

## PERSONAL MANAGEMENT IN SOCIAL CARE IN THE SLOVAK REPUBLIC

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### **Abstract**

*The concept of management should portray that it's not only the implementation of higher orders and to oversee the regulations, but that the criterion is a relatively free management of activities with higher order. Management of human resources is the most important part of the whole management, because human resources determine and put into motion all other sources.*

**Keywords:** Personal Management, Social care

JEL Classification: L1, I1, I11

## 1. INTRODUCTION

Personnel management is enriched by elements of management of personnel, e.g. the personality of the manager, effective communication, praise, criticism, conflict resolution, change management, staff motivation and formation of work teams is called human resource management.

The specific tasks of personnel management are:

- Personal marketing
- Personnel strategy and planning
- Staffing
- Social consensus
- Career advancement (Gladkij et al., 2003)

From the strategic management of human resources arise the staffing plan. Human resources planning is a continuous and systematic search for convergence between the vision, objectives and strategy of the organization. Is the process of anticipation, objectives setting and implementation of measures on the movement of people in the organization, from the organization and within the organization, in joining the staff workloads at the right time and at the right place, in the formation and use of professional skills of people, in shaping work teams and in their personal and social development (Bajžíková et al., 2007).

At the same time human resources planning focuses on obtaining and maintaining a required number of staff with the required skills and experience. The planning process thus contribute to the organization's ability to adapt to uncertain and changing environment. In order to be effective in human resource planning, human resource managers need to understand and respect the strategy of the organization, that all the considerations, assumptions and basis entering into the plan are therewith consistent. Without planning of human resources within the context of the organization, we could only barely speak about the management of human resources.

Management of the work performance is one of the five functions of management of human resources, which is related to employees at the time when they have a contract of employment with the organization. In addition to the management of job performance among these features shall advice remuneration, training and career development of employees. In order to talk about the management of job performance and that the management of work perfor-

mance will be efficient, it is necessary that the evaluation of job performance of these three functions is linked (Bajžíková et al., 2007).

Management of job performance is process by which managers can ensure that the steps, procedures and performance of employees are in accordance with the objectives of the organization. It becomes a key activity to ensure that human resources can create a competitive advantage for the organization and for people to become a really valuable resource of the organization. Management of job performance must be based on the organizational strategy and reflect both the long and short term goals as well as organizational culture. It is also necessary, it to be based on skills and abilities of the evaluated employees. Only the data obtained from this process are valuable for the organization.

The process of the management of job performance consists of three parts:

- definition of performance,
- performance evaluation
- feedback providing (Bajžíková et al., 2007).

An integral part of management performance is ultimately informing of employees about the quality of their work and about the next steps which should be taken.

## 2. CURRENT SITUATION IN THE SLOVAK REPUBLIC IN SOCIAL CARE

Empathy, humanity, altruism, philanthropy are terms which are today the most important in social care. They are treated as important support mechanisms in the social services (Mačkinová, Musilová, E. 2013)

In order to ensure the useful, targeted and effective assistance was created legal area based on the activation of recipients of social services and (with) orientation to their needs. The new Law on Social Services provides sufficient variability of social services, regulates social services of the low-threshold type and creates favourable conditions for the recipients of social services, which remain in their natural social environment. It also describes the further legal coordination of social and health care systems and community planning system. It lays down the conditions and criteria of quality of social services. For the first time are in the law defined standards of social services. For instance, the obligation

on the provider of social services to develop and adhere the procedural, personnel and operating conditions of the provision of social services. The provider is also required to prepare an individual development plan for recipients of social services. Further, enhance the work professionalism through the developed and viable program supervision. With determination of requirements for the qualification of professional staff.

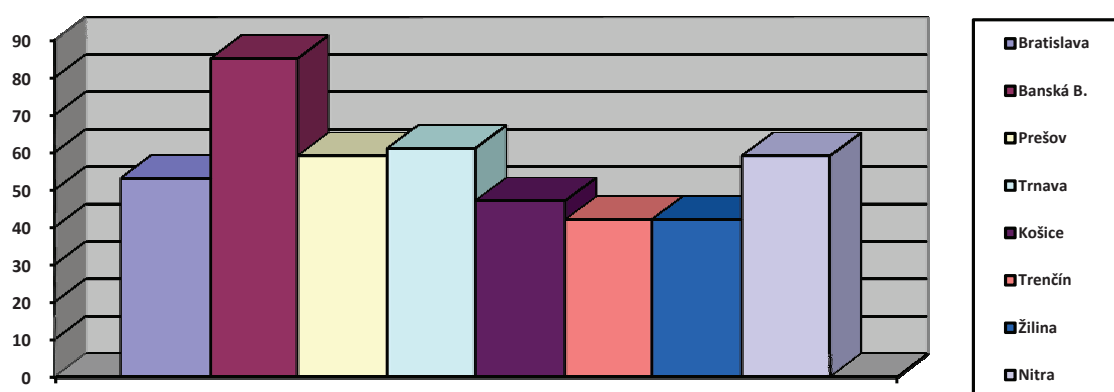
First time was solved the provision of health care within the range of nursing care provided by nurses. There is still lacking networking between social and healthcare facilities. As social facilities are not a part of healthcare facilities network, it is almost impossible collaboration with the insurance companies (Masaryk, Musilova, 2014).

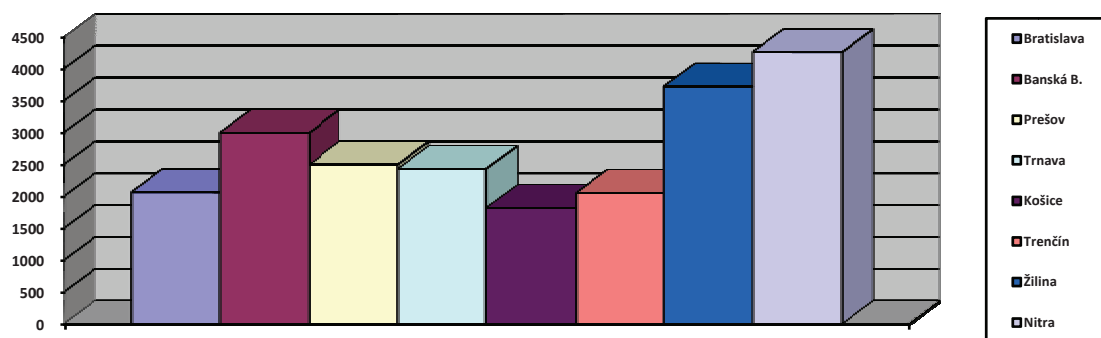
The aim of the whole system is more efficient access to social services, to ensure especially the improvement of the quality of life of people, who are dependent on the assistance (Mačkinová, Keketiová, Štiavnická, Masaryk, 2014).

This entire helped to that, that today at the social market either emerged or have been organizations that can systematically and purposefully work with their clients group and to get fast and efficiently service users from the social crisis.

They have already understand that the social sphere has its own market, which is occupied by more experienced, skilled and competent one (Mydlíková, 2004).

**Graph 1** Number of Social Services Homes in regions



**Graf 2 – Use of Social Services Homes in regions**

As can be seen from the graph in the Slovak Republic are currently 448 Social Services Homes. From this are 265 public providers and 183 non-public providers. In 345 is provided year-round residential form of care, 63 are ambulatory and in 40 is combined form of social care. In most of them, i.e. in 424, is provided care for an indefinite period, in 1 for defined period and in 23 for combined period of time. The target group in 369 facilities are adults and in 79 facilities minors. The total capacity of all Social Services Homes is 21,827 people. To the greatest number of dependent people is able to provide emergency assistance Nitra Region and to the smallest number Košice Region.

From the total number of Social Services Homes are:

349 Social Service Homes / SSH/,

99 Combined Social Services Homes, from them are

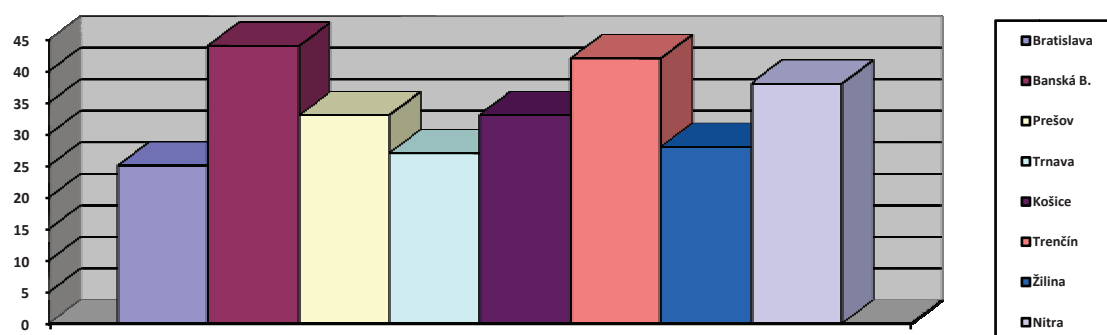
15 SSH and supportive housing facility,

14 SSH and specialized facility,

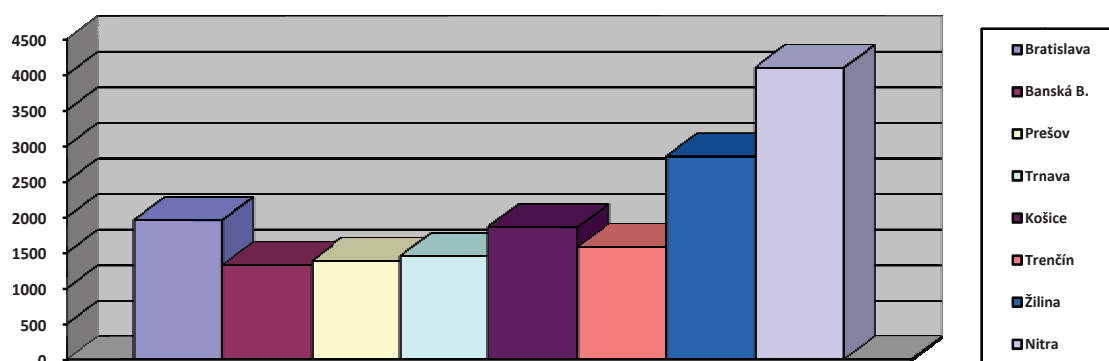
3 SSH, specialized facility and nursing service,

5 SSH and nursing service,

62 SSH and facility for seniors.

**Graph 3 Number of Facilities for Seniors in regions**

**Graf 4** Use of in Facilities for Seniors in regions



As can be seen from the graph in the Slovak Republic is currently 270 facilities for the seniors. From that are 167 run by public providers and 103 by non-public providers. In 268 is provided year-round residential form of care, in any ambulatory form and in 2 combined form of social services. In most of the 263 is thus provided care for an indefinite period, in 2 for definite period and in 5 to five for combined time. The target group of 269 facilities are adult people and in 1 minors. The total capacity of all facilities for seniors is 16 500 people. To the greatest number of dependent people is able to provide emergency assistance Nitra Region and to the smallest Banská Bystrica region.

From the total number of facilities for the seniors are:

160 facilities only for seniors,

80 facilities for the seniors and social services homes,

13 facilities for seniors, social services homes and specialized facility,

10 facilities for the seniors, social services homes, and nursing services,

6 facilities for the seniors and nursing services

1 is a facility for seniors and emergency housing facility.

### 3. PERSONAL MANAGEMENT IN SOCIAL CARE

Resources are limited commodities, that will allow the organization to complete the work, but no source is as important as the staff. Especially in the social sphere, where the law limits the number and composition. In this case, an adequate number of staff in this area is as important as in the health sector. The new structures with a new mission and with greater use of non-professional staff are developing considerable pressure on social services.

Managers in the social sphere are faced with this situation every day. Lack of professional staff in the social sphere constitutes a threat for present but also for the future of nursing care. Mainly it reflects on the quality of the nursing care. To prevent this situation, it is necessary, that each organization have a personnel plan.

Personal plan is recommended composition of health workers needed to ensure safe and responsible nursing care (Mačkinová, Musilová, Keketiová, Vaverčáková, Masaryk, 2013). Their composition corresponds to the type and number of staff, which is necessary for the implementation of the prescribed work. This includes the optimal ratio of professional nurses to auxiliary certified personnel. The aim of the staffing plan is to ensure that nursing care is safe, responsive to the needs of the client and to be scientifically and technologically correct.

The role of management in dealing with personnel issues depends on the level of the management. Senior management provides general guidelines for the selection of personnel plan. Middle management are implementing personal plan and giving information about its effectiveness. The challenge that this role represents, is in regards to the uncertainty of the environment and professional issues, big (Grohar-Murray, DiCroce, 2003).

Factors affecting the organization and specific personnel planning includes economic and regulatory factors. Economics dictates how many staff can be accepted. There are budgetary constraints, which assign percentages of the operating budget for salary and social benefits of personnel. The number and type of personnel and the economic viability is managed partially by the economic policy of the government, but it also affect the regulations on safety, infections control and the quality control measures. To be accredited organization, certain level quality of the environment must be achieved. Some of these regulation have more relation with the personal questions, than with the real environmental problems. The second factor is the database of organization, which forecasts a personal model for the desired level of quality in nursing care. The basis for the development of the staffing model are allocated money and available human resources. To determine the proper ratio of different healthcare professionals is vital philosophy of nursing care by the organization stands for. This philosophy is the basis of standard nursing care, according to which the quality will be evaluated. Quality also includes information from the community, which receives



the care and resources from the state government. The third factor are the professional issues related to labour issues. These includes the recruitment and retention of staff. An important aspect is the salary requirements and salary scale, reflecting the length of service. Important questions for motivated staff are the growth opportunity and the ability of continuing education. Most expenses on staff apart of the social benefits provision, represents for the organization staff turnover and absenteeism, which requires the recruitment of new staff.

In the Social Service Facilities is provided to the healthcare professional's salary under the Act no. 553/2003 Coll. on the remuneration of employees performing work in the public interest, as amended. The remuneration is maintained by the principle of remuneration according to the type, complexity, responsibility, degree of physical activity of performed work, while are required the qualifying requirements. An employee is under the type of work and the fulfilment of qualification requirements allocated to the appropriate grade in which is also classified according to length of professional experience into the salary step.

## 4. SURVEY

Although the new Law on Social Services provides sufficient variability of social services, regulates social services, creates favourable conditions for the provision of nursing care and describes the requirements for the qualifications of professional staff, there is still remaining certain problem from the past. The same problem has a negative impact at the present time on the quality of the provided healthcare and threatens the future and social services viability in Slovakia. This problem is acute shortage of health workers in this area.

The survey was based on this problem and we were interested in the reasons and causes of the shortage of health workers in social services. The survey was based on the belief, that the cause and reason is the overall dissatisfaction of health workers in social services facilities, which leads to their large fluctuations. The main motive was to highlight the subjective views of health workers on their dissatisfaction in the social sphere.

At the beginning of empirical research, we precisely formulate and establish goals, objectives, methods and means of obtaining information.



#### 4.1. IDENTIFICATION OF PROBLEM

Acute shortage of health workers in social services facilities.

The implicit reason could be:

- The dissatisfaction of health workers in social services facilities.
- Fluctuation of health workers from social services facilities.

#### 4.2. OBJECTIVE

The main objective of the survey was to assess the satisfaction of health professionals working in social services facilities, to identify the causes of dissatisfaction of health workers in social services facilities, compare dissatisfaction of nurses / assistants and paramedical staff in social services and highlight the problem, that health workers are inadequate assessed in social services facilities.

#### 4.3. SAMPLE SELECTION

The sample of respondents were health workers in social services facilities, which were selected in a deliberate manner. Health workers, who are working in social services facilities are nurses, assistants, sanitary, who are working in three- or two-shift operations. Respondents were divided into two groups – nurses with assistants and paramedical staff.

The reason for the creation of two groups of respondents was, that could be closer point on the subjective causes of dissatisfaction and to be able to compare their overall dissatisfaction.

In the survey, we sought answers on acute problem in social sphere, which is the shortage of health workers and turnover of healthcare workers.

Respondents who participated in the survey were employed in four separate and independent social facilities. Overall, the survey was answered by 66 health workers from selected facilities. Of those, 14 were workers in social services facilities, 9 in senior facilities, 14 in senior facilities and 29 were employees in social services facilities (Table 2).

#### 4.4. METHOD

For survey, we chose the questionnaire method, which allows the respondents to demonstrate themselves. Another reason was the acquisition of a larger, but adequate amount of information in a short time. The total number of distributed questionnaires was 80 units. From the total No. were 66 units of questionnaires returned by respondents. Rate was 82.5% (Table 1).

**Table 1** – Occupation as health professional

Nurse	Health assistant	Sanitary	Together
23	2	41	66

**Table 2** – The composition of respondents by employer

Employer	No. Of respondents	% of respondents
SSF	14	21
FFS	9	14
SSF	29	44
FFS	14	21
Total	66	100

#### 4.5. ANALYSIS OF THE RESULTS

In this part of paper we work with the results of the empirical analysis, that we have acquired during the survey. Each question were statistically processed and the results are shown in tables. Part of each question is the verbal interpretation of tables. Each table includes the graphics processing.

**Table 3** -Motivation

Answers	Nurses, Assistants	Paramedical staff
Finances	10	14
Work	15	18
Recognition from superiors	10	11
Recognition from clients	17	16
Promotion	1	4
Further education	3	6
Other: Well done work	1	0
Other: Help to people	0	2

We found out that 10 nurses / assistants and 14 paramedical staff are motivated at work by finances, 15 nurses / assistants and 18 sanitary motivates the work itself, 10 nurses / assistants and 11 sanitary motivates recognition from superiors, 17 nurses / assistants and 16 sanitary motivates recognition from clients, 1 nurse / assistant and 4 sanitary motivates option on promotion, 3 nurses / assistants and 6 sanitary motivates further education, 1 nurse / assistant is motivated by well done work and 2 sanitary are motivated by help to people (Table 3).

**Table 4** – Appreciation in work and interest of superiors

Answers	Nurses, assistants	Paramedical staff
Yes	14	17
No	1	4
Sometimes	7	18
I never feel it	2	3

We found out that 31 (46%) of respondents feel at work appreciation a genuine interest of superiors, 5 (8%) doesn't feel it, 25 (38%) only occasionally and 5 (8%) have never felt an appreciation and sincere interest of superiors (Table 4).

**Table 5** – Satisfaction with the working environment

Answers	Nurses, assistants	Paramedical staff
Yes	21	30
No	4	11

We found out that 51 (77%) of respondents are satisfied with the working environment at the workplace, and 15 (23%) are not satisfied with the work environment at the workplace (Table 5).

**Table 6** – Satisfaction with financial evaluation of their work

Answers	Nurses, assistants	Paramedical staff
Yes	7	4
No	5	13
It could be more	10	22
Sometimes, when bonus is obtained	3	2

We found out that 11 (17%) of respondents are satisfied and 18 (27%) are not satisfied with the financial evaluation of work, 32 (48%) of respondents wrote that it could be more, and 5 (8%) of respondents are satisfied only sometimes when receiving a bonus (Table 6).

**Table 7** –Draft of financial evaluation of your profession

Answers	Nurses, assistants	Paramedical staff
500 EUR	2	24
600 EUR	3	8
700 EUR	9	2
800 EUR	2	2
900 EUR	2	1
1000 EUR	3	0
Didn't respond	4	4

We found out that 26 (38%) of respondents suggested that the real financial rewards for their profession is 500 Euro, 11 (17%) of respondents suggest 600 Euro, 11 respondents (17%) 700 Euro, 4 (6%) respondents 800 Euro, 3 (5%) 900 Euro and 3 (5%) 1000 Euro. 8 (12%) respondents did not respond (Table 7).

**Table 8** –Satisfaction with benefits from the employer

Answers	Nurses, assistants	Paramedical staff
rehabilitation	3	0
Salary bonuses	12	11
hot meal	19	29
Gift vouchers	6	14
Educational opportunities	6	6
other: we don't have benefits	3	1
5 days of extra holidays	0	1

We found out that 3 respondents are satisfied with the rehabilitation granted by the employer, 23 are satisfied with the bonus pay-out, 48 is satisfied with hot food at the workplace, 20 are satisfied with shopping vouchers, 12 respondents considered as an advantage educational opportunities, in the event, that it is paid by the employer, 4 wrote that the workplace have no benefits and one respondent considered an advantage 5 extra days of holidays (Table 8).

**Table 9** – Better position than other workers (e.g. Social workers)

Answers	Nurses, assistants	Paramedical staff
Yes	7	14
No	12	23
I cannot judge	6	4

We found that 21 (32%) of respondents think that they have better position, 35 (53%) that they do not have better position and 10 respondents (15%) cannot judge this situation (Table 9).

## 5. CONCLUSION

Sedlák (2000) describes management as a practical activity, which is a type of work or a series of activities that managers perform to achieve the objectives. The role of enterprise management is to ensure the efficiency of this process, which means to ensure that the price of output is higher than the price of inputs. Management is therefore acquire, manage and allocate resources so, that they bring the most value by achieving the organization's objectives. The subject of human resources management is personnel, and therefore can be concluded that human resources management is an integral part of enterprise management, as well as financial management, production management and marketing management. The organization is open and dynamic system which interacts with the environment. From that follows that the management is carried out under the influence different factors of the external and internal environment. Among the external factors can be mentioned general environment - social, legislative, economic, political, technical and specific environment such as competitors, shareholders, trade unions, local government authorities, interest groups. The internal environment is determined by the decisions of managers, strategy, corporate culture and the size of the organization.

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