psychological Association (APA, 2023) emphasizes that psychological science promotes diversity of perspectives and freedom of expression; rather than teaching specific beliefs, students are encouraged to independently apply their knowledge to solve real-world problems and make evidence-based decisions. For future educators, critical thinking enables effective resolution of pedagogical situations, reflection on teaching practice, critical engagement with information, and the preparation of students for active and responsible participation in modern society. In addition, other important competencies, particularly effective communication, are developed through the study of psychology and education.

The aim of this study is to analyze the level of critical thinking among university students and to compare it by field of study and gender. Research findings examining differences in critical thinking across academic domains are inconsistent. Some studies report higher levels of critical thinking among students in technically oriented fields, while others highlight stronger critical thinking dispositions among students in social sciences. Similarly, findings on gender differences remain inconclusive and do not provide consistent evidence.

METHODS

Sample

The sample included 92 university students aged 19–26 years, of whom 45 were enrolled in technical sciences and 47 in social sciences; 49 were females and 43 males. The social sciences group included students of psychology and educational sciences, while the technical sciences group consisted predominantly of students of Applied Informatics, Production Technology, Biotechnology, and Civil Engineering and Architecture.

Measures

Critical thinking skills were assessed using the Critical Thinking Questionnaire (CThQ; Kobylarek, Błaszczński, Ślórsarz, & Madejová, 2022), which comprises 25 items across six dimensions of cognitive processes: analyzing, evaluating, creating, remembering, understanding, and applying. The dispositional aspect of critical thinking was measured using the Critical Thinking Disposition Scale (CTDS; Sosu, 2013). Within this instrument, critical thinking disposition is operationalized through two dimensions: critical openness, reflecting the willingness to consider alternative perspectives and new information, and reflective skepticism, representing the tendency to critically evaluate claims and evidence before forming conclusions.

The study employed a quantitative, comparative design. Data were collected online using the Google Forms platform. Statistical analyses were conducted using IBM SPSS Statistics 20. Group comparisons were performed using the Mann–Whitney U test. Effect sizes (r_m) were interpreted as small ($< .30$), medium ($.30-.50$), or large ($> .50$).

RESULTS

In the first phase of the analysis, we compared the level of critical thinking among students across different fields of study, considering both critical thinking skills and dispositions.

Table 1 Differences in Critical Thinking Skills by Field of Study

	Social Sciences Students (n = 47)	Technical Sciences Students (n = 45)	U	p	r_m
CThQ	Md ₁	Md ₂	1050.00	0.953	-0.01
	97	95			
Analyzing	16	16	998.50	0.643	-0.05
Evaluating	16	16	952.00	0.406	-0.09
Creating	24	24	1039.00	0.884	-0.02
Remembering	11	10	933.00	0.325	-0.10

Understanding	15	14	941.00	0.360	-0.10
Applying	15	16	1014.50	0.360	-0.04

Note. CThQ = critical thinking skills; n = number of participants; Md = median; U = Mann-Whitney U statistic; p = statistical significance; r_m = effect size.

No statistically significant differences were found in critical thinking skills or their individual dimensions between students of social sciences and technical sciences. The effect size coefficients ranged from r_m = -.01 to -.10, indicating a small effect (Table 1).

In the next phase, we conducted a comparative analysis of critical thinking disposition and its dimensions between the examined groups (Table 2).

Table 2 Differences in Critical Thinking Disposition by Field of Study

	Social Sciences Students (n = 47)	Technical Sciences Students (n = 45)	<i>U</i>	<i>p</i>	r _m
CTDS	Md ₁	Md ₂	1035.50	0.863	-0.02
	46	45			
CO	29	28	1048.50	0.944	-0.01
RS	17	16	1022.00	0.780	-0.03

Note. CTDS = critical thinking disposition; CO = critical openness; RS = reflective skepticism; n = number of participants; Md = median; U = Mann-Whitney U statistic; p = statistical significance; r_m = effect size.

The examined dimensions of critical thinking disposition—critical openness and reflective skepticism—showed no statistically significant differences between students of social sciences and technical sciences. The effect size coefficients ranged from r_m = -.01 to -.03, indicating a small effect.

Subsequently, we examined gender differences in the level of critical thinking skills and their components.

Table 3 Gender Differences in Critical Thinking Skills

	Females (n = 49)	Males (n = 43)	<i>U</i>	<i>p</i>	r _m
CThQ	Md ₁	Md ₂	926.00	0.318	-0.10
	97	98			
Analyzing	16	16	967.50	0.498	-0.07
Evaluating	15	16	948.50	0.408	-0.09
Creating	24	24	1016.00	0.768	-0.03

Remembering	11	11	993.00	0.632	-0.05
Understanding	14	15	857.00	0.122	-0.16
Applying	16	16	1013.50	0.752	-0.03

Note. CThQ = critical thinking skills; n = number of participants; Md = median; U = Mann–Whitney U statistic; p = statistical significance; r_m = effect size.

No statistically significant differences were found between males and females in the level of critical thinking skills or in any of their individual cognitive components. The effect size coefficient indicated a small effect (r_m = -.10) between the two groups (Table 3).

Table 4 Gender Differences in Critical Thinking Disposition

	Females (n = 49)	Males (n = 43)	U	p	r _m
CTDS	Md ₁	Md ₂	1027.50	0.838	-0.02
	45	45			
CO	29	29	1006.00	0.709	-0.04
RS	17	17	1026.00	0.828	-0.02

Note. CTDS = critical thinking disposition; CO = critical openness; RS = reflective skepticism; n = number of participants; Md = median; U = Mann–Whitney U statistic; p = statistical significance; r_m = effect size.

No significant gender differences were observed in critical thinking disposition. The effect size coefficient (r_m = -.02) indicated a small effect between the groups. Similarly, no statistically significant gender differences were observed in critical openness (r_m = -.04, small effect) or reflective skepticism (r_m = -.02, small effect).

The comparison of students from technical and social sciences did not reveal statistically significant differences in the overall level of critical thinking skills or in critical thinking disposition. Likewise, no significant differences were found between males and females.

Overall, the results indicate a moderate to high level of critical thinking among university students, as measured by two self-report questionnaire methods. In the domain of critical thinking skills, students demonstrated moderate to high levels across all assessed components. Similarly, in the domain of critical thinking disposition, respondents achieved moderate to high levels, with comparable results observed in both dimensions—critical openness and reflective skepticism.

When assessing the level of critical thinking disposition based on the total score as well as scores obtained in the individual subscales, we follow the interpretive framework proposed by Sosu (2013). The scores of the 11 items can be summed up to obtain an overall dispositional score for everyone, ranging from 11 to 55. Scores between 11 and 34 indicate low disposition, scores of 35–44 indicate moderate disposition, and scores of 45–55 indicate high disposition. The total score for the critical openness scale ranges from 7 to 35, with values interpreted as follows: 7–21 (low),

22–28 (moderate), and 29–35 (high). Reflective skepticism has a score range of 4 to 20, with values of 4–12 indicating low, 13–16 moderate, and 17–20 high levels of the construct.

DISCUSSION

This study aimed to examine differences in the level of critical thinking among university students across technical and social science fields and by gender.

The comparison of critical thinking skills and their dimensions (analyzing, evaluating, creating, remembering, understanding, and applying), as well as critical thinking disposition, revealed no statistically significant differences. The effect size coefficients indicated a small effect of differences between students in both groups. Research examining differences in critical thinking across academic disciplines yields inconclusive results. Mahdyeh and Arefi (2014) report that students in technical fields (e.g., architecture and engineering disciplines) demonstrate higher levels of critical thinking than those in the humanities (e.g., history, psychology, law, languages, and literature). Similarly, Aliakbari and Sadeghdaghighi (2011) found that students in technical disciplines generally demonstrate stronger critical thinking skills compared to those in other fields of study. In contrast, Rodzalan and Saat (2015) found that social science students demonstrate higher levels of critical thinking and problem-solving abilities than their peers in natural and technical sciences.

From the perspective of critical thinking disposition, Morais et al. (2023) identified specific differences across three academic domains: biomedicine, social sciences, and STEM (science, technology, engineering, and mathematics). Overall, the highest scores were achieved by students of biomedicine. Compared with STEM students, social science students demonstrated higher levels of analyticity (i.e., the tendency to examine problems systematically, seek evidence, and anticipate potential consequences) and self-confidence (i.e., trust in one's ability to reason, analyze information, and reach appropriate conclusions). Lower levels of critical thinking disposition were observed in systematicity (i.e., the tendency to approach problem-solving in an organized, methodical, and consistent manner), particularly among social science students.

In evaluating the overall level of critical thinking, a moderate to high level was observed among university students. Similarly, across both the dimensions of critical thinking skills and the components of critical thinking disposition, students achieved moderate to high scores. These findings are consistent with the results of several previous studies. For example, relatively high levels of critical thinking disposition among university students have been reported by Karakuş (2024) and Valentim et al. (2026). According to Dong, Li, and Chang (2023), the development and higher levels of critical thinking among university students may be supported by increasing awareness of the importance of critical thinking. The authors also highlight the significant role of social factors and the educational environment in fostering the development and application of critical thinking in academic contexts. Interaction with digital content through social media may further contribute to the development of students' abilities to analyze and evaluate various issues, formulate arguments, and support their opinions with evidence. These processes simultaneously promote the development of cognitive abilities, particularly critical thinking (Galindo-Domínguez,

Bezanilla, & Campo, 2024). In contrast, some studies report insufficient levels of critical thinking, for example among students in the field of social pedagogy (Kosturková, 2014). This discrepancy may be explained by the time gap between studies, as well as differences in measurement instruments used. Landa-Blanco and Cortés-Ramosa (2021) found no differences in the dimensions of critical thinking between undergraduate and graduate students; however, the level of reflective skepticism was higher than that of critical openness across all students. Their findings also suggest a relationship between higher levels of critical thinking and better academic performance, highlighting the need for further research on the associations between critical thinking and variables such as academic achievement, year of study, age, study engagement, and participation in more demanding educational activities.

The comparison of students of technical and social sciences did not reveal significant gender differences in the overall level of critical thinking skills and their components, nor in critical thinking disposition and its dimensions. Research on gender differences in critical thinking generally indicates higher scores among women in critical thinking disposition, particularly in dimensions such as openness, cognitive maturity, and truth-seeking, which are also associated with greater curiosity (Morais et al., 2023; Walsh & Hardy, 1999). In contrast, Aliakbari and Sadeghdaghi (2011) and Ma (2021) report higher overall critical thinking scores among men. In these studies, men achieved better results, particularly in areas related to focusing on task requirements, providing constructive criticism, and other aspects of analytical reasoning. Women, on the other hand, demonstrated higher levels of ability in interpreting implicit meanings, formulating clear and persuasive arguments, and identifying the logical structure of arguments. These differences across specific components of critical thinking suggest distinct strengths of men and women in various aspects of critical thinking. Such findings highlight the importance of educational approaches that support the effective development of this key competence in all individuals.

When interpreting the results of the present study, several limitations should be considered, including the use of self-report questionnaires, the relatively small sample size, and the online mode of data collection.

CONCLUSIONS

Critical thinking represents one of the key competencies in contemporary higher education. The results of this study indicate a moderate to high level of critical thinking among students in both technical and social science disciplines, both in terms of overall critical thinking skills and their individual components. Similarly, moderate to high levels of critical thinking disposition, particularly in critical openness and reflective skepticism, were observed, with no differences across fields of study or by gender. The findings suggest that students demonstrate well-developed critical thinking abilities, including the capacity to analyze and evaluate information, approach knowledge openly, reflect on their own beliefs, and critically question claims. These results highlight the need for systematic and targeted development of critical thinking across all areas of

higher education, which may contribute to better preparedness of students for academic, professional, and societal challenges.

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NENAPLNENÉ POTREBY STARŠÍCH ĽUDÍ: PRIEREZOVÁ ŠTÚDIA

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Abstrakt: Úvod: Identifikácia a porozumenie nenaplneným potrebám predstavujú zásadný predpoklad pre zvyšovanie kvality zdravotnej a sociálnej starostlivosti. V podmienkach Slovenskej republiky však absentuje dostatok štúdií, ktoré by sa systematicky venovali tejto problematike u staršej populácie, čo poukazuje na potrebu jej ďalšieho vedeckého skúmania.

Ciel': Cieľom štúdie bolo určiť prevalenciu a charakter nenaplnených potrieb u starších osôb žijúcich v domácom a komunitnom prostredí v Žilinskom kraji a identifikovať faktory, ktoré tieto potreby ovplyvňujú.

Metodika: Zber údajov prebiehal v období medzi septembrom a novembrom 2023 s využitím štandardizovaného nástroja Camberwell Assessment of Need Short Appraisal Schedule – Patient (CANSAS-P), 2. vydanie. Výskumný súbor tvorilo 160 respondentov. Údaje boli spracované pomocou deskriptívnych a inferenčných štatistických metód.

Výsledky: Priemerné skóre nenaplnených potrieb dosiahlo v komunitnom prostredí priemernú hodnotu 6,49 (SD = 3,24) z maximálnych 22 bodov, zatiaľ čo v domácej starostlivosti bolo nižšie (M = 2,51; SD = 2,35). V komunitnom prostredí dominovali potreby súvisiace so starostlivosťou o domácnosť (55,7 %) a fyzickým zdravím (51,9 %), pričom štatisticky významné asociácie boli zistené s vekom, vzdelaním, subjektívnym hodnotením zdravia a funkčnými obmedzeniami. V domácom prostredí prevažovali potreby v oblasti telesného zdravia (23,5 %) a psychických ťažkostí (22,2 %), ovplyvnené širším spektrom sociodemografických a premenných súvisiacich so zdravotným stavom starších ľudí ($p \leq 0,05$).

Záver: Výsledky poukazujú na význam sociodemografických determinantov pri formovaní nenaplnených potrieb starších osôb. Odporúčame systematické a pravidelné hodnotenie potrieb s využitím validovaných nástrojov s cieľom umožniť ciele a efektívne intervencie v praxi.

Kľúčové slová: nenaplnené potreby, ošetrovateľstvo, sestry, staršia osoba, senior

ÚVOD

Starnutie populácie predstavuje jednu z najvýznamnejších demografických a zdravotno-sociálnych výziev súčasnosti. Rastúci počet starších ľudí vedie k zvýšenému dopytu po zdravotnej starostlivosti a sociálnych službách, čo je globálne pozorovaný trend (WHO, 2022; Kumlin et al., 2020). Tento vývoj súvisí najmä s predlžovaním strednej dĺžky života a poklesom pôrodnosti. Napriek tomu, že veková hranica staroby nie je jednotne definovaná, viacerí autori poukazujú na jej posúvanie smerom k vyšším vekovým kategóriám, pričom za starších ľudí sa čoraz častejšie považujú osoby nad 75 rokov (Agresta et al., 2021). Starší ľudia predstavujú heterogénnu skupinu, ktorá sa líši zdravotným stavom, funkčnými schopnosťami, sociálnym zázemím a ekonomickými podmienkami. S pribúdajúcim vekom narastá výskyt chronických ochorení, funkčných obmedzení a polymorbidity, čo vedie k zvýšenej potrebe zdravotnej a sociálnej starostlivosti. Tieto zmeny zároveň ovplyvňujú schopnosť jednotlivcov zvládať aktivity denného života a zvyšujú ich závislosť od formálnej aj neformálnej pomoci (Kalánková et al., 2021; Kumlin et al., 2020).

Potreby starších ľudí sú komplexné a zahŕňajú fyzické, psychologické, sociálne aj environmentálne dimenzie. Ich naplnenie je podmienené viacerými faktormi vrátane zdravotného stavu, sociálno-ekonomických podmienok a demografických charakteristík (Vlachantoni, 2019). Zároveň je potrebné rozlišovať medzi potrebami identifikovanými odborníkmi a potrebami subjektívne vnímanými samotnými staršími ľuďmi, ktoré môžu odrážať ich individuálne skúsenosti a preferencie (Abdi et al., 2019). Nenaplnené potreby možno chápať ako rozdiel medzi potrebnou a skutočne poskytovanou starostlivosťou (Herr et al., 2014). Koncept nenaplnených potrieb sa postupne rozšíril z oblasti zdravotnej starostlivosti aj do sociálnych a komunitných služieb. Nenaplnené potreby môžu vzniknúť v dôsledku nedostupnosti služieb, finančných bariér, nedostatočnej informovanosti alebo nízkej zdravotnej gramotnosti (Rahman et al., 2022; WHO, 2022). Zároveň môžu byť ovplyvnené aj individuálnymi faktormi, ako sú funkčné obmedzenia, zmyslové poruchy alebo psychický stav (Gaffney & Hamiduzzaman, 2022). Výskumy naznačujú, že nenaplnené potreby starších ľudí sa len zriedkavo týkajú základných životných potrieb, ako sú výživa alebo bezpečnosť, ale častejšie sú spojené so sociálnou izoláciou, osamelosťou a limitovanou účasťou na každodenných aktivitách (Aerschot et al., 2022). Sociálna izolácia pritom predstavuje významný rizikový faktor nepriaznivých zdravotných výsledkov vrátane zvýšenej mortality (Woods et al., 2022). Okrem toho sa nenaplnené potreby často vyskytujú aj v oblastiach fyzického zdravia, psychickej pohody, mobility a aktivít denného života (Kalánková et al., 2021).

Faktory ovplyvňujúce vznik nenaplnených potrieb sú mnohorozmerné. Patria medzi nich sociodemografické charakteristiky, ako vek, pohlavie, vzdelanie či rodinný stav, ale aj zdravotné determinanty vrátane prítomnosti chronických ochorení, funkčných obmedzení a subjektívneho hodnotenia zdravia (Shi et al., 2021). Významnú úlohu zohráva aj dostupnosť sociálnej podpory a finančné zabezpečenie, pričom nedostatok týchto zdrojov môže zvyšovať riziko nenaplnených potrieb (Simsek et al., 2021). Dôležitým aspektom je aj prostredie, v ktorom starší ľudia žijú. Charakter potrieb sa môže líšiť medzi domácim a komunitným prostredím, pričom v komunitných zariadeniach sa častejšie objavujú nenaplnené sociálne potreby, zatiaľ čo v domácom prostredí dominujú potreby súvisiace so zdravotným stavom a každodenným fungovaním. Tieto rozdiely

poukazujú na potrebu diferencovaného prístupu pri hodnotení a riešení potrieb starších osôb (Huang et al., 2022).

Nenaplnené potreby majú významné dôsledky pre zdravotný stav a kvalitu života starších ľudí. Ich pretrvávanie môže viesť k zhoršeniu funkčného stavu, zvýšenému riziku hospitalizácie, pádom a dokonca aj úmrtnosti (Mobolaji, 2024). Identifikácia a riešenie nenaplnených potrieb je preto kľúčovým predpokladom efektívnej a kvalitnej starostlivosti. V tejto súvislosti nadobúda význam systematické hodnotenie potrieb prostredníctvom validovaných nástrojov, ktoré umožňujú komplexné posúdenie situácie starších ľudí (Cheraghi et al., 2021). Subjektívne hodnotenie zo strany samotných pacientov pritom zohráva dôležitú úlohu, keďže môže presnejšie odrážať ich skutočné potreby (Cavalieri et al., 2013). Napriek tomu je využívanie štandardizovaných nástrojov v niektorých krajinách, vrátane Slovenska, stále limitované.

V podmienkach Slovenskej republiky je výskum zameraný na nenaplnené potreby starších ľudí nedostatočný. Absentujú najmä štúdie, ktoré by systematicky analyzovali ich prevalenciu, štruktúru a determinanty v rôznych typoch prostredia. Identifikácia týchto aspektov je pritom nevyhnutná pre plánovanie zdravotných a sociálnych služieb, tvorbu intervencií a podporu zdravého a dôstojného starnutia. Z uvedených dôvodov je skúmanie nenaplnených potrieb starších ľudí aktuálnou a významnou oblasťou výskumu. Cieľom predkladanej štúdie bolo preto zistiť, aká je prevalencia a charakter nenaplnených potrieb starších ľudí žijúcich v domácom a komunitnom prostredí v Žilinskom kraji a aké faktory ovplyvňujú prevalenciu nenaplnených potrieb u starších ľudí.

METODIKA

Kvantitatívna prierezová štúdia bola spracovaná na základe odporúčaní STROBE (von Elm et al., 2008). Cieľovú skupinu respondentov tvorili osoby vo veku ≥ 65 rokov žijúce v komunitnom alebo domácom prostredí v Žilinskom kraji. Ich výber bol realizovaný zámerné. V rámci komunitného prostredia boli oslovené štyri zariadenia, ktoré poskytli súhlas s realizáciou výskumu. Do súboru boli zaradení respondenti, ktorí poskytli informovaný súhlas, netrpeli závažnou kognitívnou ani duševnou poruchou (vrátane demencie) a boli ochotní participovať. Vyradení boli jednotlivci mladší ako 65 rokov, osoby so závažným fyzickým stavom znemožňujúcim účasť a respondenti nedostupní v čase zberu údajov (napr. návšteva, vyšetrenie). Oslovených bolo 80 respondentov, pričom 79 sa výskumu zúčastnilo (návratnosť 98,8 %). V domácom prostredí boli respondenti oslovení rovnakou metódou zámerného výberu pri identických kritériách zaradenia a vyradenia (s výnimkou organizačných dôvodov nedostupnosti). Najpočetnejšiu skupinu tvorili študenti Univerzity tretieho veku ($n = 55$), ostatní boli oslovení prostredníctvom sociálnych kontaktov. Z celkového počtu 90 oslovených respondentov sa výskumu zúčastnilo 81 (návratnosť 90,0 %). Zber údajov prebiehal v období medzi septembrom a novembrom 2023 prostredníctvom štandardizovaného nástroja Camberwell Assessment of Need Short Appraisal Schedule – Patient (CANSAS-P), 2. vydanie (Slade & Thornicroft, 2020). Tento sebahodnotiaci dotazník slúži na posúdenie potrieb prijímateľov zdravotných a sociálnych služieb v 22 doménach (napr. ubytovanie, telesné zdravie, psychické ťažkosti, sociálne vzťahy, financie). Respondenti hodnotia

každú doménu ako naplnenú potrebu, uspokojenú potrebu alebo nenaplnenú potrebu. Pri každej doméne majú možnosť označiť „nechcem odpovedať“. Súčasťou nástroja boli aj vybrané sociodemografické a zdravotné charakteristiky starších ľudí (napr. vek, pohlavie, vzdelanie, rodinný stav, vnímaný zdravotný stav, prítomnosť chronických ochorení, polypragmázia, senzorické limitácie, poruchy mobility).

Údaje boli zbierané kombinovanou formou. V komunitných zariadeniach bol použitý papierový dotazník distribuovaný respondentom spĺňajúcim zaraďovacie kritériá. V domácom prostredí prebiehal zber elektronicky prostredníctvom platformy Survio®. Významnú časť vzorky tvorili študenti Univerzity tretieho veku Jesseniovej lekárskej fakulty v Martine, oslovení prostredníctvom inštitúcie; ďalší respondenti boli oslovení cez sociálne kontakty.

Získané údaje boli analyzované v programe IBM SPSS Statistics (verzia 25.0). Deskriptívna štatistika zahŕňala absolútne a relatívne početnosti, priemery, minimálne a maximálne hodnoty a smerodajné odchýlky, a to pre obe skupiny respondentov samostatne aj súhrnne. Rozdiely v hodnotení nenaplnených potrieb podľa vybraných premenných (napr. pohlavie, vek, vzdelanie, rodinný stav, zdravotný stav, komorbidity, užívanie liekov, senzorické limitácie, poruchy mobility) boli testované pomocou Pearsonovho chí-kvadrát testu (χ^2). Reliabilita nástroja bola overená výpočtom Cronbach alfa koeficientu ($\alpha = 0,887$) pre celú vzorku ($N = 160$), čo indikuje vysokú vnútornú konzistenciu merania.

Výskum bol schválený Etickou komisiou Jesseniovej lekárskej fakulty UK (č. 44/2023). Realizácia prebehla so súhlasom všetkých zúčastnených zariadení. Respondenti boli oslovovaní osobne alebo elektronicky a účasť bola dobrovoľná. Informovaný súhlas bol získaný písomne (papierová forma) alebo elektronicky (označením súhlasu v online dotazníku). Anonymita a dôvernosť údajov boli striktné zachované. Spracovanie údajov prebiehalo v súlade s nariadením GDPR (EÚ 2016/679). Použitie nástroja CANSAS-P nevyžadovalo osobitný súhlas, keďže je dostupný vo verejnej doméne.

VÝSLEDKY

Výskumný súbor tvorili osoby vo veku ≥ 65 rokov zo Žilinského kraja (najmä regióny Martin a Orava), rozdelené na respondentov z komunitných zariadení ($n = 79$) a z domáceho prostredia ($n = 81$). Všetci poskytli informovaný súhlas a nevykazovali závažné kognitívne ani duševné poruchy (tab. 1).

Tabuľka 1 Charakteristika výskumného súboru (N = 160)

Premenná		Spolu		Komunitné prostredie		Domáce prostredie	
		N = 160	%	n = 79	%	n = 81	%
Vek	65 – 74 rokov	99	61,9	30	38,0	69	85,2
	75 – 84 rokov	45	28,1	33	41,8	12	14,8
	85 rokov a viac	16	10,0	16	20,3	0	0,0
	m ±SD (rozmedzie) 73,25 ±7,73 (65 – 97)						
Pohlavie	Muž	57	35,6	40	50,6	17	21,0
	Žena	103	64,4	39	49,4	64	79,0
Vzdelanie	Základné	27	16,9	20	25,3	7	8,6
	Stredoškolské bez maturity	26	16,3	23	29,1	3	3,7
	Stredoškolské s maturitou	55	34,4	27	34,2	28	34,6
	Vysokoškolské I. stupňa	16	10,0	4	5,1	12	14,8
	Vysokoškolské II. stupňa alebo vyššie	36	22,5	5	6,3	31	38,3
Rodinný stav	Slobodný/á	29	18,1	24	30,4	5	6,2
	Vdovec/vdova	62	38,8	38	48,1	24	29,6
	Ženatý/vydatá, rozvedený/á	69	43,1	17	21,5	55	64,2
Vnímaný zdravotný stav	Veľmi zlý	4	2,5	4	5,1	0	0,0
	Neuspokojivý	25	15,6	18	22,8	7	8,6
	Dobrý	73	45,6	34	43,0	39	48,1
	Uspokojivý	47	29,4	19	24,1	28	34,6
	Vynikajúci	11	6,9	4	5,1	7	8,6
Chronické ochorenia	Nie	36	22,8	9	11,7	27	33,3
	Áno	122	77,2	68	88,3	54	66,7
Chronické ochorenia – počet	1-2 chronické ochorenia	102	81,6	50	71,4	52	94,5
	3 a viac chronických ochorení	23	18,4	20	28,6	3	5,5
Užívanie 5 a viac liekov	Nie	88	55,0	22	27,8	66	81,5
	Áno	72	45,0	57	72,2	15	18,5
Problémy so zrakom	Nie	29	18,1	16	20,3	13	16,0
	Áno	131	81,9	63	79,7	68	84,0

Nosenie okuliarov	Nie Áno	36 124	22,5 77,5	23 56	29,1 70,9	13 68	16,0 84,0
Problémy so sluchom	Nie Áno	109 51	68,1 31,9	49 30	62,0 38,0	60 21	74,1 25,9
Problémy s chôdzou	Nie Áno	88 72	55,0 45,0	31 48	39,2 60,8	57 24	70,4 29,6

Posúdenie potrieb starších ľudí v Žilinskom kraji

Potreby starších ľudí v Žilinskom kraji (N = 160) boli analyzované pomocou absolútnych a relatívnych početností (tab. 2). Ako naplnené dominovali potreby súvisiace s absenciou problémov v oblasti alkoholu (77,5 %), neužívania nepredpísaných liekov (77,5 %), ako aj v oblastiach stravy (76,9 %) a ubytovania (71,9 %). Naopak, nenaplnené potreby sa najčastejšie týkali telesného zdravia (37,5 %), starostlivosti o domácnosť (36,3 %) a dopravy (29,4 %). Najvyššia miera odmietnutia odpovede bola zaznamenaná v oblastiach starostlivosti o deti (60,5 %), sexuality (41,3 %) a intímnych vzťahov (20,6 %). Priemerný počet nenaplnených potrieb dosiahol hodnotu 4,53 (SD = 3,491), pričom rozpätie sa pohybovalo od 0 do 15 z celkových 22 sledovaných domén.

Tabuľka 2 Posúdenie potrieb starších ľudí na základe nástroja CANSAS-P v Žilinskom kraji

Potreby	Nie je potreba n (%)	Naplnená potreba n (%)	Nenaplnená potreba n (%)	Nechcem odpovedať n (%)	M	SD
Ubytovanie	4 (2,5 %)	115 (71,9 %)	38 (23,8 %)	3 (1,9 %)	2,22	0,471
Strava	6 (3,8 %)	123 (76,9 %)	30 (18,8 %)	1 (0,6 %)	2,15	0,453
Starostlivosť o domácnosť	26 (16,3 %)	74 (46,3 %)	58 (36,3 %)	2 (1,3 %)	2,20	0,703
Starostlivosť o seba	17 (10,6 %)	91 (56,9 %)	50 (31,3 %)	2 (1,3 %)	2,21	0,619
Denné činnosti	10 (6,3 %)	101 (63,1 %)	43 (26,9 %)	6 (3,8 %)	2,21	0,548
Telesné zdravie	25 (15,6 %)	71 (44,4 %)	60 (37,5 %)	4 (2,5 %)	2,22	0,705
Psychotické symptómy	17 (10,6 %)	96 (60,0 %)	31 (19,4 %)	16 (10,0 %)	2,10	0,571
Informácie o zdravotnom stave a liečbe	26 (16,3 %)	92 (57,5 %)	38 (23,8 %)	4 (2,5 %)	2,08	0,638
Psychické ťažkosti	20 (12,5 %)	83 (51,9 %)	48 (30,0 %)	9 (5,6 %)	2,19	0,647
Bezpečie vo vzťahu k sebe	15 (9,4 %)	107 (66,9 %)	20 (12,5 %)	18 (11,3 %)	2,04	0,497

Bezpečie vo vzťahu k iným ľuďom	9 (5,6 %)	112 (70,0 %)	27 (16,9 %)	12 (7,5 %)	2,12	0,480
Alkohol	6 (3,8 %)	124 (77,5 %)	15 (9,4 %)	15 (9,4 %)	2,06	0,377
Drogy alebo lieky	9 (5,6 %)	124 (77,5 %)	11 (6,9 %)	16 (10,0 %)	2,01	0,374
Priatelia	10 (6,3 %)	106 (66,3 %)	35 (21,9 %)	9 (5,6 %)	2,17	0,522
Intímne vzťahy	42 (26,3 %)	68 (42,5 %)	17 (10,6 %)	33 (20,6 %)	1,80	0,655
Sexualita	14 (8,8 %)	70 (43,8 %)	10 (6,3 %)	66 (41,3 %)	1,96	0,506
Starostlivosť o deti	12 (7,9 %)	40 (26,3 %)	8 (5,3 %)	92 (60,5 %)	1,93	0,578
Základné vzdelanie	23 (14,4 %)	101 (63,1 %)	35 (21,9 %)	1 (0,6 %)	2,08	0,601
Telefón	22 (13,8 %)	97 (60,6 %)	36 (22,5 %)	5 (3,1 %)	2,09	0,607
Doprava	30 (18,8 %)	77 (48,1 %)	47 (29,4 %)	6 (3,8 %)	2,11	0,701
Peniaze	18 (11,3 %)	96 (60,0 %)	40 (25,0 %)	6 (3,8 %)	2,14	0,599
Finančné dávky	16 (10,0 %)	111 (69,4 %)	27 (16,9 %)	6 (3,8 %)	2,07	0,525

Legenda: M (priemerná hodnota), SD (smerodajná odchýlka)

Posúdenie potrieb starších ľudí žijúcich v komunitnom prostredí

Potreby starších ľudí žijúcich v komunitnom prostredí (n = 79) boli analyzované pomocou absolútnych a relatívnych početností (tab. 3). Najčastejšie boli potreby hodnotené ako naplnené v oblastiach ubytovania a výživy (obe 72,2 %), ako aj v súvislosti s absenciou problémov v oblasti alkoholu (65,8 %), neužívania nepredpísaných liekov (59,5 %) a sociálnych vzťahov (priatelia; 59,5 %). Naopak, medzi najčastejšie nenaplnené potreby patrili starostlivosť o domácnosť (55,7 %), telesné zdravie (51,9 %) a starostlivosť o seba (46,8 %). Najvyšší podiel odmietnutých odpovedí bol zaznamenaný pri otázkach sexuality (44,3 %), intímnych vzťahov (34,2 %) a starostlivosti o deti (31,6 %). Priemerný počet nenaplnených potrieb dosiahol hodnotu 6,49 (SD = 3,24), s rozptätím od 0 do 15 (z 22 domén).

Tabuľka 3 Posúdenie potrieb starších ľudí žijúcich v komunitných zariadeniach na základe nástroja CANSAS-P

Potreby	Nie je potreba n (%)	Naplnená potreba n (%)	Nenaplnená potreba n (%)	Nechcem odpovedať n (%)	M	SD
Ubytovanie	2 (2,5 %)	57 (72,2 %)	20 (25,3 %)	0 (0 %)	2,23	0,479
Strava	4 (5,1 %)	57 (72,2 %)	17 (21,5 %)	1 (1,3 %)	2,17	0,495
Starostlivosť o domácnosť	20 (25,3 %)	13 (16,5 %)	44 (55,7 %)	2 (2,5 %)	2,31	0,862
Starostlivosť o seba	14 (17,7 %)	26 (32,9 %)	37 (46,8 %)	2 (2,5 %)	2,30	0,762

Denné činnosti	8 (10,1 %)	37 (46,8 %)	34 (43,0 %)	0 (0 %)	2,33	0,655
Telesné zdravie	19 (24,1 %)	17 (21,5 %)	41 (51,9 %)	2 (2,5 %)	2,29	0,841
Psychotické symptómy	14 (17,7 %)	32 (40,5 %)	26 (32,9 %)	7 (8,9 %)	2,17	0,732
Informácie o zdravotnom stave a liečbe	18 (22,8 %)	32 (40,5 %)	27 (34,2 %)	2 (2,5 %)	2,12	0,760
Psychické ťažkosti	13 (16,5 %)	35 (44,3 %)	30 (38,0 %)	1 (1,3 %)	2,22	0,714
Bezpečie vo vzťahu k sebe	12 (15,2 %)	43 (54,4 %)	17 (21,5 %)	7 (8,9 %)	2,07	0,635
Bezpečie vo vzťahu k iným ľuďom	7 (8,9 %)	42 (53,2 %)	24 (30,4 %)	6 (7,6 %)	2,23	0,613
Alkohol	4 (5,1 %)	52 (65,8 %)	12 (15,2 %)	11 (13,9 %)	2,12	0,474
Drogy alebo lieky	7 (8,9 %)	47 (59,5 %)	21 (26,6 %)	4 (5,1 %)	2,02	0,480
Priatelia	7 (8,9 %)	47 (59,5 %)	21 (26,6 %)	4 (5,1 %)	2,19	0,586
Intímne vzťahy	17 (21,5 %)	26 (32,9 %)	9 (11,4 %)	27 (34,2 %)	1,85	0,697
Sexualita	9 (11,4 %)	27 (34,2 %)	8 (10,1 %)	35 (44,3 %)	1,98	0,628
Starostlivosť o deti	12 (15,2 %)	34 (43,0 %)	8 (10,1 %)	25 (31,6 %)	1,93	0,610
Základné vzdelanie	16 (20,3 %)	37 (46,8 %)	26 (32,9 %)	0 (0 %)	2,13	0,723
Telefón	14 (17,7 %)	37 (46,8 %)	23 (29,1 %)	5 (6,3 %)	2,12	0,701
Doprava	23 (29,1 %)	16 (20,3 %)	35 (44,3 %)	5 (6,3 %)	2,16	0,876
Peniaze	15 (19,0 %)	32 (40,5 %)	28 (35,4 %)	4 (5,1 %)	2,17	0,742
Finančné dávky	13 (16,5 %)	39 (49,4 %)	24 (30,4 %)	3 (3,8 %)	2,14	0,687

Legenda: M (priemerná hodnota), SD (smerodajná odchýlka)

Rozdiely v počte nenaplnených potrieb na základe vybraných sociodemografických a klinických údajov starších ľudí žijúcich v komunitnom prostredí

V následnej analýze sme hodnotili rozdiely v počte nenaplnených potrieb (0–5; 6–10; ≥11) u starších ľudí v komunitnom prostredí vo vzťahu k vybraným sociodemografickým a klinickým premenným. Štatisticky signifikantné rozdiely boli preukázané v závislosti od veku ($\chi^2 = 3,271$; $p = 0,050$), vzdelania ($\chi^2 = 14,395$; $p = 0,042$), vnímaného zdravotného stavu ($\chi^2 = 2,424$; $p = 0,045$), nosenia okuliarov ($\chi^2 = 1,327$; $p = 0,049$) a prítomnosti problémov s chôdzou ($\chi^2 = 4,694$; $p = 0,046$). Vyšší počet nenaplnených potrieb bol častejšie zaznamenaný u respondentov vo veku 75–84 rokov, so stredoškolským vzdelaním s maturitou, pri subjektívne lepšie hodnotenom zdravotnom stave, u osôb nosiacich okuliare a u respondentov s problémami mobility. Naopak, rozdiely neboli štatisticky významné vo vzťahu k pohlaviu, rodinnému stavu, prítomnosti a počtu chronických ochorení, polypragmázii, ani problémom so zrakom či sluchom ($p > 0,05$). Aj napriek tomu, že v niektorých prípadoch boli pozorované rozdiely v distribúcii nenaplnených potrieb (napr. vyšší výskyt u mužov alebo u osôb s chronickým ochorením), tieto neboli štatisticky potvrdené.

Posúdenie potrieb starších ľudí v domácom prostredí

Potreby starších ľudí žijúcich v domácom prostredí ($n = 81$) boli analyzované pomocou absolútnych a relatívnych početností (tab. 4). Najvyšší podiel naplnených potrieb bol zaznamenaný v oblastiach absencie problémov s užívaním nepredpísaných liekov (90,1 %), alkoholu (88,9 %) a finančných dávok (88,9 %). Nenaplnené potreby sa najčastejšie týkali telesného zdravia (23,5 %), psychických ťažkostí (22,2 %) a ubytovania (22,2 %). Najvyššia miera odmietnutia odpovede bola zaznamenaná pri starostlivosti o deti (92,6 %), sexualite (38,3 %) a bezpečí vo vzťahu k sebe (13,6 %). Priemerný počet nenaplnených potrieb dosiahol hodnotu 2,51 ($SD = 2,351$), pričom rozpätie bolo od 0 do 8 (z 22 domén).

Tabuľka 4 Posúdenie potrieb starších ľudí v domácom prostredí na základe nástroja CANSAS-P

Potreby	Nie je potreba n (%)	Naplnená potreba n (%)	Nenaplnená potreba n (%)	Nechcem odpovedať n (%)	M	SD
Ubytovanie	2 (2,5 %)	58 (71,6 %)	18 (22,2 %)	3 (3,7 %)	2,21	0,466
Strava	2 (2,5 %)	66 (81,5 %)	13 (16,0 %)	0 (0 %)	2,14	0,411
Starostlivosť o domácnosť	6 (7,4 %)	61 (75,3 %)	14 (17,3 %)	0 (0 %)	2,10	0,490
Starostlivosť o seba	3 (3,7 %)	65 (80,2 %)	13 (16,0 %)	0 (0 %)	2,12	0,430
Denné činnosti	2 (2,5 %)	64 (79,0 %)	9 (11,1 %)	6 (7,4 %)	2,09	0,374
Telesné zdravie	6 (7,4 %)	54 (66,7 %)	19 (23,5 %)	2 (2,5 %)	2,16	0,541

Psychotické symptómy	3 (3,7 %)	64 (79,0 %)	5 (6,2 %)	9 (11,1 %)	2,03	0,335
Informácie o zdravotnom stave a liečbe	8 (9,9 %)	60 (74,1 %)	11 (13,6 %)	2 (2,5 %)	2,04	0,492
Psychické ťažkosti	7 (8,6 %)	48 (59,3 %)	18 (22,2 %)	8 (9,9 %)	2,15	0,569
Bezpečie vo vzťahu k sebe	3 (3,7 %)	64 (79,0 %)	3 (3,7 %)	11 (13,6 %)	2,00	0,295
Bezpečie vo vzťahu k iným ľuďom	2 (2,5 %)	70 (86,4 %)	3 (3,7 %)	6 (7,4 %)	2,01	0,260
Alkohol	2 (2,5 %)	72 (88,9 %)	3 (3,7 %)	4 (4,9 %)	2,01	0,256
Drogy alebo lieky	2 (2,5 %)	73 (90,1 %)	3 (3,7 %)	3 (3,7 %)	2,01	0,254
Priatelia	3 (3,7 %)	59 (72,8 %)	14 (17,3 %)	5 (6,2 %)	2,14	0,453
Intímne vzťahy	25 (30,9 %)	42 (51,9 %)	8 (9,9 %)	6 (7,4 %)	1,77	0,628
Sexualita	5 (6,2 %)	43 (53,1 %)	2 (2,5 %)	31 (38,3 %)	1,94	0,373
Starostlivosť o deti	0 (0 %)	6 (7,4 %)	0 (0 %)	75 (92,6 %)	2,00	0,357
Základné vzdelanie	7 (8,6 %)	64 (79,0 %)	9 (11,1 %)	1 (1,2 %)	2,03	0,449
Telefón	8 (9,9 %)	60 (74,1 %)	13 (16,0 %)	0 (0 %)	2,06	0,509
Doprava	7 (8,6 %)	61 (75,3 %)	12 (14,8 %)	1 (1,2 %)	2,06	0,486
Peniaze	3 (3,7 %)	64 (79,0 %)	12 (14,8 %)	2 (2,5 %)	2,11	0,423
Finančné dávky	3 (3,7 %)	72 (88,9 %)	3 (3,7 %)	3 (3,7 %)	2,00	0,279

Legenda: M (priemerná hodnota), SD (smerodajná odchýlka)

Rozdiely v počte nenaplnených potrieb na základe vybraných sociodemografických a klinických údajov starších ľudí žijúcich v domácom prostredí

V následnej analýze sme hodnotili rozdiely v počte nenaplnených potrieb (0-2; 3-5; ≥6) u starších ľudí žijúcich v domácom prostredí vo vzťahu k vybraným sociodemografickým a klinickým premenným. Štatisticky signifikantné rozdiely boli identifikované v závislosti od veku ($\chi^2 = 9,737$; $p = 0,008$), vzdelania ($\chi^2 = 43,241$; $p < 0,001$), rodinného stavu ($\chi^2 = 16,561$; $p = 0,011$), prítomnosti chronických ochorení ($\chi^2 = 17,437$; $p < 0,001$), počtu užívaných liekov ($\chi^2 = 9,779$; $p = 0,008$), problémov so zrakom ($\chi^2 = 8,086$; $p = 0,018$), nosenia okuliarov ($\chi^2 = 8,196$; $p = 0,019$), problémov so sluchom ($\chi^2 = 31,329$; $p < 0,001$) a problémov s chôdzou ($\chi^2 = 10,881$; $p = 0,004$). Vyšší počet nenaplnených potrieb bol častejšie zaznamenaný u mladších seniorov (65-74 rokov), respondentov so stredoškolským vzdelaním s maturitou, ovdovelých osôb, u jedincov s prítomnosťou chronických ochorení, bez polypragmázie, ako aj u respondentov so sensorickými

a funkčnými obmedzeniami. Naopak, štatisticky významné rozdiely neboli preukázané vo vzťahu k pohlaviu ani k vnímanému zdravotnému stavu ($p > 0,05$), hoci deskriptívne výsledky naznačovali vyšší výskyt nenaplnených potrieb u žien a u respondentov so subjektívne lepším zdravotným stavom.

DISKUSIA

Staršia populácia predstavuje výrazne heterogénnu skupinu, ktorá sa vyznačuje širokou variabilitou potrieb determinovaných komplexnou interakciou demografických, sociálnych a zdravotných faktorov. Medzi kľúčové determinanty patrí vek, pohlavie, rodinný stav, sociálna opora, ale aj funkčný stav, prítomnosť chronických ochorení či senzorké obmedzenia (Shi et al., 2021). Fyziologické starnutie je sprevádzané poklesom fyzických a kognitívnych funkcií, nárastom polymorbidity a zhoršením zmyslového vnímania, čo významne ovplyvňuje nielen fyzické, ale aj psychické a sociálne potreby starších ľudí. Napriek tomu zostáva problematika nenaplnených potrieb v podmienkach Slovenskej republiky relatívne nedostatočne reflektovaná vo výskume aj klinickej praxi. Predkladaná štúdia sa preto zamerala na analýzu prevalencie a charakteru nenaplnených potrieb starších ľudí žijúcich v domácom a komunitnom prostredí, ako aj na identifikáciu faktorov, ktoré túto prevalenciu ovplyvňujú.

Výsledky poukazujú na vyššiu prevalenciu nenaplnených potrieb u respondentov žijúcich v komunitnom prostredí. Tento nález možno interpretovať v kontexte viacerých vzájomne sa prelínajúcich faktorov, ako sú nižšia úroveň sociálnej podpory, limitované finančné zdroje a vyššia záťaž komplexnými zdravotnými problémami vyžadujúcimi kontinuálnu starostlivosť. Podobné závery uvádzajú aj zahraničné štúdie, ktoré identifikujú polymorbiditu a funkčné obmedzenia ako významné determinanty nenaplnených potrieb (Casado et al., 2011; Wu et al., 2021). Sociálna izolácia a strata blízkej osoby predstavujú ďalšie významné rizikové faktory, ktoré vedú k zvýšenej miere neuspokojených potrieb, najmä v oblasti sociálnej a emocionálnej podpory (Stein et al., 2020; Pomeroy et al., 2023). Absencia sociálnej opory bola opakovane identifikovaná ako kľúčový faktor zvyšujúci vulnerabilitu starších ľudí a zhoršujúci ich celkovú kvalitu života (Simsek et al., 2021).

Analýza štruktúry nenaplnených potrieb poukázala na významné rozdiely medzi komunitným a domácim prostredím. V komunitnom prostredí dominovali potreby v oblasti starostlivosti o domácnosť, telesného zdravia a sebaobsluhy, čo možno vysvetliť obmedzenou mierou autonómie a závislosťou od poskytovaných služieb. Tieto zistenia sú v súlade so štúdiou Meng et al. (2021), ktorá poukazuje na vysoký podiel nenaplnených potrieb v oblasti sebaopatery u klientov komunitných zariadení. Naopak, v domácom prostredí boli výraznejšie zastúpené potreby súvisiace s telesným zdravím, psychickými ťažkosťami a bývaním. Tento rozdiel môže reflektovať špecifické výzvy spojené so starnutím v prirodzenom prostredí, kde dochádza k postupnej zmene potrieb v oblasti bývania a podpory, vrátane potreby úprav domáceho prostredia alebo prechodu do inštitucionálnej starostlivosti (Byles et al., 2021). Zároveň bolo preukázané, že vyššia úroveň nenaplnených potrieb je asociovaná s vyšším výskytom depresívnych symptómov a psychických

ťažkostí (Hu & Wang, 2018; Graham et al., 2024), čo podčiarkuje význam komplexného hodnotenia potrieb vrátane psychologických aspektov.

Z hľadiska sociodemografických determinantov sa ukázalo, že pohlavie zohráva významnú, hoci kontextovo podmienenú úlohu. Vyššia prevalencia nenaplnených potrieb bola zaznamenaná u žien v domácom prostredí, čo korešponduje so zisteniami, že ženské pohlavie predstavuje rizikový faktor najmä v dôsledku vyššej pravdepodobnosti ovdovenia, dlhšej dĺžky života a následnej straty sociálnej opory (Rahman et al., 2022; Simsek et al., 2021). V komunitnom prostredí bola naopak vyššia prevalencia zaznamenaná u mužov, čo môže súvisieť s adaptačnými ťažkosťami po strate partnera a presune do inštitucionálneho prostredia. Strata blízkej osoby je spojená s rizikom vzniku neuspokojených potrieb, ktoré môžu zostať nediagnostikované a negatívne ovplyvňovať psychickú pohodu aj sociálne fungovanie jednotlivca (Stein et al., 2020). Vek sa ukázal ako významný determinant nenaplnených potrieb, pričom vyšší výskyt bol zaznamenaný u starších vekových kategórií, najmä v komunitnom prostredí. Tento trend je v súlade s literatúrou, ktorá poukazuje na narastajúcu zraniteľnosť s pribúdajúcim vekom v dôsledku kumulácie zdravotných a sociálnych rizík (Chen et al., 2021; Wu et al., 2021; Zhang et al., 2021). V domácom prostredí bol vyšší výskyt zaznamenaný u mladších seniorov, čo môže súvisieť s vyššími očakávaniami a potrebou aktívnej participácie na sociálnom živote. Vzdelanie sa javí ako významný protektívny faktor, pričom vyššia úroveň vzdelania bola spojená s nižšou prevalenciou nenaplnených potrieb. Tento výsledok je v súlade so štúdiou Mendieta et al. (2022), ktorá poukazuje na lepšiu schopnosť orientácie v systéme zdravotnej a sociálnej starostlivosti u vzdelanejších jedincov. Naopak, vyššia prevalencia nenaplnených potrieb u respondentov so stredoškolským vzdelaním s maturitou môže odrážať špecifickú kombináciu očakávaní a dostupných zdrojov. Rodinný stav, najmä ovdovenie, bol identifikovaný ako významný rizikový faktor nenaplnených potrieb, čo potvrdzujú aj predchádzajúce štúdie (Calderón-Jaramillo & Zueras, 2023; Stein et al., 2020;). Strata partnera vedie k zníženiu sociálnej opory a zvyšuje riziko sociálnej izolácie, čo sa následne premieta do vyššej miery neuspokojených potrieb.

Zdravotný stav a prítomnosť chronických ochorení predstavujú ďalšie kľúčové determinanty. Polymorbidita je spojená so zvýšenou potrebou zdravotnej starostlivosti a zároveň s vyššou mierou nenaplnených potrieb (Ronksley et al., 2012). Zaujímavým zistením je vyšší výskyt nenaplnených potrieb u respondentov, ktorí hodnotili svoj zdravotný stav ako „dobrý“, čo môže súvisieť s nesúladom medzi subjektívnym hodnotením a objektívnym zdravotným stavom. Polypragmázia, typická pre staršiu populáciu, reflektuje komplexnosť zdravotného stavu a potrebu koordinovanej starostlivosti. Vyšší počet užívaných liekov bol v komunitnom prostredí spojený s vyššou mierou nenaplnených potrieb, čo môže súvisieť s vyššou záťažou ochoreniami a rizikom nežiaducich účinkov liečby (Christopher et al., 2022). Senzorické poruchy, najmä zrakové, boli asociované s vyššou mierou nenaplnených potrieb, čo je v súlade so zisteniami o ich negatívnom vplyve na psychické zdravie, vrátane zvýšeného rizika úzkosti, depresie a sociálnej izolácie (Ehrlich & Swenor, 2021). Vzťah medzi sluchovými problémami a nenaplnenými potrebami je menej jednoznačný, pričom niektoré štúdie poukazujú na vyššie riziko aj u osôb bez subjektívnych sluchových ťažkostí (Shah et al., 2021), zatiaľ čo iné zdôrazňujú význam miernych sluchových deficitov (Humes et al., 2023).

Mobilita predstavuje zásadný determinant kvality života starších ľudí. Obmedzenia v chôdzi sú spojené s nižšou participáciou na sociálnych aktivitách, zvýšeným rizikom sociálnej izolácie a celkovým znížením kvality života. Nedostatočná mobilita tak nepriamo prispieva k prehľbovaniu nenaplnených potrieb v oblasti sociálnej participácie, psychickej pohody a fyzického zdravia (Ma et al., 2023; Vlachantoni, 2019).

Uvedené zistenia poukazujú na komplexný a multidimenzionálny charakter nenaplnených potrieb starších ľudí a zdôrazňujú potrebu integrovaného prístupu k ich identifikácii a riešeniu, ktorý bude reflektovať nielen zdravotné, ale aj sociálne a environmentálne determinanty.

LIMITÁCIE ŠTÚDIE

Interpretácia výsledkov tejto štúdie je limitovaná viacerými metodologickými aspektmi. V prvom rade ide o využitie zámerného výberu respondentov, pričom zber údajov prebiehal v štyroch komunitných zariadeniach v Žilinskom kraji. Takto koncipovaný výberový súbor ($n = 80$ v komunitnom prostredí) limituje generalizovateľnosť zistení na širšiu populáciu starších ľudí v regióne. Ďalším obmedzením je použitie sebahodnotiaceho nástroja CANSAS-P, ktorý je založený na subjektívnom posúdení respondentov. Tento prístup môže viesť k skresleniu odpovedí v dôsledku sociálne žiadúceho správania alebo nesprávneho sebahodnotenia. Za limitáciu možno považovať aj skutočnosť, že nástroj CANSAS-P nebol doposiaľ validovaný v slovenskom kontexte a nie je bežne využívaný v klinickej ani výskumnej praxi v Slovenskej republike, čo môže ovplyvniť jeho psychometrické vlastnosti a interpretáciu výsledkov.

ZÁVER

Štúdia prináša komplexný pohľad na prevalenciu, štruktúru a determinanty nenaplnených potrieb starších ľudí žijúcich v domácom a komunitnom prostredí v Žilinskom kraji. Výsledky jednoznačne poukazujú na existenciu významných rozdielov medzi týmito dvoma prostrediami, pričom vyššia miera nenaplnených potrieb bola identifikovaná u osôb žijúcich v komunitných zariadeniach. Výsledky zároveň potvrdzujú význam viacerých sociodemografických a klinických determinantov, najmä veku, vzdelania, rodinného stavu, prítomnosti chronických ochorení a funkčných obmedzení, ktoré významne ovplyvňujú mieru nenaplnených potrieb. Zistenia tejto štúdie zdôrazňujú potrebu systematického a komplexného hodnotenia potrieb starších ľudí v klinickej a komunitnej praxi. Identifikácia nenaplnených potrieb by mala byť integrálnou súčasťou ošetrovateľskej starostlivosti, s dôrazom na individualizovaný prístup zohľadňujúci zdravotné, sociálne a environmentálne faktory. Pre prax je kľúčové implementovať validované hodnotiace nástroje a podporovať multidisciplinárnu spoluprácu s cieľom zabezpečiť ciele intervencie vedúce k zlepšeniu kvality života starších ľudí. Súčasne výsledky poukazujú na potrebu ďalšieho výskumu v slovenskom kontexte, najmä so zameraním na validáciu meracích nástrojov a tvorbu efektívnych stratégií na redukciu nenaplnených potrieb v tejto populácii.

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UNMET CARE NEEDS OF OLDER PEOPLE: A CROSS-SECTIONAL STUDY

Abstract: Introduction: Identifying and understanding unmet needs is a fundamental prerequisite for improving the quality of health and social care. In the context of the Slovak Republic, there is a lack of studies that systematically address this issue in the older population, highlighting the need for further scientific investigation.

Aim: The aim of the study was to determine the prevalence and nature of unmet needs among older adults living in home and community settings in the Žilina Region and to identify factors influencing these needs.

Methods: Data collection was conducted between September and November 2023 using the standardized instrument Camberwell Assessment of Need Short Appraisal Schedule – Patient (CANSAS-P), 2nd edition. The study sample consisted of 160 respondents. Data were analyzed using descriptive and inferential statistical methods.

Results: The mean score of unmet needs in the community setting was 6.49 (SD = 3.24) out of a maximum of 22 points, while in home care it was lower (M = 2.51; SD = 2.35). In the community setting, unmet needs were most frequently related to household management (55.7%) and physical health (51.9%), with statistically significant associations observed with age, education, self-rated health, and functional limitations. In the home setting, unmet needs were most prevalent in the domains of physical health (23.5%) and psychological distress (22.2%), influenced by a broader range of sociodemographic and health-related variables ($p \leq 0.05$).

Conclusion: The findings underscore the importance of sociodemographic determinants in shaping unmet needs among older adults. Regular and systematic assessment using validated tools is recommended to enable targeted and effective interventions in practice.

Keywords: elderly patient, nurses, nursing, older person, unmet care needs

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