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QUALITY OF SOCIAL SERVICES AND FACILITIES

The development of any modern society is accompanied by increasing importance of social care services, as a tool of social care policies of the state. The framework of social care services depends on several factors, but meeting the needs of social care recipients should enjoy the highest priority. Therefore, it is needed to pay attention to question of quality, sufficiency, availability and efficiency of social care services and also ensuring optimal development of the disposable sources. The social care services are preferentially designed for people who find themselves into unfavorable social situation and are unable to obtain elementary baseline commodities for their lives, or need urgent help for other serious reasons. In the Slovak Republic, such assistance forms fall within competence of self-government institutions and non-public providers. The aim of contribution is to define the theoretical framework of research conducted on this issue, in order to identify the status quo in terms of level of quality and satisfaction with social care services provided in social care facilities in selected areas of Slovakia (Košice within the district), thereby identifying the potential for real improvement and specifying the primers and drivers predominant for the strategy of further development in social care services.

Keywords: social work, decision making, social policy, satisfaction.

1. INTRODUCTION

The essence of a social state is closely linked with the theories of solidarity represented by sociologists such as Auguste Comte and Emile Durkheim. They proceed from the assumption that all elements of a society while respecting certain minimal values and standards arrive at a social consensus. A social state is close-knit to its social policy being pushed forward, with social care services as a tool to it. The come in various forms known as direct or indirect support provided to socially deficient layers of the society down to immediate care provided

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for physically or mentally disabled individuals⁵. Consequently, they involve various activities designated for helping people, who fell into difficult social situations and are unable to ensure conditions that could satisfy their basic needs for life (accommodation, food, elementary clothing, shoes, basic personal hygiene), or need help from any other serious reasons. Social services can be provided in the form of ambulant, terrain, residential or other forms depending on the negative social condition and the environment where the individual lives. In our contribution we have decided to look into the issue by way of investigating a selected segment (social care residential facilities in the city of Košice, Slovakia). The case study is to demonstrate the actual status in the quality of social services as viewed both by the employees of the sector and the recipients of the services.

2. REVIEW OF LITERATURE

Throughout Europe the national health care and social care systems, regarding the care needs of older people, remain poorly integrated.

Barbara Bień et al. studied health and social care services used by older people, and their care needs that remained unmet, in six different European countries including Greece, Italy, Poland, the United Kingdom, Germany and Sweden. They interviewed family members that care for older people who were recruited in the six countries via a standard protocol. The care providers for these disabled elderly people (n = 2629) provided data on which services the older person used over a 6-month period, as well as which of their care needs still remained unmet. Based on this, a list of 21 services that are common among all six countries was then developed.

They analyzed the relationship across these countries between the older people's use of services and their unmet care needs. Their results revealed that the elderly in Greece, Italy and Poland used mostly health-oriented services, used fewer services overall and also demonstrated a higher level of unmet care needs when compared with the other countries. On the other hand, older people in the United Kingdom, Germany and Sweden used a more balanced profile of socio-medical services. Unmet care needs of older people are particularly high in European countries where social service use is low, as well as where there is a lack of balance in the use of health and social care services. Expanding social care services within these countries might prove to be the most effective strategy for reducing unmet needs among the disabled elderly⁶.

Shu-Chiung Chou et al. studied the important factors influencing residents' satisfaction in residential aged care. They tried to provide a better understanding of their interrelationships. They designed a cross-sectional survey to collect the required information which included resident satisfaction, resident dependency levels, and staff satisfaction. The study sample, which provided the required data, was made up of 996 residents and 895 staff from 62 different residential aged care facilities (36 hostels and 26 nursing homes) in the state of Western Australia. The resident satisfaction and the staff satisfaction were both measured by

⁵M. Hrnčiar, *Kvalita sociálnych služieb*. In: Sociálna práca, manažment a ekonómia : výzvy v období ekonomickej krízy : zborník referátov z 3. ročníka vedeckej konferencie s medzinárodnou účasťou: 6. apríl 2011. Dolný Kubín. Ružomberok: Verbum, p. 9-17. ISBN 978-80-8084-739-5.

⁶B. Bień, et al., *Disabled older people's use of health and social care services and their unmet care needs in six European countries*. In: European Journal of Public Health. Vol. 23, Issue 6, p. 1032-1038. ISSN: 1101-1262.

using two different self-completed questionnaires. They examined the interrelationships between three sets of contributing factors including: the facility, staff and resident factors, and resident satisfaction components. They did this separately for nursing home and hostel residents. Their study revealed that staff satisfaction plays a very important and central role in determining resident satisfaction in nursing homes. However, this satisfaction in hostels has less impact. The residents that were more satisfied with staff care were older and lived in smaller facilities, as in the larger facilities the residents tended to be less involved. Providing more care hours had only a small, but positive, impact on the satisfaction of the residents. This study revealed a crucial, positive relationship that is statistically significant between the satisfaction of the staff working at a facility and the satisfaction of the residents for whom they care. Beyond providing the hours required to maintain a minimal standard of care, this linking of the resident and staff satisfaction components suggests, that by enhancing staff satisfaction through pay, rewards and work conditions the facility management can best ensure resident satisfaction, especially when it comes to nursing homes⁷.

Researchers Maria Engström et al., focused on the staff perceptions of their job satisfaction and life situation and the way that was impacted by increased information technology (IT) support. They measured the staff satisfaction three times: before and 6 and 12 months after the introduction of increased IT support in the care of people with dementia. The study was performed in a residential home in Sweden in cooperation with the Swedish Dementia Association. The residential home studied has six units with 9-12 residents in each. Two of the units were omitted because they had just opened. Thirty-three of the staff members (31 women and 2 men with the mean age of 41) participated in the study. There were no significant differences in the staff groups regarding sex, age, hours of work or mean years of working time. For the examination of staff members' job and life satisfaction they used both an experimental and control group. The experimental group included staff from two units, and the control group had staff from two different units of the same residential facility. Data was collected using two questionnaires (the Satisfaction with Work Questionnaire and the Life Satisfaction Questionnaire) and the Sense of Coherence scale. The IT technology enhancements included general and individualized passage alarms, sensor-activated night-time illumination, fall detectors and Internet communication. When compared to the control group, the satisfaction and perceived quality of care among staff members from the experimental group showed an improvement. Personal development, workload expectations and demands, internal motivation and documentation, as well as the total scores for "psychosocial aspects of job satisfaction" and "quality of care aspects," also showed an increase in the experimental group. This study showed that IT support in dementia care increased staff members' satisfaction with their work in several ways.

Other authors, Stolt et al. compared the quality of services in Swedish private and public elderly care. They used statistics from 2007 displaying a variety of quality dimensions which covered over 99% of all elderly care residents in Sweden. They found that privatization is indeed associated with significant quality differences. In private elderly care structural quality factors, such as the number of employees per resident, were significantly smaller (-9%). However, the proportion of residents participating in the formulation of their care plan (+7%), the proportion of elderly with a reasonable duration between their evening meal and breakfast

⁷ S. Chou et al., *Factors Influencing Residents' Satisfaction in Residential Aged Care*. In: *The Gerontologist*. Vol. 43, Issue 4, p. 459-472. ISSN: 1758-5341.

(+15%), and the proportion of elderly that were offered different food alternatives (+26%) were significantly in favor of private contractors. They concluded that private care providers seem to emphasize service aspects rather than structural prerequisites for good care⁸ (Stolt et al., 2011).

In Slovakia, an important legislative framework for social care services was set up thanks to the Law No. 448/2008 Coll. on Social care service and its further amendments to Law No. 455/1991 Coll. on Business enterprises and its further amendments and regulations entering into force on 1 January 2009. Starting with 1 January 2014 the revised Law No. 485/2013 Coll. came into force. The law is stipulating that providers of the social care services can be:

- Public providers of social services (community, legal person established by the community or by a higher regional authority).
- Non-public provider of social care services.

Every provider of social care services is liable to ensure maximum professional quality of the services. Social care services are available for people reaching their age of retirement and those in unfavorable health conditions, having no other possibilities for assistance and being dependent on care from others (Quality standards of Social care services, 2011).

The 70s – 90s of the 20th century, critical assessment of the adverse life conditions of citizens wholly dependent on social care resulted in defining the need to **appreciate quality of the social care services being provided**. The first assessment was made in the USA, the Netherlands, Great Britain and New Zealand and in many other countries in Western Europe. This gave rise to standards, which represented consensus reached by way of mutual dialogues among the stated, providers and recipients of social care services and were based on concrete social conditions typical for the nation, its legislative, political environment, cultural traditions and economic indicators. Problems with providing social services in some European countries resulted in their transformation. In the Slovak republic, the process of transformation culminated by adopting the Law on Social care services No. 448/2008 Coll. as well as Law No. 485/2013 Coll. stipulating the standards of quality contained in its Annex 2. If the quality of social care services does not meet the minimum requirements in terms of the established standards, such services can be sanctioned or cancelled by state authorities .

3. METHODOLOGY OF RESEARCH

In order to evaluate the actual status of the level of social services provided and the satisfaction with it a questionnaire-based survey was conducted in residential facilities at selected locations in Slovakia. The data obtained helped us in setting up a database which was subsequently evaluated employing statistical methods also involving testing the hypothesis on a selected sample. Further it came to the application of the method of real potential for improvement, which assesses the key activities and offers recommendations for the investigated issues concerning the residential facilities.

Research questions:

- In what way do the residential facilities of social care services meet the requirements and needs of the recipients of services in the selected location?

⁸ R. Stolt, et al. (2011). *Privatization of social services: Quality differences in Swedish elderly care*. In: Social Science & Medicine. Vol. 72, Issue 4, p. 560-567. ISSN: 0277-9536

- Are these resorts of social care services sufficiently competent in satisfying the needs of their clients?
- What are the potentials of the resorts of social care services for developing and further improving the quality of social services provided by them?

Hypotheses:

Based on the questions of the survey, the following hypotheses have been formulated:

- 1H – More than 60% of the clients of residential facilities providing social services are satisfied with the care and approach of the staff.
- 2H – More than 60% of the clients are satisfied with the social care services provided.
- 3H – More than 50% of the employees of the residential facilities providing social services are not satisfied with the system of remuneration.
- 4H – Less than 30% of the employees of the residential social services are not satisfied with the working conditions at their workplace.

Relevant processing of the data as well as developing the contribution as a whole was based on subjecting the data, particularly those empirical ones, to analyses (explorative, historical and contents analysis) employing logical tools (analysis, synthesis, induction, deduction, comparisons, abstraction, analogy) and methods of mathematics and statistics.

The data were collected during the months of April-May 2013 from the selection of statistical units coming from two populations, namely that of the employees of the residential facilities in the city of Košice and that of the recipients of social care services living in them. The available population of the employees was made up of those involved in providing social and health care within the facility. The available population of clients to the social care facilities was comprised of those capable of giving answers to the questions independently.

As it was impossible to obtain the list of all clients of the social care facilities (list of the available sample), who could independently answer the questionnaire, the selection could not be realized on the basis of probability. Accordingly, an incidental sampling was adopted.

On the territory of Košice there are 47 registered organizations involved in social work providing a wide spectrum of social care services to various client groups coming not only from the town of Košice. The list is made up of 18 public and 29 non-public providers of social services offered in ambulant, terrain and residential forms.

For the purpose of the survey, the selection was focused on the facilities providing residential care for 1615 places in total. Table 1 shows the places divided by the various target groups. Numbers of places in residential facilities for various target groups on the territory of Košice.

Table 1 Numbers of places in residential facilities for various target groups on the territory of Košice

Target group	Number of places
Citizens in crisis situations	292
Families with children	218
Seniors	715
Disabled citizens	390
Total	1615

Source: Authors

Table 2 is about the division of the capacity of the residential facilities by the kind of social services provided.

Table 2 Capacity of places available in residential facilities by the kind of services provided

Kind of services			Number of places
Halfway houses			35
	For	children	
Social care service	51		
homes	For	adults	239
	188		
Lodginghouses			146
Specialized facility			86
Hospices			111
Facility of emergency lodging			218
Facility of daycare			107
Facility of subsidized lodging			20
Facility of seniors			653
Total			1615

Source: Authors

It represents the required status of the process performance, which can be achieved within a given time-horizon with due regard to the limitations stated. At first, it is important to determine the priority of the processes. To this end, the method of pairwise comparison will be applied. It will determine the key activities and then a snap table will be developed to identify the potentials for growth in performance.

In that snap table, each key activity is assigned some attributes, describing their current status. It is simultaneously converted, by analogy, to describe the target status required. Each key attribute is assigned a weight expressing its importance for the performance level of the key activity as a whole. To compare the target status with the current one, the method based on the band evaluation theory⁹ is used, by means of which each attribute is assigned some points (snap points). The results for the attributes will be obtained by multiplying the snap points with the attributes's weights. Their sum is normalized to a final value of the performance snap for the key activity in %. The potentials for increasing the key activity performance based on real improvements are obtained from the difference between the result of performance snap for the key activity in (%) and the numerical value of 100.

4. PROCEDURE AND RESULTS

In the facilities mentioned, we conducted a questionnaire-based survey on **satisfaction of social services recipients**, as well as **satisfaction of employees with the conditions of work and job environment in their facility**. On the basis of our investigation, we have arrived at the following conclusions: The total number of respondents to our survey in four facilities was 177 (recipients of social services), with 73% of them exceeding 70 years of age. Two thirds of the respondents were women.

Form the questionnaire-based survey it followed that 86% interviewed **clients** were evaluating social services provided in the facilities as good and excellent, and 14% of the respondents as satisfactory. Clients in residential facilities were feeling themselves well (according to 74% of clients) and general satisfaction with the care provided was at 75% and

⁹ P. Učeň, *Zvyšování výkonnosti firmy na bázi potenciálu zlepšení*. Praha : Grada 2008. s.106-107. ISBN 9788024724720.

with the employee approach it was 80%. As much as 94% of the respondents declared willingness of the staff to help with solving their problems. The fact that the facilities enable their clients to spend their time in a meaningful way, was confirmed by more than 85% of the clients. It is important for the clients to maintain contact with their relatives and close friend. Roughly half of the recipients of social care services participating in the survey were visited by their relatives quite frequently, whereas 7% of the respondents claimed nobody to have ever visited them. It might be explained by the fact that those from the 7% group of clients had no relatives or none of the relatives were interested in them. Home environment is the natural habitat for human beings offering them potential benefits. The question whether the clients were feeling better when living in a home environment was positively answered only by 32% and as much as 34% of the clients responded negatively. It is an indicator to the fact that clients feel themselves better in the facility than in home environment.

The questionnaire-based surveys on **employee satisfaction** were answered by 126 employees - respondents of the four residential facilities providing social care services between the age of less than 25 years to more than 55 years, with the length of practice ranging from periods shorter than 5 years up to those longer than 30 years. As much as 85% of the respondents were women. The questionnaire-based survey was focused on the evaluation of employee satisfaction in the residential facilities offering social services. The respondents were expected to answer 11 close-ended questions with a 5-grade scale of evaluation and 2 open-ended questions. The questionnaire-based survey has arrived at the following conclusions:

Suitable job environment and conditions of work created for the employees are of substantial influence on the quality of services provided. About 75% of the respondents evaluated conditions of work only as good or satisfactory and 7% of the respondents as insufficient. Only 17% respondents are satisfied with the conditions of work evaluating them as very good or excellent.

Working with the recipients of social services in the facilities for seniors or in houses of social services is demanding both physically and mentally and not every employee is capable of it. Only 60 % of the respondents declared personal satisfaction with their job, while 34% of the respondents were satisfied only partly and 6% of the respondents were not satisfied with it at all. When at work, employees may work under pressure, a fact that has been confirmed by as much as 66% respondents. Labour stress can also be invoked by improper or partially suitable tools and materials. The fact that tools are at such a low level was stated by 35% of the respondents.

Human relations are another important factor, which can affect the quality of social care services. Only 22% of the respondents evaluate job relations as excellent or fair.

By 71% of the employees relations were evaluated as good or satisfactory, whereas 6% of the respondents declared it as not satisfactory. This area is also the one that deserves management's attention. On the other hand, cooperation with the superiors was evaluated as very good even excellent by 34% respondents and 64% of them declared it as very good and good.

Professionally highly educated, capable and competent staff is of high importance for the development and seamless functioning of any organization providing high level of social care services. Only about 45% respondents admitted employers creating proper conditions for their work by way of further education, professional growth and learning about the latest information in their specialization, while 40% respondents informed on partial and 15% respondents stated receiving almost no support from the company.

Adequate remuneration is one of the strong external stimuli for offering the required level of performance. As much as 56% of the respondents pointed out insufficient appreciation. Further 38% of employees saw it as good or satisfactory. Only 6% of the respondents were satisfied with the remuneration for their job. It is also one of the areas to be reviewed in order to achieve higher quality of social services.

Employees of such facilities should care for satisfying the requirements and needs of their clients. Working in residential facilities means closer interaction between the employees and the clients. So the employee is provided immediate feed-back, which, when applying self-reflection, will reveal the level to which his or her client is satisfied with the services provided. Therefore, as much as 75% respondents stated that the clients were satisfied with their work. At open-ended questions the respondents expressed facts that demotivate them at work. These are mostly factors such as: insufficient financial appreciation, lack of staff, culture of the job environment, irresponsible approach to tasks on the part of some fellow-workers, lack of tools and accessories, degradation of the level in education, improper system of shifts and organization of work, lack of attention both to the employees and clients to be exercised by the supervising authorities. The steps that are necessary to achieve higher quality of the social services provide are as follows: increasing the number of staff, receiving higher level of qualification, better remuneration, modernization of the equipment, higher availability of tools and accessories, improved supervision from the superordinate organizations or authorities.

4.1. Testing of the Hypotheses

Testing was focused on the parameter of normal distribution π for large samples.

Hypothesis 1H: More than 60% of the clients of residential facilities providing social services are satisfied with the care and approach of the staff.

π - is to denote the share of those clients of the total number expressing satisfaction with the care and approach of the staff.

We defined null and alternative hypotheses:

$$H_0: \pi = 0,6$$

$$H_A: \pi > 0,6$$

$$\text{Sample proportion is: } p = \frac{f}{n} \quad (1)$$

f – number of units; n – total number of units

$$p = \frac{132}{177} = 0,746$$

Critical value at the level of significance $\alpha = 0,1$ as by the table is 1,6. Subsequently substituted into the testing criterion were:

$$z = \frac{p' - p}{\sqrt{\frac{p * (1 - p)}{N}}} \quad (2)$$

p' – sample proportion;

p – value from the interval (0,1);

$z = 4,24 > 1,6 \Rightarrow H_0$ is rejected.

The value of the testing criterion exceeded the critical value. We cannot accept the null hypothesis, and hence we can state that the assumption: „More than 60% of the clients of residential facilities providing social services are satisfied with the care and approach of the staff“ has been confirmed at the level of significance of 10%.

Hypothesis 2H: More than 60% of the clients of the facilities are satisfied with the social services provided.

$H_0: \pi = 0,6$

$H_A: \pi > 0,6$

Sample proportion is: $p = \frac{75}{177} = 0,424$

$z = -5,6 < 1,6 \Rightarrow H_0$ cannot be rejected, so H_0 is accepted.

As we cannot refuse the null hypothesis, the assumption that „More than 60% of the clients of facilities are satisfied with the social services provided“ has not been confirmed at the level of significance of 10%.

Hypothesis 3H: More than 50% of the employees of residential facilities providing social services are not satisfied with the system of remuneration.

$H_0: \pi = 0,5$

$H_A: \pi > 0,5$

Sample proportion is: $p = \frac{97}{126} = 0,77$

$z = 7,3 > 1,6 \Rightarrow H_0$ cannot be accepted.

We cannot accept the null hypothesis so we can state that the assumption: „More than 50% of the employees of residential facilities providing social services are not satisfied with the system of remuneration has been confirmed at the level of significance of 10%.

Hypothesis 4H: Less than 30% of the employees of the facilities of social services are not satisfied with the conditions of their work.

$H_0: \pi = 0,3$

$H_A: \pi < 0,3$

Sample proportion is: $p = \frac{29}{126} = 0,23$

$z = -1,89 < 1,6 \Rightarrow H_0$ cannot be rejected, so H_0 is accepted.

The assumption that „Less than 30% of the employees of the facilities providing social services are not satisfied with conditions of their work“ has not been confirmed at the level of significance of 10%. It means that in fact more than 30% of the employees of residential facilities providing social services are not satisfied with the conditions of their work.

5. RECOMMENDATIONS AND CONCLUSION

To solve the problems resulting from the survey, it is possible to make use of the real potential for improvement. This part of the contribution is focused solely on the selected part, and in line with the methodology it is possible to react to all problems revealed by our survey.

Table 3 is about snapping the process of developing human resources. Within the process, for the purpose of illustrations, we have defined the key activity to which the individual attributes were assigned, their current status and target status, determining their weights and recording them into the snapping table. The attributes mentioned were assigned points of evaluation based on the method of band evaluation and calculated the result¹⁰.

Table 3 Snapping – Key activity – Motivation of the employees

Process: Developing human resources					
Key activity: Motivation of the employees					
Attribute of key activity	Current status of the KA attribute	Target status of the KA attribute	Weight of the attribute	Points of snaps	Result for the attribute
1	Insufficient financial appreciation	Sufficient financial appreciation, comparable to other countries	25	20	500
2	Irregular assessment of the employees	Regular assessment of the employees	25	65	1625
3	Intermittently stressful relations at the place of work	Correct relations at the place of work	15	60	900
4	Good conditions of work and satisfactory job environment	Excellent conditions of work and very good job environment	20	60	1200
5	Average level of interest shown by senior officials towards the employees and their assistance in solving problems meaningfully	High level of interest shown by senior officials towards employees and their assistance in solving problems meaningfully	15	71	1065
In total			100	276	5290
Results of the performance snap of KA in %:			52,9		
Increasing performance in KA by achieving RPZ in %			47,1		

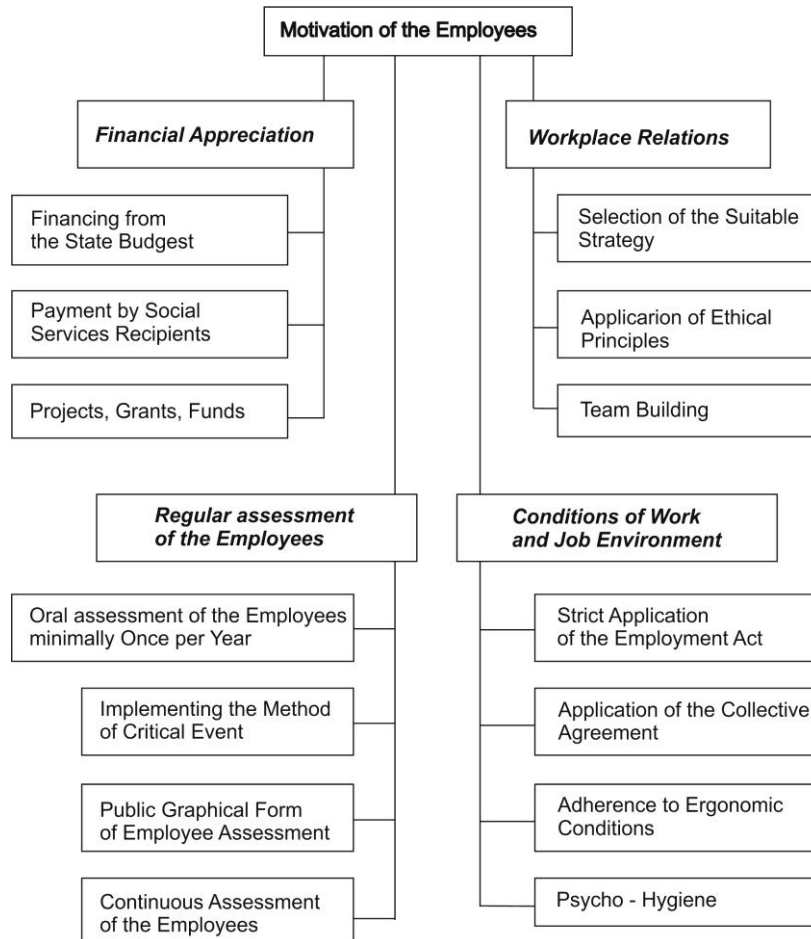
Source: Authors

From the table as above it follows that the key activity of motivation of the employee as part of the process of developing human resources is currently reaching only the limit of 52,90 %. The possibility of improving it is at the limit of 47,1%. It can be achieved by way of

¹⁰ P. Učeň, *Zvyšování výkonnosti firmy na bázi potenciálu zlepšení*. Praha : Grada 2008. s.106-107. ISBN 9788024724720.

defining the primers and drivers. For illustration, these are presented in the contribution by way of a strategic map.

Figure 1 Strategic map – Motivation of the employees



Source: Authors

This method can be used by all organization involved in social services in case they are willing to improve the quality of service s performed by concentrating on the individual processes.

Knowledge obtained from theoretical study, comparing data as well as from the research part of the contribution have all confirmed the need for changing the ways of providing and managing social services, as well as the need to change the social policy of the state. The knowledge can be summed up as follows:

a) Global changes along with the changes in Europe resulting from the technological and economic development have asked for upgrade in the social sphere with emphasis on

quality, sustainability and search for an optimal model of a social state¹¹. The tendencies are to be continued in the interest of the quality of the processes.

b) Strategy of Europe 2020¹² has declared reduction by 2020 in the number of population living below the poverty line 25% and strengthen the role of regional and local self-governments. Search for social dimension must be kept on by way of discussions on the profile of an optimal model of a social state.

c) Action Plan of the Council of Europe for the citizens with health disabilities of the years of 2006–2015 has outlined that EU countries ensure for citizens with EDP cards equal access to health care services and strengthen services of complex rehabilitation. Priorities of the European union must involve accessibility, quality and efficiency of social services.

d) Qualified as a worrisome phenomenon in Slovakia growing rate of ageing of its inhabitants (12,2% compared to 2005), a fact that poses new requirements for retirement, rationalization of the network of health-care and social services facilities with due regard to the fact that the substantial part of the inhabitants over 65 years of age is suffering from disabilities and dependent on assistance. Experts have pointed out delegation of financing facilities of social services to the local self-government, which, by the European Charter of local Self-governments, have taken over the competence with limited financial resources based on local taxes. The need to increase the proportion of redistribution of the GDP in via public budgets will result in transfer financing more to private subjects, which does not correspond to the EU priorities in terms of long-term care. Consequently, the cardinal issue to focus on will be concerned with accessibility of health services and the quality and cost-efficiency in providing social services¹³.

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¹² Európska Komisia, Európa 2020 (2010): <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:2020:FIN:SK:HTML>. (15.2.2014).

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JAKOŚCI USŁUG SOCJALNYCH I OBIEKTÓW SOCJALNYCH

Rozwojowi każdego nowoczesnego społeczeństwa towarzyszy wzrost znaczenia usług pomocy społecznej, jako narzędzia polityki socjalnej państwa. Opieka społeczna oraz jej usługi zależą od kilku czynników, ale zaspokajanie potrzeb tych, którzy z tej opieki korzystają powinno cieszyć się najwyższym priorytetem. W związku z tym konieczne jest aby zwrócić uwagę na kwestię jakości, wystarczalności, dostępności i efektywności usług

opieki społecznej, a także zapewnienie jej optymalnego rozwoju. Usługi opieki społecznej są preferencyjnie przeznaczone dla osób, które znalazły się w niekorzystnej sytuacji społecznej i nie są w stanie uzyskać podstawowych dóbr potrzebnych dla ich życia lub potrzebują pilnej pomocy z innych ważnych powodów. W Republice Słowackiej takie formy pomocy podlegają kompetencji instytucji samorządowych i usługodawców niepublicznych. Celem publikacji jest przedstawienie badań teoretycznych prowadzonych w tym zakresie w celu ustalenia status quo w zakresie poziomu jakości i satysfakcji z usług opieki społecznej świadczonych w placówkach opieki społecznej na wybranych obszarach Słowacji (Koszyce), a tym samym określenie potencjału w zakresie rzeczywistej poprawy wraz z podaniem strategii dalszego rozwoju usług opieki społecznej.

Słowa kluczowe: praca socjalna, podejmowania decyzji, polityka socjalna, satysfakcji,

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