

УДК 364.444:614.253.5(437.6)
DOI: 10.24144/2524-0609.2026.58.240-245

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SOCIAL WORKER COOPERATION IN COMMUNITY CARE

Abstract. The paper is devoted to the issue of cooperation between nurses and social workers in healthcare in Slovakia, who play an important role in reducing health inequalities affecting marginalized and socially disadvantaged groups. The survey aimed to analyze the tasks, the readiness of nurses to perform work in these communities, and to identify the main barriers in the provision of healthcare and cooperation with social workers, since the social worker is an integral part of the work of healthcare professionals. The empirical part of the work was carried out using the self-constructed questionnaire method. The survey consisted of 63 nurses working in community nursing. The results showed that the most frequent target group that nurses come into contact with is the Roma community – this option was indicated by 33 (52%) nurses. This was followed by homeless people 11 (17.5%), seniors without families (17.5%), and single mothers with children 8 (13%). When working with these groups, up to 23 nurses (34%) reported a language barrier. 23 nurses (36.5%) reported using help from social workers, and there were also 12 (19%) nurses who were not familiar with the activities of a social worker. Fifty (79%) nurses reported the need for better linking community nursing with social services/assistance, counseling. Seven (11.5%) nurses could not assess this need. Up to 22 nurses (35%) would welcome more specialized education in the field of community nursing. The discussion compares the obtained data with knowledge from the professional literature and points out the need for legislative anchoring of the community nurse and the development of interprofessional cooperation.

Keywords: social work, social worker, community nursing, nurse, disadvantaged people.

Introduction. «Social work is an integral part of comprehensive care for people in emergencies. The field of health care and the job description of a social worker in this field are constantly changing, developing, and being supplemented» [2, p.52].

Social work in health care provides care for sick people, people with disabilities, children, adolescents, and also adults who have specific disabilities and social problems, or for elderly or dying people. The job description of social workers depends on their expertise and the type of health care facility [17]. A social worker is an equal member of a professional team [1].

The healthcare setting is a place where social workers can work, where they perform a wide range of tasks and activities to provide social care to patients [14].

The need for convergence between these two areas is increasingly being emphasized, as the integration of health and social care can lead to better outcomes for clients and patients, as well as more efficient use of resources in the social and healthcare system [11].

It is precisely the connection between social care and health care that requires an important position for the social worker within a multidisciplinary team of professionals working in this field [14].

Closely linked to social work is community nursing, which is becoming increasingly important in the provision of health and nursing care. The term community care includes primary, secondary, and tertiary care and prevention [4, p.11].

It represents one of the most important areas of public health, the aim of which is to ensure accessible, comprehensive, and empathetic care for individuals and groups directly in the environment in which they live [8, p.14-16; 5, p.25-26].

It is increasingly becoming clear that marginalized and socially disadvantaged communities are the most at risk in terms of health risks, unequal access to health care, and low health literacy [6, p.31-34].

The role of the nurse is particularly important in addressing the specific needs of vulnerable population groups, such as people living in generational poverty, excluded Roma communities, lonely seniors, or single mothers without social background [12, p.61-63; 18, p.28-30].

The above facts represent a personalized approach, which in practice means more choice and control for the client, a focus on their personal goals and preferences, adaptation of services to their life situation, and active participation of the client in designing care [19, p.277].

Analysis of recent research and publications. «Community nursing is defined as a synthesis of practical nursing and public health practice related to the promotion and protection of the health of the population. It includes activities aimed at individuals, families, groups, and the entire community; these activities are not limited to age, nor limited to individual diagnostic groups» [9, p.17].

Nurses providing community nursing care work

closely with general practitioners, hospitals, health personnel, and social services in providing services to recipients of social services that are tailored to their individual needs [5].

Due to the different quality of the living environment and lifestyle, there are differences in the health status of the population. «Social work in health care, as in other fields, is a specific professional activity that is aimed at improving the social status of an individual, the social situation of the entire family, group, or social environment» [17, p.15].

Social workers are specialists who ensure the social needs of their clients, using special working methods. They are to demonstrate certain knowledge and skills to be applied in professional practice to help those who are in a socially unfavorable situation. Social work in the Slovak healthcare system is carried out using social services that are available within the framework of current legislation. Social work in the healthcare system is not directly anchored in legislation, and therefore, the duties of a social worker or health-social worker cannot be determined [16].

The **article aims** to point out the necessary cooperation between nurses and social workers in community nursing, the connection of social workers in

the health sector, and the anchoring of their activities in legislation.

Research methods. As a data collection method, we used a questionnaire of our own design. The results of the questionnaire were statistically processed in the Microsoft Excel 2016 spreadsheet. Basic statistical operations were used to process the data, namely: calculation of absolute frequency (n), relative frequency (%).

Characteristics of the set. From a geographical point of view, mainly nurses from eastern and western Slovakia were addressed, specifically from the regions where, according to the Statistical Office of the Slovak Republic, the highest proportion of the population living in conditions of social exclusion is. These were mainly the Prešov, Trnava, and Košice regions. These areas are also characterized by a higher representation of the Roma population, an increased unemployment rate, and lower availability of specialized health care [8]. The research group consisted of 63 nurses working in the field of community care.

Results. In the first questionnaire item, we were interested in the gender of the respondents. From Table 1, we can see that the most numerous representation was female nurses, numbering 61 (97%), and male nurses, numbering 2 (3%).

Table 1

Gender of nurses		
Answer option	Absolute frequency (n)	Relative frequency (%)
Female	61	97
Male	2	3
Total	63	100

Source: authors

In the next questionnaire item, we asked how long the nurse has been working in community nursing. In Table 2 we see that the most numerous answer was the option 1-5 years, which was indicated by 28 nurses (44%), the second most numerous group was the length

of practice in the range of 6-10 years, 18 nurses (29%), further 12 nurses (19%) have been working with the community for more than 10 years and the smallest representation was nurses working for less than 1 year, in the number of 5 (8%).

Table 2

Length of practice with the community		
Answer option	Absolute frequency (n)	Relative frequency (%)
Less than 1 year	5	8
1-5 y	28	44
6-10 y	18	29
More than 10 years	12	19
Total	63	100

Source: authors

In the next questionnaire item, we asked – What socially disadvantaged groups do you most often encounter? In Table 3, we see that nurses most often meet with the Roma community 33 (52%), the same

number of 11 (17.5%) are homeless people and seniors without families, and 8 (13%) nurses indicated the option of single mothers with children. Not a single nurse indicated the option «other».

Table 3

Most common groups encountered by nurses		
Answer option	Absolute frequency (n)	Relative frequency (%)
Marginalized – Roma communities	33	52
Homeless people	11	17.5
Single mothers with children	8	13
Seniors without family	11	17.5
Other (specify)	0	0
Total	63	100

Source: authors

In the next questionnaire item, we asked – What do you think are the biggest obstacles to working in marginalized communities? Table 4 lists the obstacles to working with the group. Language barrier was mentioned by 23 (347%) nurses, lack of interest on the part of the

P/K by 14 (22%) nurses. Poor help from the system was seen by 17 (270%) nurses, and insufficient education of the P/K by 9 (14%) nurses. Not a single nurse marked the option «other».

Table 4

Obstacles to working in marginalized communities

Answer option	Absolute frequency (n)	Relative frequency (%)
Language barrier	23	37
Disinterest on the part of the P/K	14	22
Weak support from the system (local government, etc.)	17	27
Insufficient education of P/K	9	14
Other (specify)	0	0
Total	63	100

Source: authors

In the next questionnaire item, we asked – Do you use the help of social workers? Table 5 demonstrates the use of help by social workers. The option yes was stated

by 23 nurses (36.5%), the option no was stated by 28 (44.5%) nurses, and 12 (19%) nurses did not know their activities.

Table 5

Use of help from social workers

Answer option	Absolute frequency (n)	Relative frequency (%)
Yes	23	36.5
No	28	44.5
I don't know their activities.	12	19
Total	63	100

Source: authors

In the next questionnaire item, we asked – Do you feel that community nursing should be better connected to social services/assistance, counseling? In Table 6, we see that 50 (79%) nurses reported the need for better

linking of community nursing with social services/ assistance, counseling. 6 (9.5%) nurses did not report this possibility, and 7 (11.5%) nurses could not assess this need.

Table 6

Connectivity of community nursing with social services

Answer option	Absolute frequency (n)	Relative frequency (%)
Yes	50	79
No	6	9.5
I can't judge it.	7	11.5
Total	63	100

Source: authors

In the next questionnaire item, we asked – What would help you the most in working in communities? In Table 7, we see what kind of help nurses would welcome when working in the community. As many as 22 nurses (35%) would welcome more specialized education in the field of community nursing. The request for better interprofessional cooperation (with social workers, community assistants, etc.) was mentioned by 13 (21%) nurses. Material and technical support, such as

aids, equipment, work vehicles, or educational materials, was mentioned by 10 (16%) nurses. Another 8 (13%) respondents pointed out the need to increase the number of staff and reduce the workload. Improved financial evaluation was mentioned by 6 (9%) nurses. The option «other» was mentioned by 4 (6%) nurses, where the most frequent answer was to determine clear legislative frameworks for nurses and social workers in healthcare, reconditioning stays for nurses, and more days of vacation.

Table 7

Required assistance for a nurse to work in the community

Answer option	Absolute frequency (n)	Relative frequency (%)
More specialized education	22	35
Better interprofessional cooperation (social worker, community worker, etc.)	13	21
Material and technical support (tools, equipment, work vehicles, educational materials)	10	16
More staff/less workload	8	13
Better financial valuation	6	9
Other (specify)	4	6
Total	63	100

Source: authors

Discussion. In terms of the most frequent contact with disadvantaged communities, Roma communities dominated (52%), which confirms the long-known geographical and social division of Slovakia. Next were homeless people, single mothers, and seniors. These results reflect the long-term disadvantage of some population groups, which are not only threatened by health risks but also by social exclusion. Community nursing is constantly being formed and subject to change. It focuses on «care for individuals, families, and groups located in the community. A significant part of nursing care is the protection, strengthening, and restoration of health. Nurses provide nursing care in close cooperation with their recipients, authorities, and organizations in the community» [4, p.15].

One of the most significant problems identified by nurses was the language barrier, which was reported by 23 (37%), lack of interest from the P/K by 14 (22%), insufficient education or poor help from local governments, etc. When communicating, we do not realize to what extent culture influences the way we speak, listen, or try to understand what others are saying to us. Language barriers reduce the likelihood of successful contact between a patient and a healthcare professional and can jeopardize the overall effect of a healthcare intervention.

«Intercultural communication is a term denoting the process of interaction between at least two people from different cultures or subcultures» [7, p.15].

We also found out whether they use the help of social workers. A striking result was the finding that 28 (44.5%) do not use it, and 12 (19%) nurses are not familiar with their activities. The competence of a social worker is professional work with the patient. They also work in a team, where they act as an element that notices the complex situation of patients, observes, and maps their overall situation. They then convey this information to other members who specifically deal with individual problems in relation to their area of expertise [3].

Interprofessional cooperation is a basic prerequisite for a functioning community team [10, p.74].

We were interested in whether they perceived that community nursing should be better connected with social services/assistance, counseling. The majority of nurses

50 (79%) indicated the option «yes». «Social counseling can then be understood as a professional activity, carried out by an expert and based on relationship, support, assistance, and development. Optimal application of the client and his real orientation in life» [15, p.12].

We also investigated the required assistance for a nurse to work in the community. The most numerous option indicated was a more specialized education – 22 (35%) of nurses. In Slovakia, at UKF, Nitra, in the academic year 2012/2013, the Specialized Study, a specialized study program for the specialty Nursing Care in the Community, was launched. «Through specialization studies, nurses increase their professional competence to perform specialized work activities and obtain a specialization diploma» [13, p.58].

As another option, 13 nurses (21%) stated that they would welcome better interprofessional cooperation (social worker, community worker, etc.). «A multidisciplinary approach represents a standard of professional work that will guarantee that coordinated cooperation between professionals will help the client obtain the maximum possible benefit with an appropriate number of necessary interventions» [14, p.126].

A social worker is perceived as a professional who, using special working methods, ensures the social needs of the client [14].

Conclusions. Community care is provided by a multidisciplinary team of experts. Nurses in this team play a significant and irreplaceable role, because their potential leads to the support of the health of individuals, groups, families, and populations. The role of social work in healthcare is the reintegration of a sick person into everyday life. This role is an important part of curative and preventive care and complements nursing and medical care in order to achieve comprehensive, if possible, permanent treatment success. Social care significantly affects the patient's health status. Conversely, poor health results in dependence and an increased need for social care. With good cooperation between a social worker and the patient and his family, he can positively influence the course and prognosis of the disease. Professional orientation makes a social worker competent and professionally qualified to provide social work in healthcare. A social worker is an equal member of a professional team.

Requirements for research involving humans, animals, or their biological materials, personal data, or confidential data. All procedures were performed in compliance with the principles of voluntary consent and confidentiality.

Conflict of interest. The authors declare that they have no financial, personal, or other interests that could be considered a potential conflict of interest in publishing this article.

Funding. The research was conducted without financial support from any organizations.

Data availability. Data can be provided upon reasoned request to the corresponding author.

Use of artificial intelligence. No artificial intelligence tools were used in writing this article.

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Рукопис надійшов: 10.03.2026

Перше рішення: 10.04.2026

Доопрацьовано (раундів: 1): 17.04.2026

Прийнято до друку: 21.04.2026

Опубліковано онлайн: 30.04.2026

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СОЦІАЛЬНА РОБОТА ТА ГРОМАДСЬКЕ МЕДСЕСТРИНСТВО: ПАРТНЕРСТВО ДЛЯ ПІДТРИМКИ ВРАЗЛИВИХ ГРУП НАСЕЛЕННЯ

Анотація. Стаття присвячена дослідженню проблеми співпраці медсестер та соціальних працівників у сфері охорони здоров'я, які відіграють важливу роль у зменшенні нерівності у сфері охорони здоров'я в середовищі маргіналізованих та соціально незахищених груп. Метою опитування було проаналізувати ролі та готовність медсестер до виконання роботи в цих громадах, виявити основні перешкоди у наданні медичної допомоги та співпраці із соціальними працівниками, оскільки соціальний працівник є невід'ємною частиною роботи медичних працівників. Емпірична частина роботи була проведена за допомогою самостійно складеної анкети. В опитуванні взяли участь 63 медсестри, які працюють у сфері догляду за дітьми в громаді. Результати показали, що найчастішою цільовою групою, з якою контактують медсестри, є ромська громада – цей варіант вказали 33 (52%) медсестри. Далі йдуть бездомні люди 11 (17,5%), люди похилого віку без сімей (17,5%), матері-одиначки з дітьми 8 (13%). Під час роботи з цими групами до 23 медсестер (34%) повідомили про мовний бар'єр. 23 медсестри (36,5%) повідомили про використання допомоги соціальних працівників, а також було 12 (19%) медсестер, які не були знайомі з діяльністю соціального працівника. П'ятдесят (79%) медсестер повідомили про необхідність кращого поєднання громадської медсестринської діяльності із соціальними послугами/допомогою, консультуванням. Сім (11,5%) медсестер не змогли оцінити цю потребу. До 22 медсестер (35%) вітали б більш спеціалізовану освіту в галузі громадської медсестринської діяльності. У дискусії отримані дані порівнюються зі знаннями з професійної літератури та вказується на необхідність законодавчого закріплення громадської медсестринської справи та розвитку міжпрофесійної співпраці.

Ключові слова: соціальна робота, соціальний працівник, громадське медсестринство, медсестра, люди з неблагополучних сімей.