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THE ROLE OF SOCIAL WORKER IN SUPPORTING PEOPLE WITH DISABILITIES IN HEALTH CARE INSTITUTIONS: THE ASPECT OF PROFESSIONALIZATION

Master's thesis

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Summary

Professionalization of a social work in healthcare institution appears in scientific, practical levels as well as in the level of studies. The main functions criterions of professionalization of a social worker in healthcare institution are changing, takes a positive variety of specialists, public attitudes, respect, evaluation, recognition of the necessity and influence of high quality, efficiency, professionalism.

Work carried out in the theoretical social worker functions performed by providing assistance to disabled persons in healthcare institutions professionalization criteria analysis. Aim of the survey was to analyse functions of a social worker upon rendering support to the disabled in healthcare institutions on the aspect of professionalization. Conducted a qualitative research and social workers from the Public Institution Šiauliai Regional Hospital (10 respondents), composing the main network of social services in the hospital, were interviewed by aids of a semi-structured interview.

In the empirical part using content analysis are analyzed the functions of social worker in supoorting people with disabilities in healthcare institution aspect of professionalization. The most important conclusions of the empirical research are distinguished:

- Activity of a social work is complicated, complex, implemented with special people, experiencing serious problems, linked with difficulties upon implementation of life activities. Social services of functions offered by social workers as well as the provided help and support are available to all patients who require satisfaction of social services; they are quality, effective, because social workers are competent professionals.

- Social workers, when implementing own functions in healthcare institutions are following the teamwork which is effective in communication, helping and knowing as well as perceiving advantages of help, offered by teammates, who respect and support a social worker equally inside the team and therefore recognise his/her professionalism..

- Social workers identify the need for the qualification development and improvement because it is one of the main criterions of professionalization of a social worker which ensures the implemented functions and the provided help for patients, the disabled.

- Professionalism of a social worker in healthcare institution has own description, expression, functionality, independence. Professionalism of a social worker in healthcare institution can be described by the implementation of functions, regulated by the profession.

- Social integration of the disabled requires flexibility, ability to communicate with the disabled, change their roles and their content from specialists.

Key words: social worker professionalization, the role of social worker, professionalism of social worker, assistance people with disabilities in health care institution.

Contents

Introduction

Scientific problem and relevance of the survey

Political and economic development of the country after Lithuania regained its independence revealed many unsolved or even new social problems (issues) therefore the need for social workers in various spheres of the social life has been increasing, including the healthcare. Together the understanding has been increasing that the healthcare is not only diagnosis of diseases as well as treatment and prevention; it is also the realisation that an important part of the public health is the care and nursing of a patient. According to Alseikienė (2005), highly qualified help for a patient requires the team of specialists with not only the medical treatment, but also with a social support. A person, when being ill does not only feel symptoms of a disease, but also has a different everyday activity, experience the changed lifestyle, family and social relations, often encounters financial difficulties, therefore in order to satisfy health as well as social needs, the healthcare services should be offered in an integrated manner together with social services.

The issue of a social work in healthcare institutions has been widely analysed by foreign authors. Social work and its main principles was analysed by Павленок (2004) and Ханжина (2002). Browne (2012) stresses roles of a social work within the sphere of a healthcare. Beder (2006) introduces the appearance of a profession of a social work as well as activity of a social worker within institutional care institutions. Berg-Weger (2010) gives much attention to the development of social work as well as to the appearance of this profession within the system of healthcare. Rosenberg (2009), applying the experience of social workers practicians, revealed peculiarities of a social work within the sphere of a specialised healthcare. Coppock and Dunn (2010), together with Spearman (2005) widely analysed the social work upon rendering of psychical healthcare services. Topicality of a social work within the sphere of a healthcare was actualised in scientific woks of Trullenque (2010). Social services, offered by a social worker, theory and practical activity were discussed by Берзина, Литвинова, Маёров (2001).

Večkienė, Budėjienė, Ražanauskaitė (2013) stressed challenges, encountered by social workers, employed within the sphere of a healthcare. Petrauskienė and Zabėlienė (2011) analysed the role of a social worker in centres for a psychical health. Vaicekauskienė and Jankūnienė (2009) revealed peculiarities of activity of a social worker within the team for curing patients. Ulianskienė, Vitkūnienė, Hitaitė (2006) analysed the need for integrated healthcare and social services as well as possibilities, accessibility and development in our country.

Social work is a profession that initiates social changes within a society, necessary for assuring and maintaining the social wealth of people. Professional social workers are needed for the implementation of public social changes that are able to and do apply effective means for solving social problems, prevent from possible social problems (issues), honestly and responsibly

implement own duties and functions. Profession of a social worker has been known in the world for over one hundred years; however discussions concerning what the social work is and how it should look like still exist. The status of a social work has caused long discussions in Western countries. It is stated that social workers had to put strong and long-lasting efforts for their recognition as professionals, for ensuring this recognition, the respective prestige, power and salary (Berger, 1995).

The main tool of a social work is a social worker (Johnson, 2003). In order to use this tool wisely, much knowledge about other disciplines is needed as well as understanding about oneself, especially in situations when helping people experiencing situations of disability. Effective, professional social work requires constant development of social workers: deepening and expansion of knowledge, gaining of skills and consideration of values of a social work. Therefore it is really important that the social workers are fully included into the process of a constant learning together with an active participation within it. This is encouraged not only by a changing society, but also by a political context of Lithuania which indicates that social workers are to face people of different race, nationality, age, gender, social status or orientation (Indrašienė, Garjonienė, 2007).

Sapežinskienė, Švedienė, Guščinskienė (2005) analysed qualification of a social worker and the implemented role of a teacher as well as mediator in the team of rehabilitation specialists. Need for a social worker within institutional care as a consultant was revealed in the survey of Kundrotienė (2006).

Professional social workers in Lithuania have started their domination since 2002. One of the most important requirements within the activity of a social worker is the appropriate, effective integration of knowledge, values and skills, gained in educational institutions into their own practical activity upon implementation of own functions and roles.

Professionalization of a social work appears in scientific, practical levels as well as in the level of studies. The process of professionalization covers internal (accumulation of knowledge, gaining and developing professional competences) and well as external (requirement for the exceptional professional status, formation, construction and presentation of a professional identity) aspects. Professionalization is the unique process where stages can be observed: learning from systems with a greater experience, reflecting the gained international experience within different socio-cultural spaces, creation of the authentic tradition by developing cooperation on local and international levels. Profession of a social worker is based on basics of many subjects, such as medicine, psychology, philosophy, law; therefore sometimes doubts appear concerning attribution of a social work to some collection of professions that should be characterised by some appropriate features, characteristic to the profession. According to Johnson (2003), under many

descriptions and criterions of professions, the social work matches requirements for a profession; however there is no concrete and thorough definition of a profession.

Strive for the prestige and monopoly of a social work (that are observed in classical professions: medicine, law, theology) encouraged interest on issues of qualification as well as professionalism of people with this profession. Contemporary social work is undividable from the professionalism of people working it as well as their ability to cooperate upon solving problems of the own country and the whole Europe. Bagdonas noted that in 1972 Baird encouraged to consider it and "to intensify the professionalization of a social work" (Bagdonas, 2001). When describing the profession of a social worker, Laužackas (2005) noted that it is important to analyse it as "the premise for combinations of activity of people, based on respective knowledge, skills, competences that grant them satisfaction, material welfare and active inclusion into structures of an active public life".

According to Kvieskienė (1999), "social work is a professional activity, helping to satisfy vital needs of a person, to reconstruct his/her relations with a society, when the person is unable to do this himself/herself". It is really close and purposeful description for a social work in healthcare institutions. Kraujutaitytė (2002) offered to highlight the following components of a collective of a professional community within the description of a profession: theoretical and practical knowledge as well as competences gained by specialists; collective altruism, principles of services corresponding to needs of clients and other professional values presented in ethical activity codes; rationality of implementation of the activity and its development; functional exceptionality of offered services within the society; monopoly of professional government (associations, trade unions).

According to Bagdonas (2005), during the period of 1992-2002 the social work became more professional within the sphere of a Lithuanian social work. Following statements of a scientist, it is possible to state that the social work as the practical activity in Lithuania is substantial on the following aspects: there is a solid legal base; infrastructure for rendering social services and the social work is established; profession of a social work is rather popular, there are many students and this contributes to the selection of good professionals; solid engagement of students, lecturers and specialists.

Considering theoretical and practical development of a profession of a social worker, the conclusion can be offered that a social work is a changing and developing profession, theoretical heritage of which is composed from knowledge, attitudes, models, methods of support and ways of their application, experience, gained from other institutions of support, the system of values and the core of all professional work of a social worker, according to Johnson (2003) is the practice of a social work.

Object of a survey – functions of a social worker upon rendering support to the disabled in healthcare institutions on the aspect of professionalization.

Aim of the survey is to analyse functions of a social worker upon rendering support to the disabled in healthcare institutions on the aspect of professionalization.

Tasks:

- To provide theoretical analysis of the process of professionalization of a social work in healthcare institutions.
- To reveal criterions of professionalization of functions of a social worker upon rendering support to the disabled in healthcare institutions.
- To prepare empiric analysis of functions of a social worker upon rendering support to the disabled in healthcare institutions on the aspect of professionalization.

Participants of a survey – 10 social workers from the Public Institution Šiauliai Regional Hospital participated in the survey.

Methodology and methods of a survey:

- Scientific literature, documents' analysis.
- Semi-structured interview.

Semi-structures interview was selected, in order to:

- Get more precise results, reflecting the real situation of the survey.
- Have a possibility to get acquainted with new aspects of attitude of people who participated in the survey.
- To have a possibility to add, change questions, because used closed and open questions of a semi-structured interview allow this.

Social workers from the Public Institution Šiauliai Regional Hospital (10 informants), composing the main network of social services in the hospital, were interviewed by aids of a semi-structured interview. The informants were selected because of the environment for the survey, because it is one of the main conditions for the implementation of a qualitative survey.

Qualitative method of a survey was selected because the informants, their scope, environment of the survey were favourable for the application of this method. Attention was given to functions of a social worker upon rendering support for the disabled in healthcare institution, professionalization upon situation of the disability during the survey.

The Main Concepts:

Disabled Person – a person who has a long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder the full and effective participation in society on an equal basis with others (United Nations Convention on the Rights of Persons with Disabilities preamble, 2006).

Disability – any disorder syndrome, trauma or injury which takes away or limits the possibility of personal activities of daily living and feel of a full-fledged member of society (Social Integration Act, 2004).

Professional development – professional training phase, in which a certain curriculum has been upgraded thanks (extended, deepened or updated) previously acquired professional qualifications (Laužackas, 2005).

Social Work – it is an activity that helps a person or family deal with social problems according to their capabilities and their participation without prejudice to human dignity and increasing their responsibility, based on personal, family and community cooperation (Sapežinskienė, Švedienė, Guščinskienė, 2003).

Social Worker – it is specialist whose work experience is to strengthen the human adaptation to the environment and to rebuild ties with the community, helping them to integrate into society and promoting fuller human social functioning (Sapežinskienė, Švedienė, Guščinskienė, 2003).

Social worker's professional activity – activities aimed at social justice and positive change in society, social welfare, public authorities and citizens greater responsibility, personal, family and community support in solving social problems and preventing them (The Republic of Lithuania Law on Social Services, 2006).

Social services – person or family assistance, when due to age, disability, social problems partially or completely lose or not to acquire skills or opportunity to take care of personal self (family) life and participation in society (The Republic of Lithuania Law on Social Services, 2006).

Health - physical, mental and social well-being and not merely the absence of disease or disability (World Health Organization, 2001).

Health care institution - the institution or company law and procedure established by law entitled to provide health care services (Law on Health Care institutions of the Republic of Lithuania, 1996).

IDEPSW - International Declaration of Ethical Principles of Social Work.

UDHR - Universal Declaration of Human Rights.

HCI - Health care institution.

The Structure of Master Thesis

This thesis consists of a summary in English, introduction, two main parts and five chapters, ten subsections, conclusions, recommendations, references (111 sources), a summary in Lithuanian language, appendices. Survey data is illustrated by 6 tables, the interview questions are given in appendices. Volume – 80 pages.

I. ANALYSIS OF CRITERIONS OF PROFESSIONALIZATION OF FUNCTIONS, OFFERED BY A SOCIAL WORKER FOR THE DISABLED IN HEALTH CARE INSTITUTION

1.1. Conception of a social work within a context of history and theory

Roots of the social work reach the further past of a human being. Social problems have been accompanying a human being since the very beginning of the World; however their nature changes during the time flow, it gains different forms and affects the existence of a human being differently. Together with appearance of Christianity, charity and philanthropic activity was forming; the concept of care appeared. At the beginning of XX c. this activity of support took the direction towards professionalization and became a social work in the century of a development of social work. Altruistic activity was perceived more as individual while the social care and social work became the organised activity of a country and communities (Bagdonas, 2001).

Social work has many forms in the World. International Association of Schools of Social Work presents the description of a social work: "Social work is intended for overcoming obstacles, injustice and illegality that exist in the society. It helps in defeating crisis, extreme, unpredicted cases as well as in solving personal and social problems of every person" (Campanini, Frost, 2005).

Professional activity of social workers has an effect on changes within the society, on solving problems of interrelations of people; it also helps to strengthen skills of functional existence in the society and disengagement of people with an aim to reach the growth of their welfare. On the base of theories of the human behaviour and public systems, the social work offers help to the health of people and their environment. Principles of human rights and social fairness are the base of a social work (International definition of a social work, 2001).

Social work has an integrative nature, because it has various professional features. Help to the poor that was previously taken by pedagogues, psychologists, medics and other specialists later became the independent profession, called a social work (Курбатов, Курбатова, 2001). Whereas social work is based on social (public) science, it is linked with natural sciences (partially – medicine) on one hand and sociology, jurisprudence as well as other social sciences on the other hand.

Whereas nature of a social work is multifunctional, the activity of a social worker is multiple: diagnostics, prognostication, prophylaxis as well as anticipation and also the social therapy, law, social medicine, psychology, social economy and others. Activity of a social work is complicated, complex, implemented with special people, experiencing serious problems, linked with difficulties upon implementation of life activities. Social activity is intended to provide support to everybody who needs it by giving priority to individuals who are not needed to

economics and not having possibilities for the independent problem solving. Social activity is one of spheres of professional activity where care about the well-being of everybody is the object of everyday practice; then it can affect the humanisation of public relations.

From the scientific aspect, the main function of a social work as the science is systematisation of theoretical knowledge and experience about the social sphere and specific social activity. Social work as the scientific discipline implements analysis of activity forms and methods, analyses and offers optimal ways, aids and conditions for solving various social problems of people. The social work, on its structure, content, methods of analysis and aids is a complex branch of science, because it is complemented and affected by different sciences; however the social work as the scientific discipline in our country has only been forming, though its roots can be found in Judaism and Christianity. However this indicates the process of professionalization of a social work, its growth on different levels. Time of upspring of idea, theory and practice of a social work is the end of XIX c. – beginning of XX c. This means that this profession is rather new in the entire World and, as all profession; it must change in order to comply with requirements of the changing time.

Within the development of the social work, as well as in professionalization, the main tendencies are observed: from theory to practice and from practice to theory. These tendencies are closely interrelated because knowledge appearing from practice is based on the already developed theoretical knowledge. Scientific literature usually divides three closely interrelated aspects of a social work, complementing each other: social work as the practical activity; social work as the academic activity; social work as activity of scientific surveys. This also indicates the expressions of professionalization of a social work.

Social work solves complicated relations between human beings and their environment in different forms, where the aim is to grant all people possibility to develop own potential skills, to enrich the life and to avoid dysfunctions. Professional social work is directed towards solving of problems and seeking for changes. However the social work is the system of interrelated values, theory, practice (Socialinis darbas: profesinės veiklos įvadas, 2007).

Roots of a social work lie in the philosophy of humanism, beliefs, ideals of democracy. Humanism (lot. Humanus – human) is "recognition of a human being as a personality, his/her right for a free development, consolidation of a human welfare as the assessment criterion for public relations, striving to fix the society of a social fairness, real love for people and care about their wellbeing – such interrelations of human beings, social groups, nations and countries that correspond the real nature of a human being" (Socialinis darbas: profesinės veiklos įvadas, 2007).

Humanism is historically changing system of approaches, recognising respect for one's dignity, right for freedom, equality, development of inborn features and skills, revelation of a

personality, formation of favourable public life conditions (Vitkauskaitė, 2001). However, the humanistic theory recognises human rights as inborn, having the social nature, historically changing. These rights are marked in UN documents as well as in the Universal Declaration of Human Rights (1948), which leads the social work.

Humanism reflects the social reality not from the scope of existing situation, but from the point of situation to attain where the human being should not be dehumanised in the society or become the victim of a process of socialisation. Social work within humanistic boundaries enables the specialist to apply various methods and techniques in order to work successfully and effectively with an individual or a group. Social activity from its nature is ethical and from the point of its essence it is the expression of high humanism as well as moral of the society.

Social worker, professional with a humanistic approach, should follow the following provisions:

- Object of a social support is a personality – unique solid system that is perceived not as pre-formed unit but as constantly changing open system (Rodžersas, 1997).

- Every person is unique therefore individual case analysis is as important as statistical generalisations.

- A human being is creating the society and the society is creating a human being, i.e. he/she is a subject and an object at the same time – free and limited, accepting social norms of the society and actively individually developing (Olportas, 1998).

- Every person has inborn potential possibilities for the development, self-realisation in future that is low-dependent from the past (Maslow, 1987).

- A human being is totally valuable therefore he/she is to be respected and valued as he/she is.

- Every person has a right to choose own values, aims, make independent decisions and be responsible for decisions.

Existentialism had an impact on social sciences and therefore affected the social work. The image of a "healthy" personality appears and it must become the aim of a social work. A "healthy" person is able to control the influence of others as well as own influence on others, to open the internal world, to suggest trust, to educate, to undertake tasks, to overcome weaknesses, to understand the meaning of life and pain (Vitkauskaitė, 2001). Within the theory of existentialism, practical social work in assessing problems of a client considers links between personality, problem and situation, the singularity of a client as well as uniqueness as the expression of a lifestyle, responsibility for the own life flow and order (Vitkauskaitė, 2001). Links of a client with a family and other influential people as well as with a community and personal features of a social worker, stimulating, enabling and motivating client become important.

Encyclopaedia of Social Work (1994) describes several principles of an activity of an existentially thinking social worker: to help evading illusions and self-delusion; to reveal the meaning of a pain; to recognise the freedom of choice and responsibility to reveal the process of interaction with other people as the premise for a success within personality development; to expose the link between personal obligations and the maturity of a personality. A social worker, when assessing the problem of a client, considers the link between personality, problem and situation as well as the singleness of a client and his/her uniqueness as the expression of the selected lifestyle, because a life cannot exist without problems and obstacles.

Professional social work within the humanistic theory follows the main provisions that partially support the new approach towards the nature of a human being, concentration of attention for the structure of a human entity, analysis that appeared within the theory of existentialism. Purpose of a social worker as well as the content of activity is to help individuals, groups or communities to seek for the implementation of rights and freedoms, revelation of potential possibilities of a personality and wish of governmental structures to minimise social protection for a human being. Professionalization of a social worker is directly affected by humanism, existentialism and requires a great luggage of knowledge, tolerance, understanding and main principles of a social work. All of this is managed by the professional social worker, a great specialist in the own sphere.

1.2. Main aspects of expression of professionalization of a social work

Social work in Lithuania is one of the newest professions which has started its formation only after regaining the Independence. This profession has been forming on the base of various schools of social work. Influence on the Lithuanian institutions of higher education, preparing specialists of a social work, has been made by traditions of American, Australian, Western European schools of social work. Upon cooperation with specialists from USA, Great Britain, the Netherlands, Germany, Scandinavian countries, the versatile understanding about the preparation of a social work has come to Lithuania via different institutions, because it is not similar in mentioned countries" (Vitkauskaitė, 1999).

Social work is perceived as the professional activity of a social worker, directed towards the improvement of links between the human being and the environment, aiming to fortify possibilities of people and communities to adapt to the environment as well as to help their integration in the society (Alseikienė, 2005).

Today the social work as the profession is included into the Classification of Lithuanian Professions, where it is stressed that "social workers help others to orient in social and similar

activities so that the latter could find aids and use them for overcoming difficulties and attaining the desired aims" (Bogdanova, Večkienė, 2009).

Profession of a social worker has been known in the World for over one hundred years but still discussions appear on what the social work is and how it should look like. The status of a social work has been discussed in Western countries for a long period of time. It is stated that "social workers had to demonstrate serious long lasting endeavours in order to be recognised as professionals, so they could get the prestige, power and salary corresponding to this recognition" (Berger, 1995).

Social work is a profession, rising from the practice of human beings. Just as other professions, based on the practical activity, the profession of a social worker encounters difficulties until it is recognised as the sphere for academic and scientific surveys.

Social work is the interacting activity of a social worker and a client (often − a group), realised under concrete circumstances (political, legal, material, human resources', community and society provisions). Social worker becomes the manager for finding, assessing and solving problems of a client (Bagdonas, 2003). Competent social worker, who trusts in oneself and is capable of solving problem situations, has skills of communication in formal as well as informal interrelations, becomes very important.

The tool of a social work is the social worker (Bagdonas, 2007). The wise application of this tool requires not only much knowledge about various disciplines, but also the personal cognition. Effective social work needs constant development of social workers: to expand and deepen own knowledge, to develop skills and to consider values of a social work. Therefore it is important that social workers are included into the process of a constant learning and actively participate in it. This is encouraged not only by a changing society, but also by the political context of Lithuania which suggests that social workers must work with people of different race, nationality, gender, social disjuncture and orientation (Kondrašovienė, Zabulytė - Kupriūnienė, 2008).

Functioning of the practice of a social work was affected by several factors (Sutton, 1999):
- Social − cultural orientation was created within the social work, covering sociology, social psychology and anthropology.
- Critics from social workers can be heard that psychoanalytical models, developed within the healthcare do not cover contemporary psychosocial orientations.
- Many surveys, implemented for the confirmation of curing purposes, based on the psychoanalytical trends, could not assure the effectiveness.

- Upon the development of professional training of a social work, premises were formed for the appearance of new models for a social work, based on practice (Encyclopedia of Social Work, 1987).

It is important for a social worker to be able to work with various systems in different manners; much attention is given to facts how aims of the social work are to be attained. During the last decade of the XX c., interest in the international practice of social workers was growing, because this profession recognises such relations when acquaintance with different cultures and ethnical groups is offered and this enriches the practice of a social work. The managerial care appears (Johnson, 2003; Bagdonas, 2007).

Considering theoretical and practical development of a profession of a social worker, it can be noted that a social work is a changing and developing profession, theoretical heritage of which is composed from knowledge, attitudes, models, methods of support and ways of their application, experience, gained from other situations of support, the system of values while the core of the social work is practice (Johnson, 2003).

The beginning of social work in Lithuania can be considered to be 1990-1991, when the first social workers from foreign countries started their visits. They were organising seminars and trainings for staff from social protection, health, education systems; they were also consulting representatives of educational institutions. In 1992 the Government confirmed a decision concerning preparation of specialists of a social protection in Lithuanian educational institutions. The first study programmes of a social work were prepared and the first professional social workers were prepared at Utena Medical School (Utena College); later – at Vilnius University and Vytautas Magnus University. New profession of a social worker was included into the Lithuanian Register of Professions in 1995. Professional social workers in Lithuania have started their domination since 2002. An important requirement for the professional activity of a social worker – appropriate integration of knowledge, values and skills, gained in educational institution.

Professionalization of a social work appears on scientific, practical levels as well as on the level of studies. The process of professionalization covers internal (accumulation of knowledge, gaining and developing professional competences) as well as external (requirements of an exceptional professional status, formation of a professional identity, construction and consolidation) aspects. It is a unique process where stages can be observed: learning from systems with a greater experience, reflecting the gained international experience in different socio-cultural spaces, creation of an authentic tradition by cherishing cooperation on local and international levels. Therefore professional competences become important – systems of scientific practical knowledge and skills, formed during the process of education and self-learning, having an impact

on implementation of professional tasks, personal professional features that are obligatory upon communication with people and in solving their problems (Leliūgienė, 2003).

Undividable part of professionalization of a social work is the development of professional qualification – stage of professional training where due to some appropriate educational content the previously gained professional qualification is developed (expanded, deepened or renewed). Development of a professional qualification has two aims (Laužackas, 2005): professional adaptation or professional growth.

Discussions concerning the social work as the professional status are increased by the statement that the social work as the activity is not a short-term one-off reaction, but the process covering three main interacting components (Bagdonas, 2001): the client, circumstances and the social worker.

Profession of a social worker is linked with basics of many subjects, such as medicine, psychology, philosophy, law, therefore sometimes the attribution of the social work to some collective of professions that should be characterised by some appropriate features, is doubted. According to Johnson (2003), a social work, under the majority of definitions and criterions of a profession, corresponds to requirements, raised for a profession; however there is no clear and thorough definition of a profession.

Bagdonas (2001) also notes that in 1972 Baird encouraged to consider and intensify the professionalization of a social work. Strive for the prestige and monopoly of a social work (that are observed in classical professions: medicine, law, theology) encouraged interest on issues of qualification as well as professionalism of people with this profession. Contemporary social work is undividable from the professionalism of people working it as well as their ability to cooperate upon solving problems of the own country and the whole Europe.

When describing the profession of a social worker, Laužackas (2005) noted that it is important to analyse it as "the premise for combinations of activity of people, based on respective knowledge, skills, competences that grant them satisfaction, material welfare and active inclusion into structures of an active public life" (Laužackas, 2005).

"Social work is a professional activity, helping to satisfy vital needs of a person, to reconstruct his/her relations with a society, when the person is unable to do this himself/herself" (Kvieskienė, 1999).

Kraujutaitytė (2002) offered to highlight the following components of a collective of a professional community within the description of a profession: theoretical and practical knowledge as well as competences gained by specialists; collective altruism, principles of services corresponding to needs of clients and other professional values presented in ethical activity codes; rationality of implementation of the activity and its development; functional exceptionality of

offered services within the society; monopoly of professional government (associations, trade unions). Kraujutaitytė (2002) stresses professional communities, operating in the society that can be described by a cognitive component (or intellectual), component of a collective activity (or services) and component of professional monopoly (or autonomous government). The cognitive component indicates that each profession and its professional community develops own activity on the base of scientific knowledge. Scientific knowledge is the generalised experience of a mankind which is revealed by theories by highlighting the systematised image of reality. Component of a collective activity (or services) means that the professional community can be characterised by the institutionally established culture and which is revealed by components, i.e. code of ethics, laws.

Institutes, expressing the profession, implement an important role for the exceptional group of people as well as for the wide society (Kundrašovienė, Zabulytė-Kupriūnienė, 2008; Kraujutaitytė, 2002):

- Gathers members of professional community to work more cooperatively, because they are offered possibilities to meet own interests.
- Helps in maintaining the professional values, competences and high quality of services.
- Competently solves problems, arising within the community that are tried to be solved by incompetent persons or institutions because of inaction of professional institutions.
- Encourages processes of constant renewal in the society.

Component of a professional monopoly (autonomous government) means that the professional community disposes wider or narrower level of institutional autonomy – monopoly of professional government.

Whereas theories are constantly reviewed and developed, there is a need for competent specialists. According to statements presented by Bagdonas (2001), it is possible to state that the social work as the practical activity in Lithuania is substantial on the following aspects: there is a solid legal base; infrastructure for rendering social services and the social work is established; profession of a social work is rather popular, there are many students and this contributes to the selection of good professionals; solid engagement of students, lecturers and specialists.

The following specific features of a social work are separated (Gvaldaitė, Švedaitė, 2005): social worker feels responsibility for almost everything in a life of a human being; profession of a social work does not have the own monopoly in the society; social workers solve everyday problems of clients therefore it is difficult to prove that this needs a professional competence as well as professional methods; social work is dependent upon the social politics of a country, public financing and administrative – bureaucracy apparatus; the social work support in the

contemporary society is an institutionalised support and it is offered by specially designed organisations.

The newly formed professional collectives, including the social work, must maintain all components in order to get the recognition from the society. Collective activity and professional monopoly is impossible without competence of social workers and correspondence to qualification requirements – as one of premises for the development of high quality of social services.

Criterions for recognising the profession of a social work are already visible and this affects professionalization (Bagdonas, 2005): theory and knowledge; assessment of social workers; professional profile of social workers; authority and support from communities; studies of a social work of all levels; professional self-regulation.
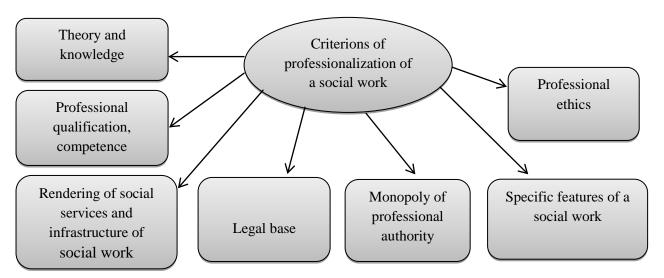
The primary assessment of social workers that was initiated at the beginning of social work in Lithuania did not raise any special requirements for the education of a social worker. Since 27 July 2005 the differentiation of qualification categories according to the education level was started due to the order of the Minister of Social Protection and Labour No. A1-218 "Concerning Confirmation of the Description for the Assessment of Social Workers". Primary assessment of social workers has become an especially positive factor upon professionalization of social work and encouraged the formation of framework (qualification requirements) for the professional profile of a social worker. Many people, not being specialists, but implementing the social work were encouraged to seek for the formal re-qualification and to gain the professional qualification or the Bachelor's or Master's degree. Education in the field of a social work is such education that is gained after graduation from college social work studies in a college or main/ integrated studies of the course of a social work in the Lithuanian institution of higher education or equivalent studies in the foreign institution of higher education. Social workers belong to the group of specialists of public sciences and humanities and have the description of a profession (Profesinės karjeros vadovas, 1998). Since 1991 social workers are educated in Lithuanian universities, colleges.

International Federation of Social Workers (2012) describes the profession of a social worker as the encouragement for social changes, solving communication problems of people and enabling of people; in order to attain this, one must be a professional.

Generalising all authors and their attitudes towards the social work as the professional activity, the main criterions of professionalization of a social work (social worker) are formed (see Pic. 1):

- Theory and knowledge (the base of a systematised theory).
- Professional qualification, competence (assessment, professional competences).

- Rendering of social services and infrastructure of social work.
- Legal base (regulation of social work, functions and services).
- Monopoly of professional authority (Association of Social Workers).
- Professional ethics (principles of a social work, relations of representatives of a profession with patients and colleagues).
- Specific features of a social work (professional; personality: intellectual, emotional, organisational features and features of will, character, skills, temperament, and worldview).

Pic 1. The main criterions of professionalization of a social work

Social work, functions, implemented by a social worker and rapid growth of criterions for the expression of professionalization appear not only on the local, but also on international scope. Functions, implemented by a social worker are regulated by a legal base and are becoming more professional in healthcare institutions and therefore become one of the main elements, satisfying needs of the disabled.

1.3. Functions of a social worker in the healthcare upon satisfaction of needs of the disabled

1.3.1. Needs of patients in healthcare institutions within the context of a social work

Regaining of Independence, political and economical development of the country revealed many unsolved or even new social problems (issues) therefore the need for social workers in various spheres of the social life has been increasing, including the healthcare. Together the understanding has been increasing that the healthcare is not only diagnosis of diseases as well as treatment and prevention, realisation that an important part of the public health is the care and nursing of a patient which encouraged great changes in the social politics. Aim of the activity of

social work is to satisfy the vital needs of a person, to include the individual into the society and to re-establish his/her public relations.

A human being is alive and dynamic creature, living in the surrounding environment, having many roles and needs. Problems and difficulties often appear when a person is unable to satisfy own elementary needs (economical; health, education); therefore various human tensions appear (psychological, social, physical; conflicts). During the social work in healthcare institutions it is important to satisfy needs of a client by solving various social problems, linked with the disability.

The need is something that is required for the effective functioning of a person or a social system in some appropriate situation as well as some shortage that restricts a person or a system from development and improvement, but not a wish to get and have (Johnson, 2003). Johnson notes, that activity of a social work is perceived as the response to the interest and/or the need; this activity is linked with care and understanding.

Attitude of Maslow towards a person and the World is holistic and dynamical, based more on the clinical experience where consideration of every need of a person separately leads to the perverse image therefore his/her image is to be formed by observing a person in everyday situations by satisfying all needs. According to Maslow, human beings are individual and different therefore there are individual differences between needs and satisfaction of needs. There are common needs of people, but people satisfy them in different ways and this is affected by culture, social – economical factors, gender, discrimination, physical disability. Within this sphere the social worker must perceive and understand differences of people and this affects identification, satisfaction of needs, successful stage of problem solving, support.

Upon social work in the healthcare institution, Maslow's hierarchy of needs theory becomes important where needs are modelled under some appropriate hierarchy. The list of needs is presented regularly and in order to satisfy each need the previous needs are to be satisfied. Maslow presents the main needs of a human being:

1. Main physiological needs – the essential vital needs are physiological (biological), non-satisfaction of which causes danger to the health, development and growth of a person.

2. Safety, constancy, trust needs that appear during infancy and guarantee the normal growth, emotional development, safety, constancy, trust that in later life cycles will be ensured by the work, order and self-protection. There is also a need to avoid pain and physical harm.

3. Love and belongingness needs that are very important for a person. Every person wants to love and to be loved, because one is a social creature from the birth that needs care, sensitivity, communication. The need to feel safe by maintaining close, intimate relations with others.

4. Self assessment, recognition, respect needs for oneself and others. We face the development of own "me", creation, appropriate recognition, assessment, possibilities. The need for respect is some appropriate status and recognition in own group, environment.

5. Self-actualisation needs – the highest level of the personal maturity when the personality is ready for a professional, creative and social actualisation. The need for self expression is the expression of potency and skills.

6. The need for a cognitive understanding – self-perception and understanding the external world.

A person satisfies the main physiological needs prior starting thinking about the social needs; however situations are observed when physiological needs cannot be satisfied without relations with other person, i.e. small children, severe illnesses, the disabled and etc.

Social workers in healthcare institutions believe that the need of individual and clients to feel that they can control and are capable of satisfying own needs changes the situation, hindering the satisfaction of own needs. Also needs of a person can be identified and defined by knowledge of a social worker concerning the development of a human being, differences between people, and peculiarities of theories of social systems. There are some general needs, but human beings satisfy them in different ways under the influence of culture, social – economic factors, physical disability, gender and other. It is important for a social worker to understand case of disability and their effect on the functioning, development of the individual as well as on the satisfaction of one's needs.

During social work, upon meeting needs of patients, professional roles of a social worker become important that affect the professionalization of implemented functions. Sapežinskienė, Švedienė, Guščinskienė (2003) analysed the qualification of a social worker and the implemented role of a teacher and a mediator in the team of rehabilitation specialists. Need for a social worker as a mediator and a consultant in healthcare institution was revealed in the survey of Kundrotienė (2006).

Specialist of social work is the specialist in the sphere of lifelike relations and circumstances; the sphere, where there are no pre-designed prototypes for solving a problem, but where professional roles are described that are to be undertaken upon implementation of own functions.

Okonišnikova and Rumianceva (2007) defined such roles of a social worker (Socialinis darbas: profesinės veiklos įvadas. 2007) that are repeated and become important upon professional implementation of functions of a social worker (Zastrow, 2004):

- Identifier of a client – a social worker, who identifies people or groups of people in crisis situations, describes conditions of their environment that led to problems.

- Mediator – a social worker comes in between two persons, between a person and a group in order to help people in solving misunderstandings and leading to a productive work together. The role of a mediator covers solving of conflicts on level of micro, mezzo and macro systems. Upon implementation of this role, a social work in healthcare institutions helps a person and members of his/her family to find and get needed services, to solve problems, to satisfy needs.

- Assessor – a social worker, who gathers information, assesses problems of people, groups, communities, helps in making appropriate decisions. Social workers, implementing role of an analyser, assessor, having a great knowledge, must be able to analyse and assess how systems and programmes operate.

- Mobiliser – a social worker, who makes inspiration, organises actions of existing or new groups of people aiming at solving some appropriate problems. Mobilisation is possible on the individual level as well.

- Teacher – a social worker, who transmits information and knowledge and also helps people to develop skills, tries to change stereotypical skills, behaviour and attitudes towards people or groups of people. The role of a pedagogue covers rendering of information and educational skills for clients and other systems. Such a worker must know a lot, be a great communicator so that the information is rendered clearly and comprehensively for a client. Role of a teacher is implemented by a social worker in healthcare institution when a person needs information, helping to solve problems, satisfy needs by application of new behavioural models and skills.

- Consultant – a social worker, who works with other employees or agents and helps them in the development of skills and solving problems of clients; the agent helps a client to get food or shelter, legal help or other necessary resources. Role of a consultant is implemented by a social worker by direct work with client, groups or families, seeking for different aims: to develop and encourage interpersonal relations; to teach a client (group of clients) to solve problems, to satisfy needs. He/she also tries to listen to clients and to perceive their feelings; however this activity requires much attention, thoroughness, patience and time. A social worker often consults in cases of social support, solving social problems, losses of close people. He/she also helps to overcome problems, to plan the process of support, shows attention and empathy, evokes trust and helps in satisfying one's needs.

- Role of a negotiator. Negotiator represents organisation, group or a person, who strives to get something from the other group or a system.

- Role of a counsellor is one of the most important roles that a social worker can implement in spite of potential difficulties. Upon implementation of role of a counsellor (advocate) the social worker represents interests of the client in healthcare institution and protects one's rights. He/she becomes a representative of client's affairs: he discusses, confronts, makes agreements, negotiates,

and looks for the best possibilities to help a client. Counselling can be organised without the direct participation of a client (when a situation may be dangerous for a client).

Roles of social workers are often implemented and repeated; they complement functions upon rendering of support for the disabled and become an important feature of professionalization.

1.3.2. Functions of a social worker in healthcare institution: legal aspects

Social workers are mediators between the society and a human being. Their work is to organise and render social services professionally for those who need them, to solve social problems of the weakest community members and to help them upon integration into the society.

Social work is the profession that initiates social changes in the society, necessary for the assurance and maintenance of the social welfare of people. Professional social workers are needed for the implementation of social changes within the society; they are supposed to apply effective ways of solving social problems and also to stop the possible appearance of social problems (issues), to implement own functions and duties responsibly (Order No. 432/77 „Concerning Provisions of Activity of Social Workers in Healthcare Institutions").

On the base of the Order No. 432/77 of 6 October 1999 of the Minister of Social Protection and Labour „Concerning Provisions of Activity of Social Workers in Healthcare Institutions", social workers, when implementing own duties, implement the following functions:

1. Assess the social situation of a patient:
- Gather and collect information concerning social problems of a patient and the environment;
- Mediate between the staff in healthcare institution and the patient;
- Prepare the plan for individual social support of a patient;
- Identify concrete aids and methods for the social support of the patient.
2. Give information and consult a patient:
- About laws on social guarantees and privileges;
- About rights and possibilities in some particular cases;
- About behaviour upon problems, conflicts that appear due to changes in the health state of a patient;
- About institutions of support needed for a patient; he/she also help in the selection of needed institution.
3. Help with documentation for care, nursing, services at home, pensions.
4. Inform and consult relatives of the patient about the need for support and aids.
5. Organise and work with self-support groups.
6. Cooperate and coordinate own activity with other institutions:

- Can represent and protect rights of a patient and legal interests in different institutions as well as organise the legal help;
- Coordinate relations with family, employment and help in solving different conflicts;
- Prepare documents for transferring the patient to the care institutions;
- Inform the Department of Social Care at the Municipality in written form about services, needed by the patient;
- Cooperate with doctors, specialists of care upon solving problems of patients;
- Consult social workers from other institutions.

7. Include family and relatives of a patient into the process of help and support.

8. Control and recommend the continuity of social services.

9. Develop own activity:

- Are interested in experiences and achievements within the system of social work and healthcare, applies the advanced experience;

- Assess the effectiveness of help and support for some concrete person and offers the work improvement aids.

- Prepare reports of social activity.

10. Mark the course of rendering social services in written form in some appropriate document.

11. Social workers must maintain the confidentiality of the obtained information about the patient.

12. Social workers are responsible for inappropriate implementation of functions as well as the caused damage under the order stated in laws and legal acts of the Republic of Lithuania.

The main function of social workers is presenting information and consultations, prevention of conflict situations, identification of social problems and solving of them, education of the society on social issues. Attention is given with an aim to help individuals to cope with environmental factors, restricting the social functionality and decisions how the service should look like, linked with something that causes troubles as well as obstacles for satisfying the need and with the one who needs this change: a patient, situation, both of them. Solving of problems of the social work is linked with issues and needs of the social functioning that are hidden or cannot be satisfied from resources, available by the client.

Aim of the social work becomes the encouragement to restore the mutually useful interaction between individuals and the society, to improve the life of every person (participants of the second meeting of a social work). The centre of attention for social workers is interaction between a human being and the environment; they follow the further aims in the working activity (Johnson, 2003): to help people in increasing the competence and skills to solve problems; to help people to have all necessary resources available; to make organisations responsible for a person;

to facilitate relations of individuals within their environment; to have an impact on interaction between institutions; to determine social and environmental policies.

Social workers, employed in healthcare system are responsible for the enhancement of the adaptation of a patient to the environment, his/her abilities to renew cooperation with society by helping him/her to integrate into the society and encouraging the full social functioning of a patient.

Healthcare institutions comply to the aim of the social work that helps upon social integration of a patient, revealing necessary internal and external resources with full and effective and coordinated application of them.

Functions of a social worker in laws, documents are planned the way for the social work to implement own functions:

- To identify the social problem and the need (to collect information, to make new contacts, to organise surveys);

- To plan the support (to assess resources, to consult, to prepare programme, to activate, to motivate);

- To provide help and support (to mediate, to mobilise, to provide information, to form the team);

- To assess the help and support (to analyse, to discuss);

- To cooperate with social partners (to coordinate, to discuss, to assess, to prognosticate);

- To develop the professional activity (to analyse, to offer, to initiate, to consult).

One of the main spheres of the system of social work in healthcare is social services, provided at healthcare institutions. A social worker in healthcare institutions offers support and help in various non-financial forms for people with an aim to ensure their skills of social functioning and therefore offering social services by aids that he/she is striving to reach the purpose of the personal healthcare – to guarantee the social safety and rehabilitation of patients (Law on Social Services of the Republic of Lithuania, 9 October 1996, No. I-1579).

Social workers offer social services, help people to use the new possibilities to overcome difficulties or the disability and also gather resources of local communities for rendering of social services, plan services and prepare offers.

Laws do not indicate a number of clients for one social worker working in healthcare system – this is described in regulation of healthcare institutions, describing the activity of a social worker. It also states that "the number of staff of social workers is defined by the administration of an institution according to needs of institution under normative set by the Ministry of Social Protection and Labour and Ministry of Health" (Oder No. 2553 "Concerning the Provisions of Activity of Social Workers in Healthcare Institutions No. 85).

In this case the social worker in healthcare institutions can be imposed the law of the Ministry of Health of the Republic of Lithuania No. 722 "Concerning the Price for Primary Ambulant Services of Psychical Healthcare, their Rendering, Payment Order and Model Regulations of the Centre of Psychics and Specialists", where it is stated that the number of serviced residents by specialists of centres for psychical health: the social worker – up to 25000.

Social work, functions of a social worker, social services, rendered in healthcare institutions are regulated by some concrete and purposeful legal base, however the lack of the legal base regulating the social work in healthcare institutions is noticed and some uncertainty of the number of patients for social workers in healthcare institutions.

Activity of a social worker within a healthcare system is not oriented towards the isolated person or a family, but towards a person or a family in some appropriate social environment affected by some social factors or circumstances. The main requirement is the systemic approach that all three elements – person, environment and relations between a person and the environment – compose the unity. Such factors as information, rights of a social worker as well as functions, activity organisation, planning, the teamwork together with the network of support and professional ethics become important for this requirement.

Information is directly linked with communication, cooperation and is a part of communication, i.e. it is the way for establishing and maintaining interrelations among people for attaining the aim, motivating as well as receiving and transmitting information.

Laws (Law on Provisions of Activity of Social Workers at Healthcare Institutions, Law on Rendering Information about the Patient for Public and Other Institutions) direct the information for a social worker in healthcare institutions to: assessment of the social situation of a patient; necessary information from the state, municipality, non-governmental organisation; consulting of the social worker on the base of information.

The legal base of a social work in healthcare institutions identifies information rendering by a social worker in consulting of team members, infrastructure or the patient and his/ her relatives. A social worker in healthcare institutions when providing consultations or transmitting, receiving information has a right to administer these blocks (Order No. 2553 Concerning Provisions of Activity of Social Workers in Healthcare Institutions, No. 85 Law on Social Services of the Republic of Lithuania, 9 October 1996 No. I-1579):

- Assessment of the social situation of a patient;
- Consultations and information rendering to the patient;
- Informing, consulting of relatives of a patient concerning need for help and support as well as aids;
- To cooperate and coordinate own activity with other institutions and to provide offers;

- To develop own activity.

A social worker with the help of the legal base of the healthcare system, has a right to receive the information needed for the implementation of functions, rendering of social services, solving social problems of a patient; he/she also has a right for satisfying the need for consultations by the social worker himself/herself; he/she manages information, consults clients and his/her family as well as the staff involved in the process of treatment, the network of support.

Social worker in healthcare institutions has a legally regulated rights, functions and responsibilities that enable planning, coordinating the own activity upon creating the individual help and support activities as well as upon working together with a team within a network of support which is also regulated by the law. The law states that aim of the social work is the social integration of a human being, revealing necessary internal and external resources and using them effectively in a coordinated manner (Order of 5 April 2006 No. A1-92).

A social worker in healthcare system, when coordinating own activity, should follow the main criterions for the activity planning:
- Review of social problem: assessment of the social situation of a client by aids of micro, mezzo and macro, egzo systems;
- Intervention planning: work with a client, priority of social problems, transfer of social problems to needs, assessment of levels of intervention, defining the aim, tasks, preparation of contract;
- Intervention: motivation, diversity, reflection;
- Assessment of results of solving social problems;
- Finishing the process of social interaction between a client and a social worker.

The legal base for social workers within healthcare system concretely regulates coordination and planning of social activity, because a social worker in the healthcare system must plan, coordinate the provided social services so that they are effective, concretised and efficient; resources and possibilities of the healthcare system of the social worker must be concrete and used efficiently.

Activity of a social worker within the healthcare system intends the cooperation with colleagues and social partners; norms of social work of a social worker in the healthcare systems with team members are suggested:
- To recognise education and activity of colleagues of social work as well as specialists from other spheres; to expand communication links that could help in ensuring the effectiveness of social services;
- To accept differences of attitudes and activities of colleagues and specialist from other spheres as well as critics, expressed in different ways;

- To support and to share knowledge, experience, ideas with colleagues and specialists from other spheres as well as volunteers, seeking for the mutual development;
- To protect colleagues against illegal actions.

Legal base for a social work in healthcare system describes norms of a social worker with a support network, agencies and organisations (codes of ethics): to work, cooperate with organisations; to seek for intended aims responsibly and to implement functions therefore contributing to the development of methodology with an aim to reach the best possible results; to maintain the maximum responsibility for a patient by initiating necessary changes of organisational policy, methodology.

The legal base regulates and obliges the social worker to cooperate in the healthcare system, to work with members of team as well as social partners according to general provisions. Upon rendering of help and support, implementing functions, the social worker uses knowledge, values, methods of help and support, experiences, competences that help in understanding patients in different situations.

Ukrainian legal base for the social work covers the general regulation of a social work that describes social services, main principles of offering social services, clients and possibilities. Law on Social Services No. 966-IV issued on 19 June 2003 regulates organisational, legal principles of social services for people who underwent crisis and who need help. This law intends "social – medical services – advice concerning possible organic disorders, their development and advance as well as advice on issues of health protection, maintenance and support together with organisation of prevention aids, events for health preserving, working therapy (м. Киев, 19 July 2003 No. 966-IV). This law also describes the social worker: "a social worker is a person who is rendering social services and has a special preparation, corresponding to requirements and work nature" (м. Киев, 19 July 2003 No. 966-IV).

Considering the legal base for the Ukrainian social work, the Law on Psychical Healthcare No. 1489-IV of 4 April 2004 dominates in the healthcare system. The law identifies the priority – human rights upon rendering of psychical healthcare services with special stress on confidentiality, fairness, humanity, accessibility, independence and respect for human rights. Ukraine also regulates rights of the disabled by the Law on Social Protection for the Disabled, No. 875-XII, issued on 21 March 1991. Social rehabilitation of the disabled children is described by the law "Concerning Confirmation of Provisions in the Centre for the Social Rehabilitation of the Disabled Children", No. 505, issued on 15 August 2013.

The legal base of the Ukrainian social work also covers healthcare institutions upon regulation of social services, principles of the social work with a person by defining crisis situations, rights of the disabled, rehabilitation, social problems. This all indicates the purposeful

change of the social work within the healthcare system upon rendering of social services for the disabled.

1.3.3. Ethics, regulating functions of a social worker

Ethics – internal and external factors of a person, affecting his/her behaviour. Ethics of a social worker within the healthcare system is his/her internal and external factors that influence the rendering of social services for patients as well as satisfying of social needs, social help and support. Ethics of a social worker in the healthcare system becomes very important and influential upon implementation of functions, practice therefore norms of ethics of a social worker in healthcare institutions and principles are regulated by the legal base (see. pic. 2): Code of Ethics of Social Workers in Lithuania; the Universal Declaration of Human Rights; Law on Criterions of Healthcare Confidentiality; Law on Information Rendering Order about the Patient for Public Institutions and Other Institutions; International Declaration of Norms of the Social Ethics.

Ethics of a social worker in healthcare institutions, which are regulated by the legal documents

Pic.2 Ethics of a social worker in healthcare institutions, which are regulated by the legal documents

The main idea of the social work is to protect a human being as the individuality and a virtue, to cherish his/her right for decisions and self-realisation (Code of Ethics of Lithuanian Social Workers (1998). Code of Ethics of Lithuanian Social Workers seeks to establish the following values of a social worker: work for the wellbeing of the society; help for the individual and family upon solving their problems; strive for the social justice.

Lithuanian Code of Ethics for Social Workers describes the whole social work and its spheres: almost every side of the social work is described that forms six chapters in the code: general provisions; ethical responsibility towards a client of a social worker; ethical relations of a social worker with colleagues, specialists; interrelations between a social worker and an employer; links of a social worker with a profession; obligations of a social worker towards a society.

Lithuanian Code of Ethics for Social Workers is to be applied for social workers in healthcare institutions where ethical issues have a special importance for every patient, his/her situation and the social worker himself/herself upon rendering of social services and following the defined values, ethical principles, professional knowledge, methodology that compose professional norms of a social worker:

- To maintain the system of values of social workers in healthcare institutions, to follow ethical principles, methodology and professional knowledge, try to improve them;

- To follow professional norms of acting in healthcare system and to complement to their development;

- To protect the professional social work in healthcare system from unfair critics and to encourage the trust;

- To criticise the professional social activity, its theories and methods constructively.

Universal Declaration of Human Rights, considers the fact that all human groups can be characterised by recognition of dignity and equal rights and is the base for freedom, justice and peace in the world; it has declared 30 chapters that define equal rights of human beings as well as possibilities, accessibility of the law, self-realisation, cooperation, help, inviolability, education, place of residence and other aspects. Declaration becomes one more of documents that substantiates the ethical features of social services, provided by social workers in healthcare institutions.

"Protecting the secret about a personal health or confidentiality is the duty of healthcare workers – not to reveal information about the health state of patient, diagnosis, treatment and other facts of personal nature without the permission of patients or their representatives that became known as a consequence of professional or working duties" (Order No. 3195 "Concerning Confirming Criterions for Secrets of Personal Health"). Confidentiality is not to be applied for social workers in healthcare institutions in some cases, defined by laws and working in one team.

One of the main criterions, mentioned in the law concerning secrets about personal health is that staff of healthcare institutions, social workers, must maintain confidentiality: during treatment and analysis of a patient; after the treatment; during the process of education; upon implementation of biomedical analysis; upon administering statistical, archive, medical documentation. The law states that information about the health of a person remains confidential after his/her death, except critical cases. The law also describes the order of receiving information about the state of a patient by public and other institutions when the written request with stated possible ways of using this information is required (Order No. 3195 "Concerning Confirming Criterions for Secrets of Personal Health").

The law on information for public institutions also covers exceptional cases: no written request is needed for the court, prosecutor's office, other institutions that are given such right by law as well as for healthcare institutions where the patient is cured, nursed or where his/her health expertise in performed.

Confidentiality of secret of personal health and rendering of information about the patient for other institutions is regulated by the law that is followed by a social worker in healthcare institutions not infringing human rights and freedoms for the satisfaction of needs.

International Declaration of Ethical Principles of Social Work (IDEPSW) is based on norms and principles of the social work ethics that present the main principles of ethics for a social worker: it recommends the system for solving ethical problems at work; it covers relations of social workers with clients, colleagues and other issues in this sphere. IDEPSW covers the following spheres of a social worker, social work in healthcare institutions: principles of social work; problems; methods of asking, solving problems by a social worker upon rendering social services; norms of social work with patients, professional norms; norms of social work with colleagues, organisations.

It is possible to make a conclusion that International Declaration of Ethical Principles of Social Work declares the professional ethics of a social worker in healthcare system, its norms; it also declares ethical work relations of a social worker in healthcare system with a patient, colleagues, social partners; it declares methods for solving problems of a social worker and healthcare system, complements the legal base of professional ethics of social workers at healthcare system.

Roots of the social work in Lithuania rely in philosophy of humanism, ideals of democracy and trust. Love of a close person, patience, good neighbourhood, sense of communality, self-control, fairness, wisdom, trust and hope. Diligence, sense of feeling has been characteristic to Lithuanians since ancient times. These features and values helped upon standing difficult trials, establishing the nationality. Social workers are ready to serve people, try to educate the self-expression, improve the own professional preparation, try to intensify the society development by own activity (UDHR). Every social worker despite his/her competences and ways of treating the legally regulated ethical criterions, has own personal values, provisions, norms, i.e. the personal ethics which contributes to the necessary practice of social work in healthcare institutions. Professional ethics of a social worker in healthcare institutions is regulated by laws, codes, declarations; however nobody declares the personal ethics, except in cases when it is exposed during practice (in communication, cooperation, motivation).

The sphere of social work within the healthcare system is specific and therefore diverse; therefore the personal attitude towards work, patients, support, function and principles of

rendering social services is important; this is stressed in the introductory part of the Lithuanian Ethical Code for Social Workers. Ethical features of the social worker may determine the quality of social services, professional characteristics of implemented functions, but also the final result, which is relevant for a patient.

Professional ethics of a social worker is intended, regulated; the personal ethics is also important, especially within the healthcare system where a patient, a disabled is vulnerable, unsafe. Personal ethics of a social worker in healthcare institutions is affected by norms and principles of the social work ethics, describing all spheres of practice of a social worker as well as functions.

1.3.4. Versatility of functions of a social worker within a context of disability

The World Health Organisation (WHO) describes health as "a state of full physical, psychical and social welfare, but not only the absence of disability". Important effect on health disorders and illnesses is made by biological, psychological and social factors. Illness becomes an important factor for the healthy lifestyle of a person, having an effect on the personality, family, working environment, public activity. A person, when being ill, feels not only symptoms of the disease; his/her everyday activity changes as well as the lifestyle, family and social relations; financial problems occur; therefore in order to satisfy health and social needs, the health services should be provided in the integrated manner with social services. The process of re-socialisation becomes important when new values are accepted together with social, behavioural standards instead of previous ones; psychotherapy, social rehabilitation are implemented.

Contemporary holistic approach towards a person is the base of the healthcare where the social worker is dominating. Holistic approach identifies health as physical, psychical and spiritual states that are closely interrelated and the patient is not a subject with disturbed functions of one of organs (from biomedical approach), but a person, having problems that are to be solved according to physical, psychological and social aspects (Siu-Man, Chan, 2009). A person is perceived as the unity, i.e. as psychological and biological organism, interrelating with a social environment where it exists and realises oneself as the unity.

Disability is a complex of complicated interrelations between state of health of person, personal features and environmental factors. In other words, disability appears because of interrelation between people with health disorders and the attitude as well as obstacles in the environment that prevent such people from full and effective participation in the society equally with other members (Bagdonas et al., 2007).

Many authors analysed disability. Disability is a social phenomenon that exists in every society, because loss of the working capacity can be directly faced by any person (Socialinis

darbas: profesinės veiklos įvadas, 2007). Civilised society should do everything for people with health disorders to be able to participate in economical and public life. Law on the Social Integration for the Disabled (2004) presents the definition of disability: "disability is the long-term impairment of the health state due to interaction of body composition and functional disorders with unfavourable environmental conditions, reduction of possibilities to participate in public life and to operate". Disability is the social insufficiency due to health disorders, often followed by serious long-term impairments of functions of the organism and determining limitations of activities as well as need for social support (Bagdonas, 2007).

The task of a social work with the disabled is to educate internal empathic features, to perceive experience of other people, to develop a positive emotional, active and effective working environment (Šinkūnienė, 2010). Aim of the social work with the disabled is to help every individual to become as independent as possible by presenting functional possibilities to live, learn and work in the less limiting environment, covering spheres of family, profession and leisure (Muceniekas, Vėliuvienė, 2004).

A person with disability is a person who cannot partially or fully control personal or social life due to the inborn or acquired physical or mental disability, cannot implement own duties and use rights, offered by laws (Šinkūnienė, 2010). A disabled person is a person with health dysfunction, characterised by the long-term impairment of functions of the organism determined by consequences of illnesses, injuries that limit the activity as well as make premises for the need of personal social support (Bagdonas, 2007). The disabled is a person who has long-term physical, psychological, intellectual or sensory disorders that, upon interaction with different obstacles, may bother this person for the full and effective participation in society equally with other people (Preamble of Convention on the Rights of Persons with Disabilities, 2006).

Social inefficiency is a consequence of the social health disorders, affecting restrictions of activity and necessity for the social protection where activity categories are defined (Bagdonas, 2007): a) ability to service oneself; 2) ability of independent movement; 3) ability to learn; d) ability to work; e) ability to orient in time and space; f) ability to communicate (contact with people, process and transfer information); g) ability to control one's behaviour.

Disability is any disorder, syndrome, trauma or injury that restricts the possibility of a human being to implement everyday activities and feel a fully-fledged member of the society (Law on the Social Integration of the Disabled, 2004).

Disability is divided under three criterions: 1) Reason of disability: inborn, developed, senility. 2) Level of severity: mild, average, severe. 3) The nature of disability: physical disability (disability of movement, somatic disorders); sensory disability or disorder (blindness, deafness,

speech defect); developmental disorders; mental disability; psychical disorders (schizophrenia, depression) (Šinkūnienė, 2010).

Vocabulary of social work describes the disability as physical or mental obstacle that restricts or limits ability of individual for appropriate functioning. Psychical health is the sense of good-feeling, emotional and spiritual state enabling a person to feel the joy of life, to experience pain and sadness. Psychical health is not only the absence of psychical illness or disorder. Good psychical health is indicated by skills of human beings to start and maintain personal relations, to express oneself in such ways that give pleasure for the individual and surrounding people, to make decisions and to be responsible for them (decision of Seimas of the Republic of Lithuania No. X-1070 of 3 April 2007).

Several aspects are important upon providing social help and support within the social work: children (majority of couples where one or both or partners are disabled do not have children); loneliness (the amount of lonely disabled people is growing and this group is expanding with age); skills of economy (low social mobility of the disabled and their relatives as well as tendency to live with relatives); tendency of the disabled to be together (the phenomenon of the attraction of disabled is expressed by the fact that number of economies consisting of two partners both disabled is much higher).

Ruškus (2002) separates two approaches towards the disability: clinical – corrective and social – interactive. Essence of the clinical – corrective approach is the specific nursing, technical help while of the social – interactive – joint activity, active role of the disabled, experience exchange with healthy persons and change of the provisions of a healthy person. A human being is a biological, social and psychological creature; therefore the disability is not only the health disorder but also preconditions under which the body is functioning; it is the result of interaction of body and environment. This approach covers the material and social aspects of the functioning of a human being, the so-called biopsychosocial approach. Such model of personal functioning has been announced by the World Health Organisation.

Social integration of the disabled requires much flexibility for specialists, as well as ability to communicate with the disabled, change roles and their content. Social worker must implement many roles and be a good specialist in the own sphere in order to implement own functions effectively, with quality upon rendering of services for the disabled. Social work is the activity, the purpose of which is to increase skills of a human being to adapt to the environment, to restore his/her community links, to help them upon integration to the society, to encourage the versatile social functioning of a human being (Ruškus, 2008). The base of a social work is objective and complex ways of acting that form, maintain, rehabilitate or socially integrate a separate person or a group of persons. Professional social work is directed towards the problem solving and striving

for changes. Aim of the social work is assurance of social, psychological and physiological wealth of a person. According to Gvaldaitė and Švedaitė (2004), implementation of the social work means the constant and everyday encounters with a bare truth of life, with disasters, unsuccessful life, with those who are the weakest within the society and are the most unnecessary. Social workers implement only such roles that are directed towards the achievement of the aim independently from the state of the object. Object of work of the social worker is a person who needs help and who cannot solve own problems without the help of others. If compared to other specialists, the spectrum of functions of social workers is rather wide and covers many functions, because it is related not only with a client, but also with the surrounding environment.

Social Work Primer (2004) states that social workers, as members of a team, provide services for people with disabilities, in personal healthcare institutions, day centres, centres of professional rehabilitation and in other institutions. The main principle of a social work is not only to give some concrete help to a client, but also to teach him/her the independent problem solving. According to Alseikienė (2005) rendering of highly qualified help for a patient requires a team of specialists and often not only pharmaceutical treatment is needed, but also the social support. Many of surveys in Lithuania aim at revealing different aspects of interdisciplinary cooperation within the sphere of a healthcare. Teamwork competences of nurses were analysed by Žydžiūnaitė (2005). Kairienė (2010) analysed interdisciplinary cooperation by aids of early support and help to a child and a family, analysed the concept of cooperation by specialists employed in one department of a healthcare institution (paediatrician, speech therapist, social worker, specialist of kinesitherapy) as well as their expression within interactions. Petrauskienė (2011) was also interested in the interdisciplinary cooperation within the healthcare system as well as its components and factors, interactions between social workers and healthcare specialists.

Adams and Gilli (2007) stress the importance of a teamwork in healthcare and define members of interdisciplinary team who implement functions, imposed under their competence:
- Administrative staff does not have a direct contact with consumers of healthcare services. Administration is responsible for the management of human resources, work organisation, management of finances and activity improvement;
- Doctors of various spheres define the diagnosis, discuss possible ways of help and support, prescribe medications and procedures, observe the state of a patient. His/her duty is to gather specialists for the joint work, to inform members of team about changes in health and treatment;
- A caregiver cares of the environment of a patient in healthcare institution as well as his/her hygiene; he/she also implements prescriptions of a doctor for medications, analysis and procedures. He/she also shares information with other specialists on issues of the everyday life and nursing of a patient;

- Specialists of curative procedures (specialists of kinesitherapy, ergo therapy, occupation) implement procedures that help in reduction of symptoms of diseases, pain and residual expressions. They also help a patient to implement everyday activities, take care of his/her free time;

- Psychologist helps the patient to solve encountered psychological problems, takes care of relations between the patient and his/her relatives. He/she also prepares and implements psychological tests, psychological assessment and analysis. He/she also informs other specialists in the team about emotional state of a patient and the related problems, participates upon solving difficult situations (crisis, injuries, and catastrophes);

- The main aim of a social worker is to assess the social risk, appearing due to health disorders as well as the impact of social conditions on the expression of disease. A social worker, when employed in the interdisciplinary team, can offer a wide spectrum of services for a patient and his/her relatives: implements assessment of needs of a patient and analysis of social conditions, offers social services, social support, ensures accessibility of other necessary services, improves the social – economical state.

Ethical standards and their changes depend upon links with the disabled therefore ethical standards of the staff are important: respectful behaviour with every person; help to every person; respect of the patient's privacy; maintaining confidentiality of a patient; acting under the own competence; maintaining only professional relations with a patient; constant development and improvement of own skills, deepening of knowledge; striving that the ethical behaviour is observed in the collective; respect to colleagues and appropriate cooperation with them (Pivorienė, 2003).

Teamwork becomes really important upon rendering of social support and help for a disabled person. Often a social worker is included into different teams within healthcare sphere. A social worker becomes a member of a team within the team of organising the treatment as well as in team of rehabilitation specialists and social partners. In each case a social worker assesses the social situation of a patient upon interaction with patient, family, team members. Together social problems are determined and solved; the maximal social integration of a patient is pursued, relations of a patient with a social environment are cared to be restored. A social worker observes the general life situation of a patient (family contact), analyses financial possibilities, foresees possibilities for cooperation, assesses the effect of disease or disability on the patient and his/her interrelations with family members, trains a patient and members of family to apply various methods of solving problems, consults, informs, describes where necessary aids of rehabilitation are to be received, helps in obtaining the compensation technical aids and implements many other functions under individual needs of each patient.

II. ANALYSIS OF THE ASPECT OF PROFESSIONALIZATION OF FUNCTIONS OF A SOCIAL WORKER UPON RENDERING SOCIAL SERVICES FOR THE DISABLED AT HEALTHCARE INSTITUTIONS

2.1. Methodological substantiation of the survey of professionalization of the social worker

Methodological approaches of the survey

Roots of a social work lie in the philosophy of humanism, beliefs, ideals of democracy. However, the humanistic theory recognises human rights as inborn, having the social nature, historically changing. These rights are marked in UN documents as well as in the Universal Declaration of Human Rights (1948), which leads the social work.

Theory of humanism is the historically changing system of attitudes, recognising the respect to the personal dignity, rights for freedom, equality, development of inborn features and skills, revelation of personality, favourable public life conditions (Išoraitė, 2007). Social work within humanistic boundaries allows the specialist, social worker to apply different methods and techniques, implement functions in order to work with individual or group successfully and effectively. Social work is ethical from its nature and is the expression of high humanism as well as ethicality of the society on the own essence.

Within the theory of existentialism, practical social work in assessing problems of a client considers links between personality, problem and situation, the singularity of a client as well as uniqueness as the expression of a lifestyle, responsibility for the own life flow and order (Vitkauskaitė, 2001). Links of a client with a family and other influential people as well as with a community and personal features of a social worker, stimulating, enabling and motivating client become important.

Upon social work in the healthcare institution, Maslow's (1943) hierarchy of needs' theory becomes important where needs are modelled under some appropriate hierarchy. The list of needs is presented regularly and in order to satisfy each need the previous needs are to be satisfied.

Social workers in healthcare institutions believe that the need of individual and clients to feel that they can control and are capable of satisfying own needs changes the situation, hindering the satisfaction of own needs. Also needs of a person can be identified and defined by knowledge of a social worker, concerning the development of a human being, differences between people, and peculiarities of theories of social systems; satisfaction of needs of clients during the social work in healthcare institutions upon solving various social issues, disability-related problems, starting from physiological needs and finalising by the level of highest needs.

Methodology of the survey was based on philosophical paradigms of theories of humanism, existentialism, Maslow's (1943) hierarchy of needs' theory, that correlate on theoretical as well as practical levels during professional implementation of functions of a social work within healthcare system upon implementation of needs of the disabled and solving social problems.

Analysis of professionalization of the social work has been implemented on the base of criterions of professionalization of the social work: theory and knowledge; assessment of social workers; professional profile of social workers; authority and support from communities; professional self-regulation; studies in social work on all levels. Also definiteness of a profession of a social work and professionalization by L. C. Johnson was followed during the survey.

Methodology of the survey

Qualitative method was applied during the survey with an aim to get the deeper survey analysis (Kardelis, 2007). Qualitative survey was implemented in the natural environment, because this leads to a more precise survey data (Luobikienė, 2010).

Advantages of the qualitative survey are separated (Tidikis, 2003): it enables the expansion of the analysed problem, the wider analysis; it allows to observe the development dynamics of the analysed phenomenon; it aids at receiving the versatile information; it adds up to the creation of theory when it is not developed, but created and no hypothesis are possible; it helps at creating new hypothesis; it explains unique facts and demonstrates them; it does not require high expenses.

Qualitative method of the survey was selected because the informants, their scope, environment were favourable upon application of this method (Tidikis, 2003).

Qualitative method of the survey was purposely applied in analysis of functions of social workers from Public Institution Šiauliai Regional Hospital upon rendering support to the disabled in healthcare institutions on the aspect of professionalization.

Attention was given to the functions of a social worker upon rendering support and help for the disabled at Public Institution Šiauliai Regional Hospital as well as to professionalization of a social worker upon solving social problems for the disabled patients.

Scope of the survey

Informants - 10 social workers from the Public Institution Šiauliai Regional Hospital, compose the main network of rendering social services at the hospital upon implementation of own functions: no more social workers are employed in the hospital. Informants were selected because of the environment of the survey as it is the main precondition for the implementation of the qualitative survey.

Informants were selected by aids of the objective selection when the researcher is to define what informants are to be selected and insights are offered considering the selected group and the phenomenon analysed (Bitinas, Rupšienė, Žydžiūnaitė, 2008).

In order to ensure confidentiality of informants, the received responses are presented with numeration in the work. The place for the survey was Public Institution Šiauliai Regional Hospital.

Instrument of the survey and data collection

Instrument of the survey – semi-structured interview – the purposeful interview in which topics are pre-defined by the researcher together with problems to be discussed during the interview; however sequence of questions is not always observed; they can be freely changed. Additional questions can be asked (Rupšienė, 2007).

Semi-structured interview was selected because it one of the most efficient methods for the qualitative survey when the needed verbal information is received during the direct purposeful interview with a respondent; this guarantees the greater reliability (Tidikis, 2003). We also receive the more precise, systematised data and the interview remains informal while it is organised in the form of a conversation when a researcher must be able to listen (analyse, ask) (Rupšienė, 2007).

Advantages of the interview (Tidikis, 2003):
- Possibility for a researcher to explain the meaning of one or another question or an answer to the respondent;
- Interviews usually do not have responses such as "I don't know" or "I do not have any opinion";
- The interviewer has a possibility to mark not only verbal responses, but also emotional reactions;
- Responses during interviews cannot be incorrect or changed;
- There is a possibility of receiving thorough answers, especially to open questions; additional questions can be asked.

Semi-structured interview was selected in order to get more precise data, reflecting the real situation and to have a possibility to get acquainted with new attitudes of informants. Questions of semi-structured interview are presented in annexes of the Master's degree work; however some additional questions were used upon interviewing informants in order to reveal the situation better. The survey contained closed and open questions of the semi-structured interview, enabling changes in questions towards direction, useful for the survey (Tidikis, 2003; Luobikienė, 2010).

Instrument of the survey is unique, prepared by the author of the work on the base of the analysed literature (see List of Literature) with an aim to understand the expression, change of

professionalization of functions, implemented by informants upon rendering help and support to the disabled in healthcare institution – Public Institution Šiauliai Regional Hospital.

Semi-structured interview is composed from 11 questions (see Annex 1). Introductory part presents demographic questions that aim at defining age, gender, education, working experience of informants. Questions were divided into spheres, considering criterions of professionalization of functions implemented by a social worker.

The first question was introduced with an aim to define the attitude and thoughts of informants towards the description of own speciality and the experienced reactions.

The second question was to identify and name competences of a social worker, necessary upon rendering help and support to the disabled in healthcare institutions. This was described and analysed by Laužackas (2005), Švedaitė (2006), Bagdonas (2004).

The third and fourth questions of the interview discuss regulated and concretely implemented functions of a social worker in healthcare institutions as well as their quality, professionalism, effectiveness. These questions were prepared following the legal base of the Republic of Lithuania and the respective authors, analysing it Sutton (1999), Gvaldaitė, Švedaitė (2005).

The fifth and sixth questions revealed the understanding of social workers and expressed their experiences concerning change and expression of professionalization of a social worker as well as the necessary criterions on theoretical and practical aspects. This topic covered questions composed and analysed by the following authors: Berg -Weger (2010), Berger (1995), Bagdonas (2005), Kraujutaitytė (2002), Bogdanova, Večkienė (2009), Laužackas (2005).

The seventh question offered discussions about personal and professional ethics of a social worker as well as its importance on the process of professionalization (Code of Ethics of Social Workers in Lithuania; the Universal Declaration of Human Rights; Law on Criterions of Healthcare Confidentiality; Law on Information Rendering Order about the Patient for Public Institutions and Other Institutions; International Declaration of Norms of the Social Ethics).

The eighth and ninth questions covered interdisciplinary cooperation, teamwork, importance of social partners upon implementation of functions of social workers for the disabled in healthcare institutions. Authors that were interested in and analysed interdisciplinary cooperation: Vaicekauskienė (2009), Jankūnienė (2009), Ulianskienė (2007), Sapežinskienė (2005), Švedienė (2005), Guščinskienė (2005), Žydžiūnaitė (2005), Kairienė (2010).

The tenth question was offered to analyse difficulties of social workers for the professional implementation of functions with the disabled in the healthcare institutions on the aspect of practical experience. Difficulties of social workers upon working with the disabled in healthcare

institutions were analysed by Večkienė (2011), Sapežinskienė (2005), Švedienė (2005), Guščinskienė (2005).

The eleventh question was aimed to find out attitude and suggestions of social workers towards the further development of professionalization of a social work as well as growth upon rendering help and support to the disabled in healthcare institutions.

10 social workers from the Public Institution Šiauliai Regional Hospital, composing the main network of rendering social services at the hospital upon implementation of own functions were interviewed by aids of semi-structured interview: no more social workers are employed in the hospital. Informants were selected because of the environment of the survey as it is the main precondition for the implementation of the qualitative survey.

Processing the survey data

Content of semi-structured interview was analysed by aids of qualitative content analysis, the base of which is formed not from discussion of qualitative values of features described by the researcher and their coincidence rate, but the interpretation of primary information, presented in the form of a text within a context of the sphere of science, the direction or a branch (Luobikienė, 2010). The gained data is analysed by aids of the qualitative content analysis according to steps, offered by Židžiūnaitė (2005).

The method of content analysis is applied in order to assess and to depict in numbers the repetition rate of some phenomenon in the notional part. Substantiation of the survey results is based on the content of the analysed text as well as on the analysed data with division to categories, subcategories. Content analysis is based on the interpretation of the survey data when separation of categories, subcategories becomes the process of a creative interpretation in order to reveal and to explain meanings, found in the text (Tidikis, 2003; Bitinas, Rupšienė, Židžiūnaitė, 2008). Content analysis has always been intended for an objective, systematic and quantitative assessment of the content of the survey information.

Organisation and course of the survey

The survey was implemented in January-March 2015. Each respondent was once more contacted by phone one day before the interview. Two social workers expressed a wish to answer the interview questions in written form, because they "feel uncomfortable when are interviewed, it is difficult to answer the questions fast, they have no time, there is some preparation needed, they like working alone". According to Bitinas (2006), informants may find it difficult to answer questions during the interview because of the experienced sense of shame, inability to express thoughts. The method of free expression in written form is applied in order to encourage the

respondent to concentrate and to reveal the internal world: feelings, thoughts, and attitudes on the analysed issue. Therefore such pre-condition that appeared during the course of the survey had to be accepted because answers were needed from all 10 social workers in Public Institution Šiauliai Regional Hospital.

Other social workers agreed to talk and individual interviews were organised; however the third person – the record keeper – also participated (a colleague that provided voluntary help) and marked all information. The duration was agreed so that the respondent could know how much time was given for answering relevant questions; this all lasted for about 60 minutes. At the beginning informants were given questions, helping to understand the analysed topic better.

Process of a survey was formed from: putting down the text of interview into the computer file, multiplex reading and analysis of interview; smaller sub-categories were identified during the text analysis and the generalised categories were formed with an aim to analyse professionalization of a social worker and the implemented function upon rendering help and support for the disabled in healthcare institutions; the survey results were presented together with the data interpretation; conclusions were prepared.

Validity and reliability of the survey

Reliability was ensured by the survey audit, i.e. constant consultations with colleagues, lecturers and the scientific adviser were used for checking the interconnection between the data collections, analysis and conclusions. Validity of the survey is ensured because of the detailed description: object of the survey is concretely identified, the role of a researcher is described, methods of data collection and analysis are described in detail.

Validity of the survey is assured by instruments of the survey; the main criterions that could possibly reveal the analysed problem were selected from them and added to the questionnaire. Presentation of data is important for ensuring validity of the survey by using terms of informants, but not the researchers, as well as the inductive analysis, not applying the pre-defined categories, situational analysis from the point of informants (Rupšienė, 2007). Internal validity of the survey was assured by using aids of data recording, summarising and saving while the external validity – by using the detailed description of the survey.

Ethics of the survey

The survey was implemented on the base of the survey ethics. Ethics from the aspect of informants was considered (Rupšienė, 2007): a respondent participates in the survey with a free will; the researcher introduces the respondent the essence of the survey, informs about possible risks, principles of the survey ethics and agreement of the respondent to participate in the survey;

the respondent is to be protected from possible harm during the survey; confidentiality of the gained information and informants is to be ensured; anonymity of informants is to be kept.

Informants participate in the survey with a free will and there is a verbal permission from informants for the data collection. Informants agreed that their personal attitudes, views, functions, professionalism can be anonymously revealed in the context of the scientific (Master's degree) work. Informants were asked if they agreed to participate in the survey. In order to protect personal data and to reduce possibilities for indirect identification of informants, names of informants were changed; also no concrete titles of departments where the data was gathered are mentioned, but the title Public Institution Šiauliai Regional Hospital.

Upon implementation of the survey, principles of ethics were ensured: good-will, respect to personal dignity, fairness and right to get the concrete information. Upon selection of participants the principle of good-will was applied when a social worker could decide if he/she agrees to participate in the survey (Bitinas, 2006).

Confidentiality of the gained data was also assured. Responses and all unprocessed material were available only for the researcher; she did not spread it, did not introduce it to any other persons not directly related to the implemented survey.

2.2. Analysis of a qualitative survey on the professionalization of a social worker in healthcare institutions

2.2.1. Characteristics of social workers (informants)

Upon implementation of the interview at the beginning of the survey demographic data of informants was filled in. Characteristics of social workers who participated in the survey is presented in Table 1 where demographic data of informants is presented.

10 social workers from the Public Institution Šiauliai Regional Hospital, all female with the age from 26 to 48 years, participated in the survey. 2 informants marked they had a Master's degree, 6 – higher university degree (Bachelor's degree) and 2 informants indicated they graduated from studies of Social Work in college.

Working experience of social workers, who participated in the survey was between 2 and 21 years. Informants were divided under the working specifics, groups of patients: 7 social workers work with people with mental disabilities, 3 social workers provide support and help to patients with different disabilities.

Table 1

Informants characteristics

No informant	Gender	Age	Education	Social work Experience (year)
1	Female	26 m.	University degree	2
2	Female	37 m.	Master of Social Work	15
3	Female	35 m.	University degree	13
4	Female	34 m.	University degree	13
5	Female	48 m.	Higher non-university (college)	10
6	Female	40 m.	Master of Social Work	20
7	Female	41 m.	University degree	16
8	Female	38 m.	University degree	13
9	Female	40 m.	Higher non-university (college)	20
10	Female	37 m.	University degree	14

2.2.2. Definition of a social worker in healthcare institutions

Social workers are mediators between the society and a human being; their work is to organise and render social services professionally for those who need them, to solve social problems of the weakest community members and to help them upon integration into the society (Oder No. 2553 "Concerning the Provisions of Activity of Social Workers in Healthcare Institutions").

"Social workers help others to orient in social and similar activities so that the latter could find aids and use them for overcoming difficulties and attaining the desired aims" (Bogdanova, Večkienė, 2009).

The survey was aimed at defining the attitude of informants towards the profession of a social worker within the healthcare institution. Upon analysis of the obtained data, the qualitative category of "**Social Worker in HCI**" appeared as well as sub-categories: social worker as the professional, specialist; social worker, implementing roles; social worker – equal member of a team; social worker – a specialist, rendering help to the disabled, people with psychical disabilities (see Table 2).

Table 2

Social worker's definitions in health care institution

Category	Subcategory	The informants
Social Worker in HCI	Social worker as a professional, specialist	„Professional to assist people< ...> (1); Specialist in the social work field, well aware <..> (2)"; „A specialist in providing social services (4)"; „Social worker professional <...> (8)".

	Social worker, implementing roles	„This is the principal social roles <...> (1)"; „a social worker - social roles principal, which in combination provide assistance to the disabled (8)".
	Social worker - equal member of a team	„This is equivalent member of the team involved in the decision-making process <...> (2)"; „An employee who works in a team with other professionals <...> (3,5)"; „A team member who knows his work, roles, functions <...> (6)"; „A specialist in performing its functions in a joint team of professionals (8)".
	Social worker – a specialist, rendering help to the disabled, people with psychical disabilities	„Specialist in helping people with mental disorders, to solve social problems, when most people are unable to do it "(3,5)"; „A person engaged in social work with people with mental disabilities (7)".

Social worker is a specialist "the working experience of whom is to increase abilities of a human being to adapt to the environment, to recover relations with a community, to help them upon integration to the society and to encourage the full social functioning" (Sapežinskienė, Švedienė, Guščinskienė, 2003).

Social worker, as a specialist, who is implementing the social work that can be defined as some appropriate sociocultural institution. Social work covers the system of different help and protection with various subjects participating that can be characterised by some appropriate socio-genetic determinants: gender, age, social status, health, education. Therefore a social worker can be perceived as a specialist who provides help and support to a person by selecting appropriate aids, methods and considering which sphere of life of an individual is to be improved (Leliūgienė, 2003).

Upon analysis of responses, the social worker in healthcare institution was identified as the professional, specialist by 7 social workers. This also indicated the high self-image, high prestige of the profession, perception of oneself as the professional worker and this is the cause of professional development of a social worker in healthcare institution upon rendering services for the disabled:

"It is a specialist, providing social services for people in hospital (4)". "Social worker is the professional of a social work who helps people upon satisfying needs when they are unable to (8)".

Considerations and the fact that a social worker is the implementer of social roles who provides help and support for the disabled upon satisfaction of their needs, solving problems in healthcare institutions, were presented by two informants who identified all roles, implemented at

work upon rendering of services for the disabled. Role is a way used by a social worker for the expression of oneself upon specific situations where a role depends from functions of a social worker and offered services (Johnson, 2003).

A social worker, firstly, uses two roles: role of a mediator, who helps a person or a family to get needed services and role of a protector, who speaks in the name of a patient:

"I believe that a role of a counsellor is one of the most important and difficult roles of a social worker, because it must sometimes be implemented in spite of the attitude of a client, e.g. in case of severe, non-adequate psychical state of a client, when clients are recognised as being incapable. Social workers undertake the role of a protector only in such case when the role of a mediator is inefficient. In case it is possible, the client is best represented by himself/herself (6)".

A social worker, when providing help and support for the disabled is sometimes the only person who is able to protect his/her interests, to represent him/her, to teach and to consult:

"We have many lonely patients who need a social worker in solving social problems. Then one must implement all roles in the own work with him/her; some of roles cannot be implemented whereas it is impossible to replace relatives (8)".

International Association of Schools of Social Work presents the description of a social work: social work is intended for overcoming obstacles, injustice and illegality that exist in the society. It helps in defeating crisis, extreme, unpredicted cases as well as in solving personal and social problems of every person.

5 informants presented the description of a social worker as the equal member of a team. It is good that a social worker is working in healthcare institutions in teams with other specialists; therefore the need for a social work, its importance and recognition are expressed.

Socialinio darbo pradžiamokslis (2004) states that social workers, as members of a team, provide services for people with disabilities, in personal healthcare institutions, day centres, centres of professional rehabilitation and in other institutions. Responses from informants indicate the growth of their professionalization, new attitudes.

The healthcare is a complicated sphere therefore it is based on the teamwork and interdisciplinary approach towards a person when all specialists are cooperating in imposing analysis to a patient and predefining common aims of intervention – how to improve the life quality of a patient, results of treatment and nursing (Žemaitienė et al., 2011).

The conception that "a social worker is a specialist, providing help and support to the disabled, people with psychical disability" dominates within the perception of social workers, implementing activities with people having psychical disabilities; 7 informants in total. This indicates that a social worker functions more within a sphere of psychical disability in healthcare institutions and a high need for the functionality of a social worker in healthcare institutions of a

general profile is experienced where the diversity of patients is much higher and the scope of social problems of patients is increased. Both healthcare spheres of this profile require more specific criterions of a social worker. However the task of a social work with the disabled is to educate the inner empathic features to feel experiences of the other person, to form the positive emotional, active and effective working environment (Šinkūnienė, 2010).

A human being is a biological, social and psychological creature therefore the disability is not only the health disorder, but also the conditions under which the body is functioning; it is the result of interaction between body and environmental factors (Ruškus, 2002).

Informants also name the exceptionality of patients when the greater knowledge as well as more diverse working principles are needed:

"Upon implementing the social work, especially when working with people with psychical disabilities, empathy, tolerance, respectful communication are very important with the personal dignity kept in all situations; confidentiality and honesty are also important (5)". "It is a work with some appropriate group of clients that requires basics of clinical social work (medical knowledge and knowledge in psychiatry) as well as skills to work with special forms of aggression and conflicts (6)".

Humanistic description of a social worker is reflected in statements of the 9th respondent: *"A social worker in the healthcare institution is a specialist, the professional activity of whom has an effect on changes in the society, interrelations between people, helps in increasing skills and abilities of the functional existence in the society and liberation of people with a striving for the development of their wellbeing".* This statement joins everything what is included into the description of a profession of a social worker in healthcare institutions as well as joins several theories to the unity with professional attitudes exposed, not forgetting humanistic, existentialism theories and needs.

2.2.3. Expression of professional competences of a social worker upon rendering of help and support to the disabled in healthcare institution

Professional competences become important for a social worker – systems of scientific practical knowledge and skills, formed during the process of education and self-learning, having an impact on implementation of professional tasks, personal professional features that are obligatory upon communication with people and in solving their problems (Leliūgienė, 2003).

Rendering of social services and solving of social problems requires competence from social workers – they are to be able to adapt the available knowledge, skills and values (Išoraitė, 2007).

The category "**Professional competences of a social worker upon rendering help and support or the disabled in HCI**" revealed expression of professional competences of a social worker, rendering help and support for the disabled in healthcare institution; it is composed from three subcategories: knowledge, values, skills (abilities) (see Table 3).

Table 3

Expression of professional competence of social worker in supporting people with disabilities in health care institution

Category	Subcategory	The informants
Professional competences of a social worker upon rendering help and support or the disabled in HCI	Knowledge	„Social work theoretical knowledge<...> (4)"; "Social work basic principles <...> (8: 6)"; „Knowledge of social work essence and purpose <...> (9)"; „Legislative base of knowledge and practice <...> (2)"; „Psychology, psychiatry, geronto -psychiatric area, management information (4); „Knowledge about mental disorders and their impact on the personality <...> (5)"; „Political knowledge, sociology of knowledge (9)".
	Values	„Respect for patients and assess each of their uniqueness, be empathetic and try to understand each of our clients to help them (6,1,4,8,9,10)"; „To provide them with assistance, regardless of their social status, religion, gender, race, or beliefs (6,3,4,5,8,9,10)"; "To establish cooperation relationship with the patient, to include him, his family, the community (6,1,510); "Respect the confidentiality of client by law provided cases (6.1, 2,3,5,8,9,10)"; „Performance settings as fine as tolerance, kindness, responsibility, creativity and initiative (6, 1,2,3, 4,5,8,9,10).
	Skills (abilities)	„<...> verbal language does not always help, needed gesticulation, knowing other languages (9)"; „With the support of a pencil and a sheet of paper, which along with gestures helped <...> (8)"; „<...> Orientation and organization in solving social problems, through relationships with other entities (2)"; „<... > to analyze social problems, choose appropriate to the situation working methods enable the client plan to strengthen the independence of the customer (4)"; "Set priorities, evaluate resource (5)"; „The ability to work is a computer <...> (4)"; „Important general skills, communication, mathematical literacy, information technology knowledge <...> (6)".

Knowledge is one of the main basics for a social worker that help upon competent implementation of own duties; therefore when implementing the social work much attention is given to gaining and administering the knowledge (Gudžinskienė, Norvaišaitės, 2010).

All informants indicated the importance of knowledge within the social work upon rendering of help and support for the disabled where a social worker is a kind of a safe-keeper of knowledge and can select theoretical knowledge, appropriate in separate cases that, on his/her own opinion, helps to implement own functions and is important for a competent social worker:

"Knowledge in a social work <...> (1, 5)". "The main principles of a social work <...> (8, 6)". "Knowledge about the essence and purpose of a social work <...> (9)". "Knowing the legal base and application in practice <...> (2)". "Knowledge in psychology, psychiatry, gerontopsychiatry, management (4)".

Also the legal knowledge, understanding of the legal base and ability to use it upon rendering help and support for the disabled is important within the activity of a social worker:

"I am often interested in novelties, legal base of the healthcare system; I am interested in laws, orders, changes of internal rules, because this all determines the professionalism and possibilities of the provided help and support <...> (8)".

Informants also mentioned the need of knowledge in other disciplines (medicine, psychology, sociology, management, administration, law) in order to implement own functions professionally. Nature of a social work is multifunctional and the activity of a social worker is multiple: diagnostics, prognostication, prophylaxis as well as anticipation and also the social therapy, law, social medicine, psychology, social economy and others:

"We must know medical code, the main diagnosis, so that when speaking with a doctor or nurse we would not need any additional questions; I work in this sphere therefore I must know this (8)".

Knowledge in social work is something that is known about people and their social problems; many of them are borrowed from other disciplines, mainly from social sciences: psychology and sociology, anthropology, political sciences and history, economics and biology, medicine and etc. (Ivanauskienė, Varžinskienė, 2004). Sources of knowledge of social workers are wide, various, representing different disciplines. Selection and adaptation of knowledge to different situations is always problematic and joining of knowledge from different sources is rather difficult (Johnson, 2003).

A wide use of diversity of knowledge in healthcare institution upon providing help and support for the disabled proves the professionalization of social workers.

Sub-category "values" was listed well and emotionally by informants, because features of a social worker is an important factor at work upon striving to improve, satisfy needs of a patient, the disabled that cannot often be satisfied during the process of re-socialisation.

Practice of a social work follows the system of values, which is based on principles of the value and dignity of an individual, as well as on the freedom to decide, confidentiality; therefore these values have an important role in the work of this specialist (Johnson, 2003).

The main value judgement, according to the 6th respondent:

"To respect own clients and to cherish the unique features of each of them; to be empathic, to strive to understand each client and to help him/her; to treat all clients equally and to provide them with help and support independently from their social status, religion, gender, race, beliefs or attitudes; to trust in own client, to be objective upon decision making, not to follow anticipatory provisions; to create relations for the cooperation with a client, to include himself/herself and the family, community into the problem solving; to maintain confidentiality, to provide information concerning the client only in cases described by laws and in order to protect the best interests of a client; social worker and his/her assistant must have such features as tolerance, good-will, responsibility, creativity and initiativeness".

All informants named these values that are supporting each other and reflect not only the legal regulation of values of a social workers, but also the position of a social worker, as the representative of humanistic, existentialism theories together with expression and practical application upon rendering help and support in healthcare institutions. This is also expressed by the attitude of the 9th respondent that the greatest value for a social worker is patience.

On the base of theories of human behaviour and public systems, the social work helps the health of human beings together with an environment. Principles of human rights and social fairness are the base of a social work (International definition of a social work, 2001). Therefore a social worker should try to avoid bureaucracy and delays, stolidity and apathy, injustice, differences between words and actions, arrogance, bribing and corruption (Socialinis darbas: profesinės veiklos įvadas, 2004).

Skill is the component of practice that joins knowledge and values as well as transfers them into actions, response to the care or need (Johnson, 2003). A social worker, willing to implement own work appropriately, needs to develop the following skills: self-perception, empathy, ability to communicate with the disabled people and people of different race, culture, gender, age, sexual orientation appropriately (Johnson, 2003).

Social workers who participated in the survey revealed that they gained many skills needed by the professional social worker during the working activity – identifying needs of patients, assessment and analysis of the problem situation of a client:

"Social work requires skills of a researcher for the information collection, gathering, systematisation and assessment (8)". "<…> the need appears to inform relatives as well as the need for compensatory aids, the need for information and many others that are revealed, observed by oneself upon assessment of the situation of a patient, his/her environment (1)".

Educational programmes plan skills of two types: cognitive skills and skills of interaction or communication. Cognitive skills are used when thinking of a person and his/her situation upon identification of knowledge to be applied upon planning of intervention and implementing the assessment (Johnson, 2003).

Communication skills as well as the knowledge of the foreign language are also important during the social work with the disabled in healthcare institutions. However one of the main tools of a social worker is communication, necessary upon solving social problems of a patient:

"<…> different people come to healthcare institution as well as disabled, senile and sometimes, when solving their problems, it is not always enough to use words; sometimes gestures are needed or even the use of a foreign language (often – the Russian language, but now help and support is also needed for NATO soldiers) (9)". "<…> I had a lonely patient with a severe hearing impairment and movement disability who needed help. I used the pencil and a sheet of paper and this all, together with gestures, helped a lot (8)".

Theoreticians also stress that social workers who are acting among other people all day long, must have skills of communication. Communication of a social worker with a client means starting links with him/her and conversation under various social circumstances (Petrauskienė, 2007). However the communication manners, communication itself (verbal and non-verbal), access to the client and conversation with him/her, family members or even the other staff indicate the professional of a social work.

Skills of organising, planning, mediation, cooperation in social services were stressed during conversations with informants, because the need for these skills and the development are important in the professional activity of a social worker as well as for the professionalism; this all is regulated by the legal base.

Competent, professional social worker should have skills of computer literacy, because this is needed by the environment upon solving social problems of patients: receiving information, applications, requests, data presentation, databases and etc. It is interesting, that three informants indicated the importance of computer literacy upon work with the disabled in healthcare institution:

"Ability is also a work with computer <…> (4)". "General skills are important – communication, mathematical literacy, information technologies that are needed upon

implementation of functions <...> (6)". "Ability to work with a computer is important as well as data searching, requests, that become desirable in social work <...> (9)".

Factors, effectively helping a social worker in solving social problems of the disabled in healthcare institution and in competent, professional implementation of functions are knowledge, skills and competences that become one of the main "tools" in the work of a social worker.

A social worker must be able to assess the social situation of a human being accurately, to communicate with a person and his/her environment effectively, to organise human, financial and other possible resources efficiently, to organise the social work and rendering of social services; he/she must consider the individual features of a client and consider his/her needs as well as to select such methods of social work as well as social services that would suit best upon solving concrete social problems of a client, his/her family and community and that would best meet their interests. Therefore a social worker becomes a competent specialist on the aspect of knowledge, skills, abilities; this makes him/her a real professional of a social work and enables the increase of the professionalization of a social work.

2.2.4. Functions of a social worker in healthcare institutions

A social worker in healthcare institution gives help and support in various non-monetary forms for people with an aim to ensure their ability of social functioning and therefore offering social services for him/her to meet the aim of the personal healthcare – to guarantee the social safety and rehabilitation of patients (Law on Social Services, 9 January 1996, No. I-1579). Also functions of a social worker depend on needs of a patient as well as specific features of his/her problems.

After the qualitative survey data analysis concerning the implementation of main functions of a social worker in healthcare institution, the category is formed – **"Functions implemented by social workers with the disabled in healthcare institutions"** that is composed from 7 sub-categories: assessment of the social situation of a patient; information rendering and consulting; rendering of social services; cooperation and activity coordination; control and recommendations; organisation and work in self-support groups; improvement of activity (see Table 4).

Table 4

The functions performed by social workers with the disabled people in HCI

Category	Subcategory	The informants
Functions implemented by social workers	Assessment of the social situation of a patient	"The client's social situation assessment (5,4,3,7,9,1,8)"; "Assess the customer life situation, social problems, possible solutions (2,1,10,8)"; "Collects information related to the patient's needs, carries out sociological, diagnostic and other tests (7)".

with the disabled in healthcare institutions	Information rendering and consulting	" Consulting on various social issues (5,4,3)"; " The patient and his relatives information (5,4,3)"; " advice about the law on social guarantees, concessions (7,10,8)"; " The provision of information and advice (both patients and their loved ones)(1,8,9)".
	Rendering of social services	" Provide general and special social services (2,3,1,8)"; " Taking care of the patient's treatment and refinement (7)"; " Deciding facing conflicts, chooses the optimal solutions (7)"; " Managed care, welfare, pensions receipt of documents (7,9,10)"; " Social services fixation in magazine (9,1,8)".
	Cooperation and activity coordination	"Mediation between the patient, the environment of different institutions (5,4,8,10)"; " Communication and cooperation with other professionals and agencies (5,4,3,8)"; " Manage the necessary documents in solving social problems (2,3,6)"; " It protects the interests of patients and organizes legal assistance (7,10,6)".
	Control and recommendations	„Controls, as guardian or caretaker carry out their duties (7); „Monitors and recommends the continuation of social services (6)"; „It should monitor the patient, relatives, staff, recommend changes to suggestions to improve performance (9)".
	Organisation and work in self-support groups	" The services provided individually, in groups (2,7,10,6)", „In my work I conduct group sessions for persons with alcohol dependence (3)"; „In the presence of psychosocial rehabilitation, employment and other programs, organize occupational therapy (7)"; " I organize and work with clients and their families, self-help groups (6)".
	Improvement of activity	" Performance improvement (5,4,3,8,6,10)"; " Used by social workers established social, professional development studies guarantees (7,10)"; „Participates in meetings, workshops, conferences, where considered social work issues (7)".

One of the main functions of a social worker in healthcare institutions is the assessment of social situation of a patient that is mentioned by all informants when presenting own experiences.

A social worker, wishing to assess the social situation of a patient gathers and collects information concerning the social problems of a patient as well as his/her environment. Searches for information about the patient are implemented, including the demographic data, relatives of a patient (usually with an aim to inform and to cooperate). Also the information is managed for consulting, development of the team as well as for preparation to solve various social problems of patients. When assessing the social situation of a patient, the mediation between the staff, who is observing him/her as well as the environment for 24 hours, and the patient is needed.

"Much information about the family and environment of a patient is given by the nursing and treating staff that is observing a patient. And this is a great help, because usually relatives come for visiting after the working hours and then nurses can write down contacts <...>9". "Staff sees the patient and his/her visitors; nurses often inform me when they come and when I need the help from relatives or some information and etc. (1)".

Informants when implementing assessment of a social situation of a patient also prepares the individual plan of social support for a patient that is correlated upon the changing information, situation, needs. And only then the concrete aids and measures for the social support and help for the patient are intended.

"<...> to develop the action plan upon the changing situation or wishing for services to be rendered in a more quality and professional manner or to solve the social problems encountered (9)".

This all indicates the process of situation analysis assessment by a professional worker.

The process of a social work starts from feeling the worry that appears upon unsatisfied need. After the situation is considered; such process is called the assessment, the implementation of which requires actions (Johnson, 2003).

The sub-category "rendering information and consulting" was named by several informants, because it is needed or even essential function of a social worker in the healthcare institution within the context of providing help and support for the disabled, cooperating with their environments. Informants indicated the most often information and consultations for relatives of the patient, the staff and social workers from other institutions are given:

"Consults on issues of laws concerning social services, privileges. Informs the public organs about problems in the sphere of an activity of a social worker (7)". "<...> informing and consulting clients and his/her relatives on various social issues (3, 5, 1)". "I render information and consult a client, family members, representatives, institutions about laws on social services, privileges or about their rights and possibilities is some appropriate cases <...> (6)".

Practice of social workers reflects the importance of information upon solving social problems of a patient, during informing and consulting. The ability of information management of a social worker is mentioned, i.e. skills to find, obtain, request information, to use it and to coordinate activity to seek for an aim and be able to render information for a patient, the network of support as well as other institutions with an aim to help a patient so solve social problems and to satisfy own needs.

Informants render different social services for patients, their relatives according to norms defined by the laws. Informants named the main social services rendered in their institution, because the spectrum of rendered social services is increasing annually:

"Organisation of work of social care (2, 3, 5, 8, 9, 6); rendering of information about the social care for a patient in healthcare institution (2, 3, 8); preparation of documents, linked with problems of social care (1, 2, 5, 7, 9, 10); directing a patient to necessary institutions of care (7, 1, 3, 5, 6, 7, 10); managing information related to the care and nursing in departments (1, 8, 9); rendering of information when a person leaves to other healthcare institutions or care and nursing organisations (1, 4, 6, 7, 9, 10). Different social services are offered that are dependent upon the situation of a client, needs, possibilities (9, 1, 8, 4)".

Social services, offered by social workers and their direction indicate as well as confirm the order of rendering social services in healthcare institutions, confirmed by laws upon implementation of functions; it is cherished, accessible and planned in hospitals not only for those patients who need the satisfaction of the need for social services, but also for relatives of a patient. Social workers in hospital are able to include not only the patient, but also his/her relatives into the process of rendering social services; the support from relatives helps to attain the positive, quality results of a professional work.

"Indifference of a client and his/her relatives upon solving their problems is sometimes demotivating; however it is always pleasant when I succeed in persuading them and when they show that they can help much more that they say and become initiators for offers to solve some problem (9)".

Effectiveness, professionalism, quick help of social services is affected and aggravated by the number of serviced and potential clients as well as the environment of rendering social services (working resources).

Laws do not indicate a number of clients for one social worker working in healthcare system; it is stated that the number of social workers is defined by the administration of organisation, considering needs of the institution (Oder No. 110 "Concerning the Provisions of Activity of Social Workers in Healthcare Institutions); in our case it affects the growth of a professionalism of a social worker for social services.

It was defined that the majority of time and attention upon the work of a social worker with patients is given to consulting, information, mediation of patients and this all cannot be done by any other team specialists. It appeared that informants wish a greater number of social workers in healthcare institution for the individual support and help to be provided for all patients with psychological and social problems (Vaiceskauskienė, Jankūnienė, 2009).

A subcategory "cooperation and activity coordination" was funny, emotional part of the survey, because informants confirmed the necessity of this function of a social worker in healthcare institution upon rendering help and support for the disabled.

Teamwork is based on cooperation, mutual help and the balance between the smoothness and versatility. Mix of different features of personalities enables the team to work effectively, because then members of a team can learn from each other, supplement each other (Jazukevičiūtė, Lamsodienė, 2007).

Social help and support is planned, coordinated by social workers, considering each individual case separately: they apply the pre-defined internal order rules and apply own methods that allow the more effective result within the working activity. In order to meet social needs of a patient and to implement own functions effectively, a social worker often gets help from other members of a team, i.e. vertical contacts are formed – the director of a hospital, the vice-director, the vice-director for medicine, the vice-director for nursing and care, senior nursing administrators, all nursing and other specialists; as well as horizontal contacts – social workers from other institutions (the work description).

When working in team, functions of a social worker are more versatile, effective, and purposeful and the course of the social process is faster. Teamwork accelerates the process of social integration to the society and the more effective possibilities to meet social needs of a patient appear.

Competent, professional, effective and purposeful rendering of social services for patients, according to informants, next to the teamwork, needs cooperation with infrastructure, i.e. the network of support outside the hospital, the close ties of which and expansion help to implement functions of a social work professionally and effectively, provide help and support for the disabled. Cooperation with other institutions gives information for a social worker about a patient and his/her social environment, helps to render the help and support to a patient in the sphere of documentation, contributes in managing issues of continuity of social services, consulting the social worker.

Implementation of functions of informants, their professionalism are hardly to be imagined without a social work and its principles as well as motivation of teammates, acceptance of a role of a member of a team when a more thorough information is received, wider possibilities are offered for rendering help and support for the disabled, solving social problems of patients.

"I implement functions of control and recommendations in my work. Then the control and recommendations are needed as well as the activity improvement: I must control a patient, his/her relatives, the staff, work of staff in other institutions, recommend changes, present suggestions on the improvement of an activity plan or after the situation changes (9)".

This function of a social worker in healthcare institution is very interesting and is likely to cross the function of control as well as principles of a social work. However here the control is perceived as inspection of data, support for the patient. Function of control and recommendations

can be well implemented only by a professional social worker – a specialist with a solid experience.

Subcategory "organises and works in groups of self-support" was discussed by 5 informants who felt, found the internal need and skills to organise, implement activity, give help and support for patients, groups of self-support. This also indicates the expression of professionalism of a social worker in healthcare institutions:

"<...> during my own work I organise group activities for people with dependence on alcohol (2)". "I organise and work with self-support groups of members of families of clients (6)". "I participate in programmes of psychosocial rehabilitation, occupation and etc. (7)".

The survey revealed a function for the activity development that was mentioned by 7 informants.

After analysis of information, obtained during interviews, it appeared that social workers, employed in healthcare institutions develop their qualification upon participation in seminars, courses for qualification development and also deepen the professional knowledge by aids of scientific literature analysis, in internet, upon consultations with colleagues and specialists from other spheres.

According to Vyšniauskienė, Minkutė (2008), not only the implementation of professional duties, but also the constant professional development is the duty of a social worker for himself/herself.

If compared to other specialists, spectrum of functions of social workers is very wide, covering many functions, because it is linked not only with a patient, but also with the surrounding environment. This encourages the raise of professionalism of a social worker.

2.2.5. Expression of a legal base regulating functions of a social worker in healthcare institution

A social worker when working in healthcare institution operates under the competence and their professional activity is regulated by the valid legal acts.

The legal base for social workers in the healthcare system concretely regulates coordination and planning of a social work, because a social worker in healthcare system must plan, coordinate the offered social services the way that they are effective, concretised and effective; resources, possibilities for a social worker in healthcare institution must be concrete and used efficiently.

Upon analysis of importance of a legal base, professional and personal ethics, needs in activities of social workers during working activities, the category is separated **"Expression of a legal base for social work in healthcare institution",** that is concretised by subcategories:

practical features of laws, used by a social worker, professional and personal ethics of a social worker (see Table 5).

Table 5

Social worker used a legal framework within the health institution

Category	Subcategory	The informants
Expression of a legal base for social work in HCI	Practical features of laws, used by a social worker	„Legislation allows you to perform most of the functions (4,5)"; „Legislative base governing the health-care institution is not sufficiently acceptable, effective, protecting. It should be more rights for a social worker (9)"; „The provision of social services often interested in different laws and in the various institutions (8)"; „Social Security and Labour Ministry carries out certification of social workers, but the pay system is not fixed. It is important that social workers must be motivated to continuously improve their qualifications morally and materially (6)".
	professional and personal ethics of a social worker	„It is important to observe professional ethics, to be honest, responsible, tolerant, proactive, kind-hearted, empathic, and then the service will be of high quality (9)"; " influenced by both personal and professional ethics of my professional (2); "Certain provisions of the values essential to responsibly and efficiently perform the tasks faced by working (3)"; "Working with persons with mental disorders, it is very important empathy, tolerance, respectful communication, preserving the dignity of any situation, the principle of confidentiality, integrity (5)".

Bagdonas (2001) states that a professionalism of a social work is described by a legal base. Social workers, when implementing own functions in healthcare institution follow these laws, normative acts, internal rules and orders: *"Concerning Confirmation of the Descriptor on the Order of Rendering Primary Ambulant Services of Psychical Health 2012; Descriptor of Requirements for Rendering Palliative Help Services for Adults and Children 2007; Descriptor of Rendering Nursing and Social Services 2007; Law on Social Services 2006; Catalogue of Social Services 2006; Law on Health of the Republic of Lithuania, Law on Social Services, Law of the Health System of the Republic of Lithuania, Law on Social Services of the Republic of Lithuania, Decisions of the Government of Lithuania, Orders of Minister of Health of the Republic of Lithuania and Minister of Social Protection and Labour of the Republic of Lithuania, Provisions of Activity of Social Workers in Healthcare Institutions, Law on Staff Health and Protection of the Republic of Lithuania, Law on Public Benefits of the Republic of Lithuania, Law on Social Integration of the Disabled of the Republic of Lithuania, Code of Ethics of Lithuanian Social*

Workers, Universal Declaration of Human Rights, work description and other normative, internal rules".

Informants, following the bigger part of the legal base, regulating social work in healthcare institutions, offer help and support for the disabled that is currently available for patients who need the satisfaction of social problems; the multi-time rendering of social services is possible; continuity of social services is ensured; help and support is offered to patients, the disabled and corresponds to all requirements, defined by laws and are characterised by effectiveness, efficiency, professionalism. One of requirements of professionalism is the legal regulation.

The survey indicated rights, functions, responsibilities given to social workers that are regulated and intended by the legal base of the healthcare system. Informants follow provisions of receiving and transferring information in own activity under all articles defined by laws.

A list of functions of a social worker, defined in the work description, supports and implements normative, that mentions such functions as:

"A social worker is interested in and consults with institutions of social protection, health protection, work as well as laws and legal acts <…> (8)". "Upon rendering social services I am often interested in different laws and order in different institutions (9)".

Interest in the legal base of a social work indicates not only the development of quality of a social worker, but also the motivation of a social worker to develop and this affects the process of professionalization.

Upon interviewing informants and analysing the gained data it appeared that a social worker manages information in own working activity not infringing laws, by which he/she: *coordinates, plans own activity (1, 2, 3, 4, 7, 8, 10); plans the further tasks for attaining the aim (2, 4, 6, 9); consults, informs patients together with representation or mediation (1, 2, 3, 4, 5, 6, 7, 8, 9, 10); seeks for a quality, effective, useful rendering of social services by ensuring the criterion of confidentiality of information about a patient (except critical cases when it is allowed by laws) (2, 3, 4, 6, 7, 8, 9, 10).*

Order of rendering social services in healthcare system is defined by laws. Rendering of social services, social help and support is planned, coordinated by a social worker, considering each individual case separately: he/she uses the pre-defined internal rules and applies own methods that enable the effective desired result and the satisfied social need of a client:

"The working activity of a social worker in healthcare institutions is described by laws; I follow them in my working activity. However often there is a lack of article in law or the law forbids some actions that are needed and useful in practical activity upon solving social problems of a client (9)".

The legal base of a social work in the healthcare system concerning the number of social workers clearly describes the possibility for a healthcare institution to correct the number of social workers under social needs of an institution. There are no concrete indications on how many patients are to be serviced by a social worker. The fact should not be forgotten that patients are treated according to their need and the social services they are offered are not one-off, but require continuity until social needs of a patient are satisfied, social problems are solved, the desired result is attained.

The conclusion is possible that resources of a social worker are reducing with the growing need for social services, increasing number of social problems; this affects the expression of professionalism of social help and support for patients, the disabled.

Informants identified that they are following laws on working safety and health of the Republic of Lithuania. Social workers have the own working cabinet with the furniture needed and the working tolls, hygiene aids:

"Upon rendering of social services to clients I have enough working tools though the need would be higher, i.e. for more contemporary software, databases (8)".

Informants during the survey were satisfied by the own working environment that is relatively safe and correspond to all normative of the law:

"I feel safe in my working environment though there are some risky contacts with clients, i.e. citizens that do not have a place of residence often have louses, are dirty, smell bad <...> (9)".

Analysis of the received data enables the premise that social workers feel relatively safe for their physical health, though do not feel safe inside. The fear appears concerning low skills of filling-in documents that are not directly described in legal base:

"I often feel anxiety, care about the minimal amount of documentation concerning social services for a social worker to fill-in. I think it could be expanded; however, because of high numbers of patients and internal rules of hospitals, it is difficult to add something to case-histories (8)". "I fix in written form the course of rendering social services in some appropriate documents (6)". "<...> I make notes during my work because I know how and what was done; however it is not well reflected in documents. There is not enough of documentation upon rendering of social services. I think some additions in this sphere would be useful so that social workers could feel safer for the own activity, implemented functions (9)".

It is possible to state that the unsafe working environment of informants is formed by insecurity by fixing own functions in documents that is minimally described by the legal base.

Informants stressed problems of human resources within the context of law that appear due to attribution to different ministries:

"<…> it should not be forgotten that we belong to the Ministry of Social Protection and Labour and we work in institution, subordinate to the Ministry of Health; this causes misunderstandings and prevents the full recognition (8, 9)".

Social workers are subordinate to the Ministry of Social Protection and Labour and work in institution, subordinate to the Ministry of Health; therefore some nuances appear within the legal base.

It is possible to make a conclusion that social workers feel safe in their working environment, because of: appropriate preparation of a workplace; the most needed working tools; assurance of hygiene; safe working environment. However the informants have a need to correct the legal base due to: insufficient fixing of activities of social work in documents; number of patients per a social worker; lack of the legal base, regulating the safety of social workers in supervision.

Principles of human rights and social justice are the most important principles of a social work for a social worker (Kavaliauskienė, 2005).

The subcategory "Professional and personal ethics" revealed results of the survey that stated the fact that informants, upon implementation of own function and rendering help as well as support for patients, the disabled follow the Code of Ethics for Lithuanian Social Workers that becomes partially responsible for the quality, effectiveness, efficiency and professionalism of rendered social services. Each patient of informants becomes recognised, his/her social servicing is based on sincerity, interest in competent, qualified rendering of social services, help upon solving social problems with inclusion of a clients, his/her relatives as well as the medical staff together with the network of support (Lietuvos socialinių darbuotojų etikos kodeksas, 1998). Code of Ethics for Lithuanian Social Workers is one of the main provisions of professional ethics of informants:

"I follow the Code of Ethics for Lithuanian Social Workers that is my norm of professional ethics. I render social services and solve social problems ethically, not infringing the dignity of a patient. The code also does not allow to forget that the constant consulting and progress in the sphere of social work is needed, not forgetting responsibility towards a patient and own possibilities, working methods, defined by norms of laws as well as principles (9)".

It is possible to state that the informants were ethical, tolerant and this makes them professionals of work.

The survey also revealed that informants are not indifferent towards relations with an employer, colleagues, but also do not forget the link with profession where a social worker actively protects the significance and dignity of a profession, when doubts concerning a social work as the professional activity appear; they strive to develop their qualification, renew

knowledge, to use them for the well-being of clients; this all is declared in the code of ethics for social workers.

Code of Ethics for Lithuanian Social Workers and rendering of social services are linked by functions and complementing each other, because: a social worker consolidates and follows articles of the Code of Ethics for Lithuanian Social Workers in own activity therefore accepting norms of professional ethics; a patient of a social worker is recognised, his/her confidentiality is respected, rendering of social services is based on sincerity, ethicality; social services are provided with a quality with an inclusion of a patient, relatives and the medical staff as well as the network of help and support.

Informants in own practice also follow the Universal Declaration of Human Rights that becomes the second important document upon implementation of functions, rendering help and support for the disabled, rendering social nursing and care services as well as on ethicality, tolerance of those social services in order to ensure the patient with such environment that he/she could feel important and where his/her dignity and self-respect remains intact.

During analysis of the survey data it appeared that the Universal Declaration of Human Rights strives to attain the better results upon rendering of social services, solving social problems, because upon satisfying social needs of patients, various social groups of people are encountered (homeless people, unemployed, the disabled, elder, lonely people, children) as well as different social situations (informing relatives, search for relatives, documentation, informing institutions, preparing the care and nursing services, organisation of a transfer of a client, preparing for rehabilitation, filling-in documents for care and nursing, compensative motion aids and etc.). The reduced independence of people due to illness affects them strongly; dependability upon the other person affects the self-assessment of a patient as well as motivation; therefore services, rendered by a social worker and help have to be concrete and subtly ethical; this all is done nowadays n healthcare institutions:

"People are different therefore the individual communication, cooperation in each situation is needed. Ethicality is very important, especially in hospital, where different methods, principles of ethics are to be precisely and effectively applied for a patient to be satisfied and safe (8)".

Ethical communication of informants with patients guarantees the quality of rendered social services and professionalism of function of a social worker.

Informants, when providing social services to patients, ensure such social environment to patients, that is: tolerant, supporting and subtly ethical, not humiliating the patient; rendering of social services is equal to everybody and each patient of a social worker has a possibility to receive social services according to the need; good knowledge of ethics and its norms as well as

values and the process of following them affects the efficiency and professionalism in solving social problems.

Informants, when rendering social services to patients as well as when solving problems, follow criterions of secrets of a personal health as well as the order of rendering information about the patient to other institutions under the laws (order No. 3195 "Concerning Confirmation of Criterions of Secrets of Personal Health"):

"<...> to maintain confidentiality, to render information about the patient only in cases, defined in laws and in order to protect the best interests of clients (6)". "<...> to maintain confidentiality without "putting on labels" (2)".

The work of a social worker often encounters exceptional cases concerning following of criterions concerning the secrets of personal health, because each patient has serious social problems as well as unsatisfied social needs that are met by several social institutions; they are given information about the patient, his/her health state as well as the social state despite if he/she agrees or not in case it is vitally important and corresponds to the order, defined in laws (order No. 405 "Concerning Confirmation of the Order for Rendering Information about the Patient for Public and Other Institutions).

Patients, addressing the social worker, usually do not object the information rendering for other institutions in case it helps in solving their social problems. Institutions do not always eagerly provide information under the order defined in laws that is important for informants upon implementation of own functions, rendering of social services:

"Often upon rendering of social services, linked with filling-in documents, certificates, information is needed from different public institutions. However, according to the law on rendering information about the patient, many institutions do not want to give information for a social worker without the written request and this aggravates the work. And the time is very important (9)".

Informants consult other specialists concerning offering different possibilities upon solving social problems; then a patient is identified as "n" and therefore the confidentiality of a client is maintained though the activity is implemented in order to solve social issues of a client:

"Upon implementation of functions, consultations with colleagues are needed on issues how to render social services to a patient effectively together maintaining the confidentiality of a patient which is not necessary in this case as the patient is not identified (8)".

Need of consultation of social workers affects the quality, professionalism of social services, solving of social problems.

It appeared during the survey that often cases appear when patients ask to inform their relatives about their treatment in hospital as well as about the need of aids; this can be satisfied on

the telephone together with minimal information to relatives concerning the social and physical state of a patient:

"When working in hospital, one of the main services is informing relatives of a patient about the process of treatment of a patient in hospital or need for aids. Relatives, when calling by telephone, want to know more and sometimes are angry because of minimal amount of information (1)".

Informants, when implementing own functions and rendering help, maintain the confidentiality of personal health; however exceptions defined in laws concerning rendering of information to institutions are followed (order No. 405 "Concerning Confirmation of the Order for Rendering Information about the Patient for Public and Other Institutions).

Upon solving of social problems and offering social services, often a teamwork is used as well as the network of support where confidentiality of a patient is valid and the written request is needed; therefore the rendering of social services by social workers is aggravated, as well as effective solving of social problems, filling-in documents that consumes much time and expenses.

After hearing the attitude of social workers towards their personal ethics upon rendering of social services, it is possible to state that informants apply all principles of ethics as well as the personal ethics that coincide and are well matched to provisions of professional ethics:

"I follow my personal ethics in my working activity only because it is the same as regulated by codes of norms of ethics, declarations, legal base (9)". "I always respect each client and upon rendering of social services, I do it sincerely; this corresponds to professional ethics of social workers (10)". "I think I implement the social work according to all moral, ethical provisions, based on humanism that is sometimes not valued by clients, receivers of social services (8)".

It is possible to make a conclusion that personal ethics of informants is affected by norms and principles of social work ethics, enabling the ethical rendering of social services to patients, implementation of functions; this indicates a high level of professionalism.

2.2.6. Expression of professionalization of a social worker upon rendering functions and offering help and support to the disabled

Category "Change of professionalization of a social worker" revealed professionalism of informants where the main subcategories are separated: qualification development, teamwork and network of support, difficulties of professionalization (see Table 6).

Table 6

Social worker professionalization change in the health care institution

Category	Subcategory	The informants
Change of professional-ization of a social worker	Qualification development	"Social workers participates in various training courses, seminars and courses. Education, training influences the professional quality of work, professionalism. In service training institution looks favorably, enables it to do, but in own money (5). "Education, qualification farm has a positive impact on the professionalization (3)." Until now spent on courses, to create all conditions for development (2)".
	Teamwork and network of support	"Colleagues' experience and knowledge enables to improve the quality of services, improving professional skills. All this increases the worker competence and professionalism (5)"; "A social worker must specifically defined scope. Different disciplinary areas separated by function, it enables to work professional (4)".
	Difficulties of professionaliza-tion	„Heavy workload, lack of time, financial opportunities do not always allow to deepen knowledge and interest in the latest literature, carried out research, participate in community activities (5)"; „Courses are organized in other cities. Sometimes there is a need for other, not only in social work knowledge gap (4)"; „Customer mental status, time frames, means a lack of bureaucratic paperwork, the system weaknesses and ways to assistance the lack of choice, lack of professional assistance, the supervision of individual absence (2)"; " Expensive courses, seminars, their lack (9).

Effective social work needs constant development of social workers: to expand and deepen own knowledge, to develop skills and to consider values of a social work. Therefore it is important that social workers are included into the process of a constant learning and actively participate in it. This is encouraged not only by a changing society, but also by the political context of Lithuania which suggests that social workers must work with people of different race, nationality, gender, social disjuncture and orientation (Kondrašovienė, Zabulytė-Kupriūnienė, 2008).

Undividable part of professionalization of a social work is the development of professional qualification – stage of professional training where due to some appropriate educational content the previously gained professional qualification is developed (expanded, deepened or renewed). Development of a professional qualification has two aims: professional adaptation or professional growth (Laužackas, 2005).

Subcategory "Qualification development" (see Table 6) reveals the process of learning, development of informants, which is important upon rendering help and support for the disabled, implementing functions professionally. Informants are constantly interested, seek for independent consultation and also use scientific literature as well as knowledge of colleagues for deepening of knowledge in the sphere of social work: they are interested in novelties, possibilities that raise the quality of social services and its level:

"The more information, knowledge, methods of social work we get, the better we can help a patient and satisfy his/her social needs. Knowledge is necessary for a social worker and his/her protection from the over-burn syndrome (8)". "Social workers of institutions, having a solid working experience, the higher education, seeking for the qualification development, eagerly participating in seminars, courses would seek for more if financial possibilities allowed (9)". "Education, qualification development directly affects the quality of life and professionalism (4)".

It is possible to state that informants improve their qualification during different courses, seminars, trainings, analysis of scientific literature. Informants during interviews presented information about their own academic activity:

"<…> I write scientific articles, participate in scientific and practical conferences, I have lectures in a college (6)"; "I present lectures, participate in seminars. I have to introduce the social work to students (8)".

Competent professional social services, rendered by the social workers as well as implemented functions are one of the main criterions of the intellectual base of social workers.

Data of the survey revealed that informants have possibilities for developing the professional qualification but not all informants have favourable conditions:

"There is neither strict requirement in my workplace nor encouragement or help for the qualification development, improvement; everything is left for the worker (9)". "The institution forms premises for the development, though the improvement of qualification is not always compensated (3)". "Workers are given possibilities to improve professional qualification and during it the employer pays the average salary and sometimes covers part of expenses for learning, seminar and trip (6)".

It is interesting that all informants during the interview expressed their motivation to develop professional qualification even without forcing them to do it. Informants are improving their qualification on voluntary basis, under the individual need. However all informants identify the need to improve qualification and to develop, because it is one of the main criterions of professionalization that ensures well implemented functions and the rendered help and support for patients and the disabled.

After analysis of the survey data it is possible to state that function of a social worker as well as help and support for the disabled and the rendering of social services is the duty of a social worker; however in order to offer effective, quality, professional services that would give benefit to a patient and improve activity of the institution, the administration of institutions should not only support, but also encourage the idea of a lifelong learning of social workers.

Socialinio darbo pradžiamokslis (2004) states that social workers, as members of a team, provide services for people with disabilities, in personal healthcare institutions, day centres, centres of professional rehabilitation and in other institutions.

After the survey data analysis the subcategory "Teamwork" appeared (see Table 6). In order to meet social needs of a patient and to implement own functions effectively, a social worker often gets help from other members of a team, i.e. vertical contacts are formed – the director of a hospital, the vice-director, the vice-director for medicine, the vice-director for nursing and care, senior nursing administrators, all nursing and other specialists (doctors, staff of nursing and care, social workers, psychologists, massagers, kinesitherapists); as well as horizontal contacts – social workers from other institutions (the work description).

Adams and Gilli (2007) stress the importance of teamwork in healthcare and define members of interdisciplinary team who implement functions, imposed under their competence: doctors of different spheres, nurses, specialists of diagnostic and medical procedures, social workers, psychologists, administrative staff and other workers.

Teamwork stimulates the process of a social integration to the society and more effective possibilities for satisfying social needs of a client appear:

"Experiences and knowledge of colleagues form premises for the improvement of the offered service, develops skills of a specialist. Cooperation with social services assures effectiveness of implemented functions. This all increases competences of a social worker as well as professionalism (5)". "<...> the principle of a teamwork has been applied in psychiatric hospital for many years and each member of the team knows own place, activity, roles and function in the team, trusts other members of a team and respects the own work as well as work of others. A team is able to communicate, cooperate and to make the best decisions for a client (6)".

According to Alseikienė (2005), highly qualified help for a patient requires the team of specialists with not only the medical treatment, but also with a social support.

When working in team, social services of a social worker are more versatile, effective, purposeful, and professional and the course of a social process is more rapid. Informants, when implementing own functions cannot avoid the teamwork that is effective upon cooperation, help as well as in knowing, perceiving advantages of the help provided by members of a team:

"Cooperation of team members is important upon seeking for the defined aim. The staff of nursing can often give important information about the patient, his/her relatives, because they face the client more often, observe the social environment that provides relevant information for rendering of social services (8)".

One of the first teams in Lithuania, where social workers are included into the team, was formed in healthcare institutions (Varžinskienė, Rudzevičiūtė, 2009).

Teamwork becomes relevant upon rendering of social services for the disabled. Often social workers are included into different teams within the healthcare system, where a patient becomes a member of a team.

Informants treat the patient as a member of a team therefore he/she participates in all process of help and support as well as in the decision making:

"<…> without the help and support from patients and their relatives I would not be able to do anything (10)".

The healthcare is the activity not only of experts in one sphere, but also activity of specialists able to match different attitudes and competences. However even when the best specialists work together the role of a patient has a critical importance for the success of all the process (Buškevičiūtė, 2013). It is important not to forget that healthcare services often follow the principle of autonomy (selection by a patient) therefore a person with health disorders is an important member of a team (Žemaitienė, 2011).

Informants identified the teamwork as the aspect of increase of professionalization:

"Contacts are started with other institutions and this facilitates the cooperation upon solving problems. The experience is gained that is necessary in everyday work as well as upon implementation of specific tasks, when striving to develop the quality of implemented work as well as efficiency, professionalism upon solving of social problems (3)". "Experience of colleagues and knowledge gives a possibility to improve the quality of a rendered service, develops skills of specialists, and increases competences of an employer as well as professionalism (5)".

It appeared during the survey that members of a team recognise, respect, support the social worker as the equal member of a team and therefore recognise his/her professionalism:

"Today the perception is formed about functions, implemented by a social worker and their importance. Other members of team know well when the consultations and help of a social work are to be addressed (2)". "Now they understand. But when the social workers started their activity in our institution, doctors did not want to recognise such specialist as a social worker and could not understand why he/she is needed (3)". "I think that the majority understands and values. A social worker in our institution is a member of a team. Sometimes misunderstandings appear concerning the implemented functions, but they are always solved (5)".

Scientific literate indicates that recognition of a social worker in the healthcare system has a strong effect made by the increasing need for social services by patients and the disabled; the greater attention is given to the quality of integrated healthcare services (Ulianskienė, 2007).

Advantages of the teamwork to members of a team, patients and the disabled, named by informants during the survey were revealed. In order to render competent, effective and purposeful social services for a patient, next to a teamwork the cooperation with infrastructure is needed, i.e. cooperation with the network of support behind boundaries of the institution, where close ties, expansion lead to the professional, effective implementation of functions of a social work.

Cooperation with other institutions gives information about the patient to a social worker as well as his/her social environment, helps to render social services for a patient, to fill-in documentation, to manage issues of continuity of services for a patient as well as to consult a social worker:

"Network of support in my work is very important, because rendering of social services for patients needs the thorough and objective information that I can receive form respective social or healthcare institutions (9)". "Cooperation with social partners assures the effectiveness of implemented functions. This all increases competences of a worker and his/her professionalism (5)".

The conclusion is offered that quality, professionalism of functions, implemented by social workers is affected by cooperation, professionalism of social partners.

Functions of a social worker as well as responsibilities are regulated by order, defined by laws, internal rules, therefore rendering of professional, competent, effective social services some premises are needed: teamwork, its principles and motivation of team members, accepting the role of a teammate when the more concrete information is received and wider possibilities for rendering of social services and solving problems of patients are offered; the network of support that informs, consults, increases the working practice of a social worker upon rendering of social services by satisfying social needs of clients.

The survey data analysis enabled the division of subcategory "Difficulties of professionalization" where informants substantiated theoretical approach from practicality, experience.

Difficulties for professional implementation of functions of a social worker with the disabled in healthcare institution were discussed from the aspect of practical experience. Some informants identified difficulties in improving the qualification category that is less encouraged by the institution:

"Sometimes there is a need for the deepening of other knowledge than a social work – then the clear substantiation is required or participation in trainings is possible during holidays (4)". "I look for information about trainings, courses, seminars by myself; sometimes colleagues give relevant information, but administration is not involved in this process and I have to make own decisions of the personal development (8)".

A great part of informants identified financial obstacles, expensive development courses that have a difficult access of social workers upon development of qualification as well as the level of professionalism:

"Expensive courses, seminars and lack of them (9)". "High workload and lack of time (7)". "High workload, lack of time, financial possibilities do not always allow the deepening of knowledge, being interested in the contemporary literature, implemented surveys, participating in pubic activity (5)".

Difficulties of professionalization were revealed during the survey when there is a lack of supervision, professional help and support, lack of consulting, lack of resources, high workload and even psychological state of clients:

"Psychical state of patients, timeframe, lack of aids, bureaucracy, shortages of system and lack of ways for selecting help, lack of professional help and support, lack of individual supervisions (2)". "Development of laws, reconsideration of the workload (9)". "Huge workload and lack of time (7)".

Informants mentioned the effect of teammates, network of help and support on the growth of their personalisation, professional development of functions and rendering of help and support for the disabled:

"Because sometime due to unwillingness of other members of a team, lack of responsibility and sometimes because of the unfavourable treatment, lack of knowledge in some spheres there are obstacles in my work (9)". "It would be really useful to share experience with employees of similar institutions during the round-table discussions, to participate in exchange programmes (5)".

It is possible to make a premise that personalisation of functions, implemented in healthcare institution, help and support for the disabled is aggravated by shortages in the legal base because due to the high workload, expensive development courses, lack of supervision, low possibilities for consultations, resources, financial difficulties as well as indifference of the institution within the process of development.

Conclusions

1. Professionalization of a social work appears on scientific, practical levels as well as in the level of studies. The process of professionalization covers internal (accumulation of knowledge, gaining and developing professional competences) and well as external (requirement for the exceptional professional status, formation, construction and presentation of a professional identity) aspects.

2. Criterions of professionalization of functions of a social worker upon rendering services for the disabled in healthcare institutions (knowledge, professional qualification, competence, rendering of social services, legal base, infrastructure of social work, specific features of a professional of a social work) are changing and get a positive attitude of different specialists, society as well as respect, recognition, necessity and affect the quality, effectiveness, professionalism.

3. Analysis of the survey on professionalization of function of social workers upon rendering social services for the disabled in healthcare institution offers the following conclusions:

- Activity of a social work is complicated, complex, implemented with special people, experiencing serious problems, linked with difficulties upon implementation of life activities. Social services of functions offered by social workers as well as the provided help and support are available to all patients who require satisfaction of social services; they are quality, effective, because social workers are competent professionals. The need for social services in healthcare institution is constantly increasing. The negative effect on implemented functions, quality of offered social services is made by shortages in the legal base, limiting possibilities of social workers during stages of organising, planning, mediating, cooperating, implementation. The spectrum of functions of social workers is rather wide and covers many functions, because it is related not only with a client, but also with the surrounding environment. This encourages the rise of professionalization of a social worker.

- Factors, effectively helping a social worker to solve social problems of the disabled in healthcare institution and to implement own functions in competent, professional manner are knowledge, skills and abilities that are one of the main "tools" of a social worker.

- Social workers in healthcare institutions indicated exceptionality of patients when a greater, versatile luggage of knowledge is needed together with various working principles, constant development of skills, and value judgement upon implementation of functions when rendering help and support for the disabled. A social worker, when implementing functions in healthcare institution is tolerant, empathic, communicative, understanding, valuing the uniqueness of a patient, having self-confidence in oneself and trust in patients; he/she is to maintain the

confidentiality, is creative, initiative, active, fair and responsible. This indicates the high level of professionalism of a social worker in healthcare institution.

- Social workers, when implementing own functions in healthcare institutions are following the teamwork which is effective in communication, helping and knowing as well as perceiving advantages of help, offered by teammates. Members of a team in healthcare institution respect and support a social worker equally inside the team and therefore recognise his/her professionalism. A teamwork accelerates the process of a social integration to the society and more effective possibilities for satisfying social needs of a patient appear. When working in team, social services, rendered by a social work are more versatile, effective, purposeful and the course of a social work is faster. Cooperation with other institutions gives a possibility for a social worker in healthcare institution to manage information, correlate and consult.

- Social workers in healthcare institutions develop, raise qualification, help according to the need on voluntary base, are constantly looking for information, consults scientific literature and colleagues, deepen knowledge in the sphere of social work during seminars, conferences, implement academic activity: are interested in novelties, possibilities, the help of which aids to the improvement of quality of rendered social services, level, professionalism. Social workers are motivated to develop the professional qualification even if they are not forced to do this, there is no control from administration. Social workers identify the need for the qualification development and improvement because it is one of the main criterions of professionalization of a social worker which ensures the implemented functions and the provided help for patients, the disabled. Healthcare is new and dynamic sphere of a social work, therefore the constant development of qualification of a social worker as well as improvement of this profession are needed.

- A legal base, regulating the social work within the healthcare system is concretely, precisely described and foresees aims, tasks, functions, ethics, responsibility, organisation of a social worker within the healthcare system. However the legal base, regulating functions of a social worker in the healthcare system, lacks additions, practical features within the healthcare system, by identifying: the number of services patients; filling-in the documentation; striving to get information about patients, regulating the time limit on the exceptional order.

- Social integration of the disabled requires flexibility, ability to communicate with the disabled, change their roles and their content from specialists. A social worker in healthcare institution is to implement many roles and to remain a good specialist in own sphere in order to implement own functions effectively and with quality upon rendering help and support for the disabled. Functions of a social worker, regulated by a legal base, recognised by specialists and the society become more and more professional in healthcare institution and become one of the main elements upon satisfying needs of the disabled.

- Activity of a social worker in healthcare institution is characterised by the main features of profession, professionalization, i.e. theory and knowledge, professional qualification, competence, rendering of social services, infrastructure of social work, legal base, monopoly of professional authority, professional ethics, specific features of professional of a social work. Professionalism of a social worker in healthcare institution has own description, expression, functionality, independence. Professionalism of a social worker in healthcare institution can be described by the implementation of functions, regulated by the profession.

Recommendations

- Ministry of Social Protection and Labour of the Republic of Lithuania and Qualifications and Vocational Education and Training Development Centre are recommended the development of the qualification improvement system for social workers by including possibilities of free (or minimally paid) participation in seminars, courses; also the formation of favourable premises for the development programmes is offered by describing the versatility of places, selection of offered courses, diversity of programmes, common system or programmes by sharing experiences with foreign partners as well as exchange programmes.

- Administration of healthcare institutions is offered the development of work resources for a social worker in healthcare institutions as well as reinforcement:

    - development of computerised programme for a social worker, access to more precise data in the general register, but not only in the healthcare system, the help of which would enable possibilities for a social worker to prepare statistics of own work, systematise data and present conclusions, results as required by the work etiquette;

    - complement of work instructions by fixing the practical activity, responsibility for those tasks that are regulated for social workers and to change them upon the changing level of education, qualification categories, working experience of a social worker as well as methodologies of work in healthcare institutions, criterions, laws, novelties

    - signing of a contract after discussions with a patient concerning the rendering of social services, solving of social problems, stages, methods, resources, possibilities, that would establish responsibilities of a patient as well as a social worker and his/her responsibilities, functions, aims. It is to be attained that a patient is more committed, feels greater responsibility upon solving of his/her social problems. This could be organised in a form of signing a contract between a social worker and a patient.

- Ministries of Health Protection as well as Social Work and Labour are offered to complement the legal base, regulating functions of a social worker in the healthcare system:

    - Order on Rendering Information about the Patient for Public and Other Institutions is a concrete, purposeful, but it needs an addition for social workers in healthcare institutions to receive information faster by meeting exceptional cases.

    - Additions to the legal base, regulating a social work, the healthcare system: the concrete regulation of number of patients, serviced by social workers in healthcare institutions by introducing the united system of filling-in documentation concerning functions of social workers in healthcare system.

References

1. Adams, R., Adams, J., Gilli, R. (2007). Occupational therapy in multiprofessional practice. *Foundation of health and social care*. New York: Palgrave, 454-462.

2. Alseikienė, Z. (2005). Komandos vaidmuo medicinoje. *Gydymo menas*, 7(119).

3. Alifanovienė, D. (2001). *Teoriniai socialinio darbo modeliai*. Šiauliai: Šiaulių universiteto leidykla.

4. Andrašiūnienė, M. (2007). *Socialinio darbo terminų žodynėlis*. Metodinė priemonė. Vilnius.

5. Bagdonas, A. (2001). Socialinis darbas Lietuvoje: raidos, praktikos ir akademinis aspektai. *Socialinė teorija, empirija, politika ir praktika.* Vilnius: VU, specialiosios psichologijos laboratorija.

6. Bagdonas, A. (Red.). (2007). *Socialinis darbas*. Profesinės veiklos įvadas (tarptautinis projektas).VU Specialiosios psichologijos laboratorija.

7. Bagdonas, A. (2007). *Skirtingi, bet lygūs visuomenėje ir darbuotėje*. Vilnius: VU, Specialiosios psichologijos laboratorija.

8. Banks, S. (2006). *Ethics and values in social work.* Palgrave macmillan.

9. Beder, J. (2006). *Hospital social work: the interface of medicine and caring*. London: Routlege.

10. Berg – Weger, M. (2010). *Social work and social wellfare*. London: Routledge.

11. Berger, P. L. (2005). *Sociologija: humanistinis požiūris*. Kaunas: Litterae universitatis.

12. Bitinas, B. (*2006*). *Edukologinis tyrimas: sistema ir procesas.* Vilnius: Kronta

13. Bogdanova, J., Večkienė, P. (2009). Tarpdisciplininės komandos patirtis psichiatrijos skyriuje. *Socialinis darbas. Patirtis ir metodai*, 3(1), 23-43.

14. Browne T. (2012). Social work roles and health – care seting. *Handbook of health social work*. New Jersey: John Willey & Sons, 20-41.

15. Butkevičienė, R. (2010). *Socialinio darbo interviu*. Kaunas: Kauno medicinos universiteto leidykla.

16. Coppock, V., Dunn, B., (2010). Understanding Social Work Practice in Mental Health. Prieiga per internetą: http://www.amazon.co.uk/Understanding-Social-Practice-Mental Health/ dp/1412935059 #reader_141293505 (žiūrėta 2014 11 08).

17. Dirgėlienė, I. (2008). Teorijos ir praktikos ryšio plėtotė socialinio darbuotojo profesinėje veikloje. *Acta Paedagogica Vilnensia.*

18. Flick, U. (1998). *An Introduction to Qualitative Reseach.*

19. Guščinskienė, J., Sapežinskienė, L., Švedienė, L. (2003). *Komandos organizavimo principai: reabilitacijos specialistų komandos pavyzdžiu*. Kaunas: Technologija.

20. Gvaldaitė, L., Švedaitė, B. (2005). *Socialinio darbo metodai*. Vilnius: Spauda.

21. Indrašienė, V., Garjonienė, D. L. (2007). Socialinių darbuotojų kompetencijų vertinimas atestacijos metu. *Socialinis ugdymas*, 4 (15), 67-82.

22. Ivanauskienė, V., Varžinskienė, L. (2004). *Socialinių darbuotojų žinios – socialinių darbuotojų kompetencijos sudėtinė dalis*. Kaunas: VDU.

23. Ivanauskienė, V., Varžinskienė, L. (2003). Socialinių darbuotojų kompetencija ir nuolatinis mokymasis. *Profesinis rengimas: tyrimai ir realijos,* 6, 128 - 137.

24. Jakušovaitė, I., Darulis, Ž. (2004). Medicinos ir sveikatos priežiūros tikslai ir vertybės. *Medicina*, 40 (9), 825-832.

25. Jazukevičiūtė, J., Lamsodienė, E. (2007). *Specialistų komandos darbas: mokomoji knyga*. Kaunas: Kauno kolegijos leidybos centras.

26. Johnson, L. C. (2001). *Socialinio darbo praktika.* Bendrasis požiūris. Vilnius: VU specialiosios psichologijos laboratorija.

27. Johnson, C. L. (2003). *Socialinio darbo praktika*. Bendrasis požiūris. Vilnius: VU Specialiosios psichologijos laboratorija.

28. Jungtinių Tautų Organizacija. (2008). Neįgaliųjų teisių konvencija.

29. Juškelienė, V. (2007). *Visuomenės sveikatos įvadas: sveikatos samprata, sveikatos rizikos ir palaikantys veiksniai*. Vilnius: VPU leidykla.

30. Kaffemanienė, I. (2006). *Negalės ir socialinės gerovės tyrimų metodologiniai aspektai*. Šiauliai: Šiaulių universiteto leidykla.

31. Kaminskas, R., Darulis, Ž., Žemaitaitis, A., Novelskaitė A. (2006). *Bendroji ir medicinos sociologija*. Kaunas: KMU leidykla.

32. Kardelis, K. (2007). *Mokslinių tyrimų metodologija ir metodai*. Šiauliai: Lucijus.

33. Kavaliauskienė, V. (2007). Pažintis su profesija. Klaipėda: Klaipėdos universiteto leidykla.

34. Kavaliauskienė, V. (2010). Refleksijos kultūra – socialinio darbuotojo profesinės raiškos aspektas. *Acta Paedagogica vilnensia*.

35. Kiaunytė, A., Dirgilienė, I. (2006). *Praktika rengiant socialinius darbuotojus*. Klaipėda: Klaipėdos universiteto leidykla.

36. Kiušaitė, J. (2012). *Socialinis darbas su specialiųjų poreikių turinčiais asmenimis*. Vilnius: Edukologija.

37. Kondrašovienė, L., Zabulytė – Kupriūnienė, J. (2008). *Socialinis darbas ir sveikatos priežiūra*. Kaunas: Vitae Litera.

38. Kraujutaitytė, L. (2002). *Aukštojo mokslo demokratiškumo pagrindai*.Vilnius: Lietuvos teisės universitetas.

39. Kvieskienė, G. (1999). Prevencinės pedagogikos metmenys. *Socialinis ugdymas, I.* Vilnius.

40. Laužackas, R. (2005). *Profesinio rengimo terminų aiškinamasis žodynas*. Kaunas: VDU.

41. Leonavičius, L., Baltrušaitytė, G., Naujokaitė, I. (2007). *Sociologija ir sveikatos priežiūros sistemos paslaugų vartotojas*. Kaunas: VDU.

42. Leliūgienė, I. (1997). *Žmogus ir socialinė aplinka*. Kaunas: Technologija.

43. Leliūgienė, I. (2003). *Socialinė pedagogika*: *vadovėli*s. Kaunas: Technologija.

44. Lietuvos socialinių darbuotojų asociacija. (1998). *Lietuvos socialinių darbuotojų etikos kodeksas*. Vilnius.

45. Lietuvos Respublikos sveikatos apsaugos ministro 1999 m. kovo 9 d. įsakymas Nr. 110 „Dėl pirminės ambulatorinės psichikos sveikatos priežiūros paslaugų bazinės kainos, jų teikimo bei apmokėjimo tvarkos ir psichikos sveikatos centro pavyzdinių įstatų bei specialistų veiklos".

46. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2005 m. rugpjūčio 3 d. įsakymas Nr. A1-223 „Dėl socialinį darbą dirbančių darbuotojų pareigybių sąrašo patvirtinimo".

47. Lietuvos Respublikos Seimo 2007 m. balandžio 3 d. nutarimas Nr. X-1070 „Dėl Psichikos sveikatos strategijos patvirtinimo".

48. Lietuvos Respublikos Sveikatos sistemos įstatymas. 1994 m. liepos 19 d. Nr. I-552.

49. Lietuvos Respublikos Psichikos sveikatos priežiūros įstatymas. 1995 m. birželio 6 d. Nr. I-924.

50. Lietuvos Respublikos Socialinių paslaugų įstatymas. 1996 m. spalio 9 d. Nr. I-1579.

51. Lietuvos Respublikos Socialinių paslaugų įstatymas. 2006 m. sausio 19 d. Nr. X-493.

52. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-93 „Dėl socialinių paslaugų katalogo patvirtinimo".

53. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-94 „Dėl asmens (šeimos) socialinių paslaugų poreikio nustatymo ir skyrimo tvarkos aprašo ir senyvo amžiaus asmens bei suaugusio asmens su negalia socialinės globos poreikio nustatymo metodikos patvirtinimo".

54. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2006 m. balandžio 5 d. įsakymas Nr. A1-92 „Dėl socialinių darbuotojų ir socialinių darbuotojų padėjėjų kvalifikacinių reikalavimų, socialinių darbuotojų ir socialinių darbuotojų padėjėjų

profesinės kvalifikacijos kėlimo tvarkos bei socialinių darbuotojų atestacijos tvarkos aprašų patvirtinimo".

55. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2007 m. vasario 20 d. įsakymas Nr. A1-46 „Dėl socialinės globos normų aprašo patvirtinimo".

56. Lietuvos Respublikos socialinės apsaugos ir darbo ministro 2012 m. rugsėjo 17 d. įsakymas Nr. V-861 „Dėl pirminės ambulatorinės psichikos sveikatos priežiūros paslaugų teikimo tvarkos aprašo patvirtinimo".

57. Lietuvos Respublikos Neįgaliųjų socialinės integracijos įstatymas. 2005 m. liepos 1 d. Nr. IX-2228.

58. Lietuvos Respublikos sveikatos apsaugos ministro ir Lietuvos Respublikos socialinės apsaugos ir darbo ministrės 1999 m. spalio 6 d. įsakymas Nr. 432/77 „Dėl Sveikatos priežiūros įstaigų socialinių darbuotojų veiklos sveikatos priežiūros įstaigose nuostatų".

59. Lietuvos socialinių darbuotojų asociacija. (1998). Lietuvos socialinių darbuotojų etikos kodeksas.

60. Luobikienė, I. (2010). *Sociologinių tyrimų metodika*. Kaunas: Technologija.

61. Lukošienė, I. (1996). *Profesinio socialinio darbo pagrindai*. Caritas.

62. Maslow, A. H. (2006). *Motyvacija ir asmenybė*. Vilnius: Apostrofa.

63. Myers, D. (2008). *Socialinė psichologija*. Kaunas: Arx Baltica.

64. Muceniekas, G. (2003). *Negalės etiketas: bendravimas su žmonėmis, turinčiais negalią*. Vilnius: Negalės informacijos ir konsultavimo biuras.

65. Muzen, W. (1999). *Evolution reseach*. London. Publication LTD.

66. National Occupational Standards for Social Work. (2002). *Values and Ethics statements*,1-3.

67. Norkus, Z., Morkevičius, V. (2011). *Kokybinė lyginamoji analizė*. Kaunas: Lida.

68. O'Hagan, K. (1996). *Competence in Social Work Practice*: A Practical Guide for Professionals. London and Bristol. Pennsylvania.

69. Oliver, M., Sapey, B. (2006). *Social work with disabled people.* Palgrave macmillan.

70. Pagrindiniai sveikatos teisės aktai. (2000). Vilnius: Teisės informacijos leidykla.

71. Petrauskienė, A. (2011). Interdisciplininis bendradarbiavimas socialinio darbo praktikoje. *Mokslo darbai*, 10 (1), 42-48.

72. Perminas, A., Goštautas, A., Endriulaitienė, A. (2004). *Asmenybė ir sveikata: teorijų sąvadas*. Kaunas: VDU leidykla.

73. Pierson, J., Thomas, M. (2006). *Collins dictionary of Social Work*. Collins.

74. Pivorienė, J. (2003). *Socialiniai neįgalumo aspektai: žmogui reikia žmogaus*. Kaunas: VDU Socialinio darbo institutas.

75. Prof.d. H. A. M. J. ter Have, Prof.d. R. H. J. ter Meulen, Prof.d. E. ter Lumven. (2003). *Medicinos etika*. Vilnius: Charibdės leidykla.

76. Rosenberg, J. (2009). *Working in Social Work: The Real World Guide to Practice Settings.* Routledge.

77. Rubin, A., Babbie E. (2005). *Research Methods for Social Work*. Thomson Brooks/Cole.

78. Rupšienė, L. (2007). *Kokybinio tyrimo duomenų rinkimo metodologija*. Klaipėda: Klaipėdos universiteto leidykla.

79. Ruškus, J. (2002). *Negalės fenomenas*. Monografija. Šiauliai: Šiaulių universiteto leidykla.

80. Ruškus, J., Mažeikis G. (2007). *Neįgalumas ir socialinis dalyvavimas*. Kritinė patirties ir galimybių Lietuvoje refleksija. Šiauliai: Šiaulių uvniversiteto leidykla.

81. Sapežinskienė, L., Švedienė L., Guščinskienė J. (2003). Socialinio darbuotojo vaidmuo reabilitacijos specialistų komandoje (tyrimo metodika). *Medicina*, 9 (39), 49-56, 879-883.

82. Socialinio darbo pradžiamokslis. (1994). Kaunas: Judex.

83. Suton, C. (1999). *Socialinis darbas, bendruomenės veikla ir psichologija*.Vilnius: VU specialiosios psichologijos laboratorija.

84. Šinkūnienė, J. R. (Red.). (2010). *Socialinis darbas*. Profesinė veikla, metodai ir klientai. Vadovėlis. Vilnius: Mykolo Romerio universitetas.

85. Tidikis, R. (2003). *Socialinių mokslų tyrimų metodologija*.Vilnius: Lietuvos teisės universitetas.

86. Ulianskienė, R., Vitkūnienė, O., Hitaitė, L. (2006). *Integruotų sveikatos priežiūros ir socialinių paslaugų poreikis ir plėtra.* Nacionalinės sveikatos tarybos metinis pranešimas. Vilnius.

87. Ustilaitė, S., Juškelienė, V., Kundrotienė, R. (2008). Socialinio darbo specialist poreikis stacionarioje gydymo įstaigoje. *Socialinis ugdymas*, 6 (16), 54-66.

88. Vaicekauskienė, V., Jankūnienė, I. (2009). Socialinio darbuotojo veiklos komandoje ypatumai gydant pacientą. *Pedagogika*, 93, 38-46.

89. Varžinskienė, L., Rudzevičiūtė, J. (2009). Medikų požiūris į socialinio darbuotojo vaidmenis reabilitacijos specialistų komandoje. *Socialinis darbas patirtis ir metodai,* 4 (2), 67-88.

90. Viešoji įstaiga Vaikų laikinosios globos namai "Atsigręžk į vaikus". (2008). Šeimos krizių prevencija, socialinės ir psichologinės pagalbos šeimai būdai.Vilnius.

91. Vitkauskaitė, D. (2001). *Teoriniai socialinio darbo modeliai*.Šiauliai: Šiaulių universiteto leidykla.

92. Vyšniauskienė, D., Minkutė, R. (2008). *Socialinės veiklos profesinė etika*. Kaunas: Technologija.

93. Večkienė, N. P., Budėjienė, A., Ražanauskaitė, V., Ramanauskienė, K., Valiulis, A. (2013). Socialinis darbas senėjančioje visuomenėje: teoriniai ir praktiniai tarpdisciplininio bendradarbiavimo aspektai. *Gerontologija,* 13 (1), 3-11.

94. Večkienė, N. P. (2004). *Socialinė gerontologija*. Ištakos ir perspektyvos.VDU Socialinio darbo institutas.

95. Zastrow, CH. (2004). *Introduction to Social Work and Social Welfare: Empowering People*. Thomson: Books/Cole.

96. Žalimienė, L. (2003). *Socialinės paslaugos: mokomoji knyga*. Vilniaus universitetas: Specialiosios psichologijos laboratorija.

97. Žemaitienė, N. (2011). *Sveikatos psichologija*. Vilnius: Tyto alba.

98. Žydžiūnaitė, V. (2005). *Komandinio darbo kompetencijos ir jų tyrimo metodologija slaugytojų veiklos požiūriu*. Monografija. Kaunas: Judex.

99. Tarptautinė socialinio darbo etikos normų deklaracija (TDSF). 1994 07 6-8. – P. 3 – 8.

100. Visuotinė Žmogaus Teisių Deklaracija. (1948). Valstybės žinios 2006, Nr. 68-2497.

101. Берзина, Т., Литвинова, М., Маёров, С. (2001). *Социальная работа: теория и практика*. Москва: унфра М.

102. Зайнышева, И. Г. (2002). *Технология социальной работы: учебное пособие для студентов высших учебных заведений*. Москва: Владос.

103. Закон України „Про психіатричну допомогу" Дата набуття чинності: 4 квітня 2000 року. http://zakon4.rada.gov.ua/laws/anot/1489-14 (žiūrėta 2015-01-14).

104. Корнюшина, Р. В. (2004). *Зарубежный опыт социальной работы*. Владивосток.

105. Курбатова, В. И. (2000). *Социальная работа*. Ростов-на-Дону: Феникс.

106. Павленок, П. Д. (2004). *Основы социальной работы*. Москва: Инфра-М.

107. Про затвердження Типового положення про центр соціальної реабілітації дітей-інвалідів Мінсоцполітики України; Наказ, Положення від 15.08.2013 № 505 http://zakon2.rada.gov.ua/laws/show/z1511-13 (žiūrėta 2015-01-14).

108. Про реабілітацію інвалідів в Україні Верховна Рада України; Закон від 06.10.2005 № 2961-IV http://zakon2.rada.gov.ua/laws/show/2961-15 (žiūrėta 2015-01-14).

109. Про соціальні послуги Верховна Рада України; Закон від 19.06.2003 № 966-IV http://zakon2.rada.gov.ua/laws/show/966-15 (žiūrėta 2015-01-14).

110. Фирсов М. В., Студенова, Е. Г. (2009). *Теория социальной работы: учебное пособие для студентов высшух учебных заведений*. Москва: Академический Проект, Гаудеамус.

111. Ханжина, Е. В. (2002). *Основы социальной работы*. Москва: Академия.

Santrauka

Socialinio darbo sveikatos priežiūros institucijoje profesionalizacija vyksta moksliniame, praktiniame bei studijų lygmenyse. Socialinio darbuotojo funkcijų teikiant pagalbą neįgaliesiems sveikatos priežiūros institucijoje profesionalizacijos kriterijai kinta, įgauna teigiamą įvairių specialistų, visuomenės požiūrį, pagarbą, įvertinimą, pripažinimą, būtinumą ir įtakoja kokybiškumą, efektyvumą, profesionalumą.

Darbe atlikta teorinė socialinių darbuotojų atliekamų funkcijų teikiant pagalbą neįgaliesiems sveikatos priežiūros įstaigoje profesionalizacijos kriterijų analizė.

Tyrimo tikslas buvo išanalizuoti socialinio darbuotojo funkcijas, teikiant pagalbą neįgaliesiems sveikatos priežiūros institucijoje profesionalizacijos aspektu. Atliktas kokybinis tyrimas ir naudojant pusiau struktūrizuotą interviu buvo apklausiami (10 informantų) Vš Į Respublikinės Šiaulių ligoninės socialiniai darbuotojai, sudarantys pagrindinį ligoninės socialinių paslaugų teikimo tinklą.

Empirinėje dalyje content analizės pagalba analizuojamos socialinių darbuotojų atliekamos funkcijos teikiant pagalbą neįgaliesiems sveikatos priežiūros institucijoje profesionalizacijos aspektu. Išskiriamos svarbiausios empirinio tyrimo išvados:

-Socialinio darbo veikla sveikatos priežiūros institucijoje yra sudėtinga, kompleksinė, vykdoma su ypatingais žmonėmis, patiriančiais rimtų problemų. Socialinių darbuotojų atliekamų funkcijų teikiamos socialinės paslaugos, teikiama pagalbą yra prieinamos visiems pacientams, kuriems yra reikalingas socialinių poreikių patenkinimas, kokybiškos, efektyvios, nes socialiniai darbuotojai yra kompetentingi, profesionalai.

- Socialiniai darbuotojai sveikatos priežiūros įstaigoje atlikdami savo funkcijas vadovaujasi komandinio darbu, kuris yra efektyvus bendradarbiaujant, padedant bei žinant, suvokiant privalumus pagalbos, kurią suteikia komandos nariai, kurie pripažįsta, gerbia, palaiko socialinį darbuotoją kaip lygiavertį komandos narį, o tuo pačiu ir pripažįsta jo profesionalumą.

- Socialiniai darbuotojai įvardija būtinybę kelti kvalifikaciją, tobulėti, nes tai vienas pagrindinių socialinio darbuotojo profesionalizacijos kriterijų, kuris užtikrina atliekamas funkcijas bei teikiamą pagalbą pacientams, neįgaliesiems.

- Socialinio darbuotojo profesionalizacija sveikatos priežiūros įstaigoje turi savo apibrėžtumą, raišką, funkcionalumą, savarankiškumą. Socialinio darbuotojo profesionalumą sveikatos priežiūros įstaigoje nusako savo profesijos reglamentuotų funkcijų vykdymas.

- Neįgaliųjų socialinė integracija iš specialistų reikalauja lankstumo, gebėjimo bendrauti su neįgaliaisiais, keisti vaidmenis ir jų turinį.

Esminiai žodžiai: socialinio darbo profesionalizacija, socialinio darbuotojo funkcijos, socialinio darbuotojo profesionalumas, pagalba neįgaliesiems sveikatos priežiūros įstaigoje.

APPENDICES

The Role of Social Worker in Supporting People with Disabilities in Health Care
Institutions: the Aspect of Professionalization
Semi-structured interview questions

Gender……….

Age………….

Education…………..

Seniority……………

1. In your opinion, a social worker in your institution is ….

2. Describe the minimum professional, ethical competencies (knowledge, values, skills) needed a social worker in the functions of providing assistance to disabled people in health care institution.

3. What are the roles of a social worker in health institution and what your work is carried out basic roles?

4. Do you acceptable, effective, protecting, high-quality, professionally allowing to carry out the functions of the social worker's health institute governing legal framework?

5. How do you think the social worker professionalization changing your office?

6. What impact has social worker professionalization of education, training and compliance with the provisions in your office social worker competency improvement?

7. How many personal and professional ethics affects your professionalism?

8. How do you think cooperation in performing their functions, teamwork, social partners professionalization of your circle of influence?

9. Other staff, team members understand the social worker functions, their needs and their professionalism?

10. What are the main difficulties in social work functions interfere with your professionalization taking off?

11. Your suggestions for further development of the professionalization of social work, health-care institution.

Thank you.