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Dear readers of the journal Social Welfare Interdisciplinary Approach, present and future authors, colleagues

I am glad to present you one more issue of the journal, which we have grown together. In this issue we publish thirteen scientific papers that carry new knowledge that will allow contributing to the creation of social welfare in the world. Scientific articles from nine countries of the world – Lithuania, Denmark, Sweden, Russia, Ukraine, Latvia, the Czech Republic and China – show that we are seen and acknowledged. Some of the articles have overstepped the boundaries of countries and they are the outcome of the collaboration between scientists, which creates preconditions for the broader dissemination of scientific outcomes and the opportunity of their application. Technologies in the world are developing very rapidly. The achievements in artificial intelligence, genetic engineering, medicine, energetics and other branches of science often not only surprise us but also make us anxious. We all remember ourselves as teenagers, when our rapidly growing and changing body would cause confusion in our soul and mind. I often think that rapidly developing technological progress can change the world in such a way that it will be even more difficult for people to find a common language with each other and with themselves. To help to find a common language in nations and among nations, and also with oneself – in the context of human welfare – this is the intention and mission of our journal. Therefore, acknowledging the importance of technologies in the rapidly changing world we invite not to forget human values, attitudes and interactions. Their progress is not less important. We invite authors to share their research results in such thematic areas: personality socialization and re-socialization problems, special and inclusive education, lifelong learning education, teacher education, management of education and educational policy, psychology of education rehabilitation technologies, information and communication technologies in teaching/learning, methodology of educational research, vocational counselling, education, and training, quality of life – and what helps to perceive how to live in peace with oneself and the others, how to achieve progress in human relationships, how to live in peace in various environments, how to use technological progress for social welfare. Presenting the topics of the journal I emphasize that our priority is new knowledge based on practical research that sends a clear signal to the social progress of society. The journal receives many articles. Recently we had to refuse to a rather large number of authors because of insufficient research ethics, transparency of scientific outcomes or discoveries. The quality of the presented research was and is the priority of our journal. I would like to thank deputy editors prof. Liudmyla Serdiuk (Ukraine), prof. Velta Ļubkina (Latvia), contributing editor prof. Liuda Radzevičienė, coordinating editor Odeta Šapelytė, all the editorial board members and reviewers who have been working systematically and voluntarily to make the journal reach the reader.

Wishing you good luck in academic activity and personal life I invite you to further collaborate with us.

Prof. Ingrida Baranauskienė, the Editor-in-Chief of the Journal
I. SOCIAL CHALLENGES
TOWARDS A MODEL OF SOCIAL INNOVATION: CROSS-BORDER LEARNING PROCESSES IN THE CONTEXT OF AN AGEING SOCIETY

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Abstract
The aim of this paper is to reveal how the collaboration processes mobilise resources among countries with different logics of welfare, yet address similar problems of ageing society, in a caring, learning and political perspective. The study draws on social science theories and the analysis is based on qualitative empirical data from an interdisciplinary field. The main conclusion is that a multi-dimensional understanding of dementia care by shared knowledge of different welfare logics adds value to experiences of cross-border learning. A social innovation model is presented.

Keywords: Interdisciplinarity, ageing society, social innovation, cross-border, collaboration, community of learning and practices, networking.

Introduction
We are facing a growing number of cross-border challenges in our societies. Innovative ideas of how to develop collaboration will therefore be needed, not the least when it comes to universal social challenges such as the growing number of people suffering from dementia. There are differences in Sweden, Lithuania, Poland and Denmark in how the care of people living with dementia is considered and implemented. In these societies, collaboration in learning, research and development with an international neighbour makes sense for all parties, where the continuous cross-border areas might be the most relevant for developing joint, or at least coordinated, innovation policies. The increasing globalisation of knowledge creation and innovation activities requires societies to think beyond borders, including the concept of shared knowledge. Also, the phenomena of clustering (research facilities, professions, etc.) illustrate the ongoing relevance of geographic proximity, and a broad stream of academic literature has studied the benefits of agglomeration economies (Puga, 2009). In addition, the Global Action Plan (WHO, 2016) defines research and innovation, as an area of concern that must be considered and addressed to improve dementia care in general. This implies that
individual and organizational learning processes and up-to-date knowledge are important to ensure an adequate dementia care practice (Downs and Bowers, 2014). The framework for discussing dementia care as a part of elderly care in a societal and learning context is therefore highly relevant. The Swedish-Danish CareSam project (2011-13) defined several significant needs to achieve sustainable development: a) technological innovation in the field of elderly care, b) qualifying the future education and learning aimed at staff members in the elderly care sector and, c) the development of skills in practice with a special focus on dementia (Tsjeer, 2016). Through a greater awareness of the different logics behind our societies we see similarities in how we address future needs, and acquire a better understanding of what we have in common (Christensen and Liveng, 2016).

Dementia care

With increased life expectancy, followed by increased morbidity, more years are spent living with chronic diseases (European Commission, 2015). Although international observations reveal that Europeans’ health may continue to improve, some causes of disability may, at the same time, become more prominent. With a growing number of elderly people, it is expected that the number of people with dementia will have doubled by 2040 (ADI, 2015).

The development of dementia poses a challenge to societies, despite their welfare logics, because of the care required for people living with the disease. For relatives it is a burden (Draebel, Lund, and Liveng, 2017), and a survey reveals a required commitment for care of more than 10 hours per day (European Commission, 2015). Pressure for the increased public provision and financing of long-term services is expected to grow substantially in the coming decades, especially in younger EU member countries such as Poland and Lithuania, where the bulk of long-term care is currently provided informally. In the more socially and economically developed countries such as Sweden and Denmark, the opposite processes are expected: the European Commission suggests attention should be paid to ensuring a better work/life balance to ease the burden on informal caregivers, including greater public support provision for informal caregivers, the development of respite care, and investments in digital technological solutions.

Welfare logics

Across Europe the effect of an ageing population varies due to differing socio-economic development and welfare logics. The Scandinavian welfare model has been employed in Denmark and Sweden, based on a fundamental principle of universalism. It means that all citizens have equal access to all welfare benefits financed through a graduated tax system based on collective solidarity (Esping-Andersen, 1990). Social- and healthcare are free of charge regardless of economic, marital or residential status, and are distributed based on individual needs. Practices are based on principles from social work, social pedagogy, nursing, person-centred care, etc. This care is provided through hospital admission, long-term home care, or elderly care facilities/nursing homes. The community of countries with post-Soviet experience is dominated by welfare logics described in terms of the state social policy, public funding and administrative-bureaucratic apparatus (Gvaldaitė and Švedaitė, 2005), ideological background, and the economic behaviour of the society. It is difficult to define contemporary welfare logics in Lithuania and Poland because the countries are characterised by their implementation of single, often contradictory, elements of different welfare practices, as observed in several studies (Aidukaitė, 2010); (Guogis, 2012); (Aspinal et al., 2016). The market orientation in the
four societies in general and as management ideology in the public sector, mentioned as New Public Management (NPM) has given rise to reforms couched in ideological neoliberal themes of market orientation incorporating economic factors as a measuring parameter, outsourcing, privatisation, and users of public services being turned into users or customers (Brunsson and Jacobsson, 2002; (Colombo et al., 2011). Based on these themes, policies focus on self-help strategies and user-driven rehabilitation, replacing conventional care, which is often long-term or permanent, into short and intensive reablement services, teaching clients to do things for themselves rather than the conventional homecare approach of doing things for the client. Reablement thus supports independent living (Aspinal et al., 2016), active ageing, user involvement and client autonomy; however, it also involves the risk of frailer elderly people becoming socially isolated (Rostgaard, 2016; Aspinal et al., 2016).

Aim and research question

Population ageing, if not accompanied by a corresponding improvement in health promoting initiatives, leads to an increase in the number of dependent elderly; increasing the need for publicly financed formal care and thereby putting pressure on public expenditure for long-term care. These universal challenges call for a focus on interdisciplinary and internationally shared knowledge and learning processes and activities to support dementia care in general. The aim of this study is to explore how four neighbouring countries in the Baltic area can learn from each other and put this knowledge into practice and create knowledge based, sustainable change process in their own country.

Research question

How can cross-border learning processes be understood as a driving force in the development of a community of learning and sustainable practice and change in dementia care based on learning, caring and political perspectives?

Methods

A qualitative research method was employed, which also seemed to fit the interdisciplinary field, cross-cutting the humanities and the social sciences (Denzin and Lincoln, 2011). The project was inspired by the dialogue tradition in action research (Toulmin and Gustavsen, 1984). The researcher generates insights and knowledge creation through his or her direct involvement in social processes of change and produce guidelines for the next steps to be taken in the future development of the design (Denscombe, 2010). Knowledge is context-bound, and created in collaboration between the participants involved, who contribute to learning in a collective and collaborative process. In the creative problem-solving process capable of driving change and finding new solutions to our most pressing problems, we need to find ways of critical thinking as well as of critical doing (Morrow & Weston, 2016). In a qualitative study it is not considered important to find out whether the amplitude of the phenomenon is widespread, but rather to understand the peculiarity of the phenomenon chosen for the research due to special circumstances (Kvale and Brinkmann, 2009), e.g., problems with an ageing society. The data collection is a result of the following approaches: critical thinking, critical doing, practitioners as partners, challenge-based learning processes, and the anticipation that learning occurs in interface and reflective shared knowledge.
Sampling strategy and Context, Units of study
The empirical data were collected during project workshops and presented as written reflections. The informants were 12 participants from Poland, Lithuania, Sweden and Denmark. The educational background of the participants has an interdisciplinary character, and two groups of respondents were present: a group of Developing welfare countries (code D), with developing welfare traditions (Lithuania, Poland), and a group of Advanced welfare countries (code A), with developed welfare traditions (Denmark, Sweden).

Data collection methods
The instrument for data collection was a self-explanatory guide structured by five themes relating to the project: reasons to participate, aspirations, expectations and experienced obstacles or barriers within the project, and experiences in different practice fields from caring, learning and political perspectives. In addition, challenges in working in an international group, as well as attitudes and strategies towards the design of a social innovation model, were explored. The themes were constructed in the context of a theoretical framework which explains possibilities of cross-border learning processes towards the creation of a social innovation model as a next step of the project in the CareSam network (Magnússon et al., 2013). They were designed to reveal the influence of cross-border learning on professional development, organizational development, and the welfare state. The participants were asked to reflect on the themes in writing.

Ethical issues pertaining to human subjects
The research participants were acquainted with the aim of the research and the data collection methods in advance. Participation in the study was entirely voluntary. All participants understood the purpose for which the research data will be used. The study was conducted according to the principles of the Helsinki Declaration (WMA, 1962).

Data analysis
For empirical data analysis a qualitative analysis to describe the experience, attitudes and perceptions of the participants was performed. The data were transcribed verbatim and pooled in the two groups: D and A. In each group, the statements were structured according to the five themes and condensed into meaning units following the descriptive phenomenological method and the meaning-condensing method described by Kvale and Brinkmann (2009). The text analysis produced a collection of condensed, descriptive statements, all relevant according to the research questions and often interwoven and linked together, e.g., the cultural, professional and personal perspectives may be explained in the same terms or represent the same meaning to the participants. The statements were sorted into the five sub-categories chosen to answer the aim of the research questions that were also structuring the data collection. The interpretation and validation of the results of the primary analysis was based on the reflections and interpretation of the researchers, and was performed in three levels, according to Kvale and Brinkmann (2009). A meta-level of discussion was applied, including a caring, learning and political perspective as the main category to further interpret data in the context of theories which explain possibilities of cross-border learning in the process of the creation of a social model.
Results

When exploring the results, we found that the caring and political perspectives interact similarly with welfare logics. In an ageing society, the infrastructure of the healthcare system, and the quality of social services depend on legislation issues. The participants expressed that the caring concept is difficult to face in social- and healthcare practice. Ageing is universal and connect the world community, and many countries are focusing on long-standing perspectives and strategies that are linked to the development of social services that ensure the quality of life of the elderly. This is especially true in the case of dementia care, since the problem not only affects the person who suffers from dementia, but also those in their close environment (family) (Draebel, Lund and Liveng, 2017). Gvaldaitė and Švedaitė (2005) argue that society is socially responsible for human life, especially in old age. Dementia care is based on the theories of humanistic philosophy, the essence of which, according to Morkūnienė, is to protect humanity not only within itself but also in the human being next to you (Morkūnienė, 2002). Summing up it appears that, in working with people with dementia, the specialist is constantly required to update knowledge and to participate in the processes of development of social innovation models, but, for those tasks, they need different kinds of experience and further training. It was confirmed by project participants from both Advanced (A) and Developing (D) countries:

“[I gained] A new attitude to things which were clear before” (A);
“Through our meeting and sharing of knowledge you’ll develop your own professional understanding” (A)
“It gives ground for an integrated ecological approach to the issue of care and demonstrates the need for an inter-professional and interdisciplinary approach” (D); “It confirms that, when working with elderly people, professionals need to constantly evaluate their readiness (D)

These statements support the issues of ageing that have become a common comprehensive problem within the participating countries in Europe. The analysis of the sub-category organizational development from the caring and political perspectives revealed that the success of the institution’s work lies in the way professionals perceive their work with people with dementia, how flexible their methods are, and how specialists share experiences:

“To establish new partnerships on an international level gives input to review the content of one’s own curriculum for issues relating to the elderly care, such as social work, geriatric care, etc.” (D)

The statement prove that taking part in the project community provides opportunities to establish contacts and professional relationships and networks in the international community, to obtain new insights from international colleagues, and to develop common definitions for further scientific collaboration; partners who are equally responsible and involved. It also allows for inspiration and new networks and developing professional understanding by exchanging views.

The results can be explained by the ecological system theory, which provides a detailed explanation of the influence of the environment on human development. The Development Ecology model (Bronfenbrenner, 1979) makes a substantial contribution to our understanding of the individual’s role and behaviour in relation to the context surrounding him or her on different levels: micro, meso, exo, and macro. Bronfenbrenner points out that the individual
always develops in a context, and his theory involves the entire context in which the individual lives. This also includes a potential strategy for developing a social model.

These outcomes also have the potential to impact Social Legislation development in the participating countries in the context of caring and political frameworks. When we offer suggestions for improving the elderly care sector, it must be understood that the operational tool is a law that provides an instrument for – or is limiting – practitioners in solving problems for elderly people. However, the social care workers’ and other specialists’ activities depend on the state’s social policy, funding and public administration. Social services, institutional and alternative provision (NGOs, volunteers, the informal sector, etc.) are based on the national legislation, since social and health assistance in modern society is institutionalised:

“In broad terms, it is a reminder of the amazing differences and similarities that we all face, in every society” (A); “…better understanding of the international contexts of elderly care” (D); “Gaining access to an important source of information about different systems of good practices in the protection of elderly people” (D)

In welfare states, there is a strong network of NGOs and volunteer traditions, which are important in providing timely assistance to both a person living with dementia and to their family. Personal, institutional and legislative development is based on the theoretical issues of social constructivism (Berger and Luckmann, 1966). It is not possible to design any social model without understanding how the system works in general and establishing a common understanding of legitimacy.

The participants stated that cross-border research activities and opportunities are pivotal to understanding our cultural and national differences in disciplines, societies and welfare contexts, regarding the complex challenges of dementia care. From a health and social political position, the results give rise to professional development. It deepens and broadens the understanding of the issue of elderly care in a European context as well as the organisation of elderly and dementia care, in different countries and ways of financing according to each state’s politics.

On the societal level, some barriers have been identified in the participant group. These are primarily based on language difficulties and cultural differences in understanding the context of the problem’s solution, various kinds of understanding regarding organisational aspects, but also in the understanding of political or health-related priorities. Moreover, economic issues have also been identified as a barrier.

In the EU there are countries where the medical model is still dominant, and this is one of the obstacles to strengthening and promoting social care activities in the healthcare sector. From the point of view of many scientists (Žalimienė and Dunajevas, 2014; Večkienė, 2010; Naujaničienė, 2007; Mažeikienė, 2014; Skjoedt, 2016; Rostgaard, 2016; Aspinal et al., 2016), assessing the attitude of healthcare professionals towards the patients and their family members, the models of paternalism, autonomy and partnership have to be clearly defined in the context of a caring role. A partnership model for care offers an opportunity to develop a strategy for a social innovation model. In Western society’s modern healthcare system the ideals of autonomy and patients’ independent self-determination are promoted (Thorgaard, 2015). Logics provide guidelines on how to interpret and function in social situations. Typically, organisations face multiple logics that may – or may not – be mutually incompatible (Greenwood, 2011).
The interviews revealed that society needs a new attitude in the solution of problems that patients, families and practitioners who are living and working in dementia care experience. It appears that A and D countries experience similar problems and share a great need to solve them:

“…services for people with dementia are very poorly developed in my country... I gained knowledge and experience from the colleagues from advanced countries...” (D);

“We are in an embryonic stage of dementia care in my country, experiences from different countries provide us a clear and tested strategy for long-term dementia care, and old and elderly care, in general” (D) “It deepened and broadened the understanding of elderly issues, and added value when it comes to other projects and how this project can contribute to them” (A)

Regarding the sub-category Strategies to design a model, the development of a common knowledge base and definitions for further scientific collaboration with equally responsible and involved partners lays the ground for an integrated ecological approach to the issue of dementia care and demonstrates the need for an inter-professional and interdisciplinary approach that is qualified when it develops in an international research context.

Learning perspectives
When professionals meet in a cross-border collaboration, different kinds of exchanges take place, with social, academic and cultural dimensions. The theory of Community of learning and Practices (CoP) suggests that learning in groups should be a key for professional development (Christensen et al., 2017).

“I became stronger in my professional position because of knowledge, a new experience, and possibilities to compare the same phenomenon from different perspectives.” (D) “It has improved my position as an international researcher.” (A)

To define what Barnett (Barnett, 2000) terms as university activities, i.e. supercomplexity, it is the educational room of creative contexts characterised by learning processes focusing on the development of learning objectives and the organisation of new learning environments.

Learning through the stimulation of being in a new international community of reflection and learning practice and culture may create a new framework for innovative learning through collaboration. In the process unique knowledge and experience related to own competences and frame of reference is shared. This driving force has developed a collective knowledge base which informs their practice, guiding teachers in how to approach the common area of concern. Working in a CoP builds a collective knowledge base in each member, that, when applied, has the potential to improve the individual performances. CoPs are relationships of “give and take, in which members establish a mutual engagement built on shared norms and cooperative relationships” (ADI, 2015).

“It will strengthen the professional collaboration between and within institutions and develop new networks” (A) “In broad terms, my participation is
about learning about the amazing differences and similarities that we all face, in every society” (A); “It does improve knowledge in the fields of legal frames and social policy” (D)

By creating the learning environment, it can bridge, connect, and make meaning, where the participants associate, linked to their own frame of reference; however, this is not without some difficulties:

“To make others, especially managers, perceive the same amount of added value as I did, while taking part” (A); “It is difficult to learn about the requirements... due to institutional internal needs” (D)

Learning is largely about the acquisition of knowledge, and it requires a dynamic relationship between known and unknown knowledge (Christensen and Lelinge, 2016). From the interviews, we derived three categories of professional learning outcomes: the professional-comparative outcome (learning from each other through exercises, discussions and workshops), the professional-individual outcome (learning from intrapersonal knowledge acquisition through personal reflections and understanding) and the professional-environmental outcome (learning through the stimulation of being in new meeting places). It is through encounters between people of diverse backgrounds, cultures and frameworks that we are challenged in our notions, not least in learning environments and contexts. In theory, teaching is a process in which knowledge is integrated with the organisation, and where the learning of specific knowledge or methods goes hand in hand. It is difficult to distinguish from the development of the employee’s own professional identity and actions (Ellström and Hultman, 2004). Factors such as diversity of meetings with unique users and collaboration between colleagues are very important in the professionally experienced “meaningfulness” (Hasenfeld, 1992). The learning process enables the participants to see and understand themselves from a broader perspective than prior to participation in the project.

“The participation reminded me, as a professional, about the differences and similarities that we all face, in every society and that a multi-perspective is complicated” (A) “It improves my professional competence; it also gives me more chances to be involved in a new project and to involve more [of] my colleagues” (A)

The professional ability to reflect has contributed to institutional development when project members have heard and seen ideas established in the project process, given confirmation in everyday life. Innovative learning environments have been established during the project, which contributed to increased action competence.

“A community of practice model has developed in the project, in which learning through research and practice are closely connected. Participation in the project has gained an added value to the professional networks of the participants” (A) “I have the opportunity to meet people with similar research fields and academic interests. I value that because I have no colleagues in my home institution with similar interests” (D)

The project member is part of a professional system based on his or her experience of his or her own career role; its codes, values, attitudes, social characteristics (including economic,
ecological and cultural) and biological characteristics, but also part of a non-professional system (Hoffer and Piontowski, 2007), where personal development beyond the professional is seen.

We can state that the cross-border learning perspective is dominant because the main purpose was to understand the differences and similarities of four countries in dementia care. The cross-border learning perspective reveals caring problems (needs for competencies of specialists, institutional infrastructures, lack of knowledge of families, etc.), as well as political problems in the discourse of social policy (differences and similarities of legislation), and the most important element – how we lack social interaction in the ageing society. Learning processes can therefore be a context-dependent phenomenon, and the learning process assumes that ideas are generated based on user needs.

The social innovation model
The social Innovation model will support research in practice and professional development in transnational and cross-border collaboration, and furthermore enable sustainable lifelong learning in the encounter with the forms and effects of a multi-dimensional understanding. The model offers an added value by participating in cross-border collaboration, it raises the awareness on how transnational and cross-border collaboration affect professionals involved. It identifies difficulties in cross-border collaboration and contributes to professional development in view of elderly care. In addition, it offers a reflective understanding to the meaning of cross-disciplinary meetings among international colleagues. In summary, the Social Innovation model has four cornerstones:
• A critical, creative and holistic approach to learning and knowledge creation
• A caring, learning and political perspective included in the method
• Collaborative methods of research and learning processes
• Long-term transnational and cross-border shared knowledge out of societal needs in social and care professions

The four cornerstones support acting critically to uphold a diverse holistic knowledge perspective regarding sustainability, care and learning. Every individual’s experiences as resources of learning can be achieved by including and engaging researchers and practitioners. This can take place locally as well as internationally. We consider the interplay between individual, organizational and societal level of understanding as important to learning, e.g., to integrate practice and theory through collaborative, interdisciplinary research methods and theories of learning, into both digital and analogue learning environments and to create real projects to enable an expanding learning on both national and international arenas. Following this, a model (Fig. 1) of social innovation based on our findings is suggested.
Discussion

The results show that cross-border research activities and opportunities are pivotal in understanding our differences due to disciplines, societies and welfare contexts when it comes to the complex challenges of dementia care. Our findings are supported by a study carried out in 11 sites in Latin America, India and China (Ferri and Jacob, 2017). The results reveal insights into the dementia phenomenon in low- and middle-income countries, disclosing different solutions in the context of managing the dementia situation (ibid), “…each country will have to find its best response within the context of its own limitations and possibilities, but it should be based on knowledge of local resources and burden of disease so that its impact can be evaluated and the most effective and sustainable response be delivered”.

Boshkin et al. (2018) examined the provision of accredited higher education on dementia in six European countries and revealed a lack and a significant variation between the countries in the provision of dementia education at undergraduate, postgraduate and doctoral levels. The concept of knowledge-based elderly care on different organisational and political levels has been discussed by Hjelte and Westerberg (Hjelte and Westerberg, 2014). Diversity in perceptions of elderly people and their need of care is a key factor in understanding meaningfulness in the healthcare professions. According to the theory of social constructivism (Berger and Luckmann, 1966), it can be argued that specialists from different fields and countries (social workers, doctors, nurses, scientists, etc.) use different knowledge, logics and different technologies. When these specialists exchange and legitimize information and resources, social capital is created, and their competence becomes the basis of a common human and social capital. Thus, the cross-border team creates social capital, and the cooperation of specialists builds preconditions for science and practice management towards creation of a social model.

Personal activity is bound by professional perspectives and values, as well as by organisational requirements and procedures, which reflect political, economic, ethical and policy considerations (Hall, 2012; Thorgaard, 2015; Skjoedt, 2016). A cross-border dimension
therefore gives an added value to the understood notions of elderly care and adds value to the understanding of learning processes, equal to the development of a social innovation model. Social innovations, according to the European Commission (European Commission et al., 2015) are new ideas that meet social needs, create social relationships, and form new collaborations. They realise development and implementation of new solutions to societal challenges or social needs among disadvantaged groups. These innovations can be intellectual outputs through products, services, or models, improvement in life quality, wellbeing, relations and empowerment to address unmet needs more effectively.

Social innovations also embody social improvements on individual, organisational and societal levels. As stated elsewhere, population ageing, if not accompanied by a corresponding improvement in health status, leads to an increase in the number of dependent elderly and long-term care needs. Moreover, the availability of informal care may decline, increasing the need to resort to public financed formal care, thereby putting pressure on public expenditure on long-term care. In 2013 a group of Japanese researchers presented the results of a pilot study, driven by the preconception that “contemporary social issues are intertwined in a most convoluted way, and if we want to come up with workable solutions under these complex circumstances, we need that all sectors of society cooperate as stakeholders” (Tokada et al., 2013).

They implemented a “dementia project” and revealed the significance of cooperation to outline a process that broadens corporate awareness and understanding of social issues related to dealing with dementia. Although we apply cross-border and cross-sectoral learning and the Japanese researchers employ cross-sectoral (private- and public-sector) collaboration, both research teams outline the value of creating a “shared issue” among involved participants through this approach. The authors, applying a “future session” method, conclude that, in making use of collaborative initiative framework, the study participants have acquired a much deeper understanding of the social issues associated with dementia and produced ideas for how people with dementia and their families (Ibid) can be supported. Our research, in which we applied a prototype development as a form of future workshop, also reveals that, by creating a favourable environment to develop corporate understanding and “shared issues”, we become open to accept new ideas and create social innovations valuable for all participating parties.

Understanding the model of social innovation should also be discussed. Recently, a number of study results focusing on social innovation development for ageing societies have been published (Morkūnienė, 2002; Leichsenring, 2004; Lesauskaitė, Macijauskienė, and Širvinskienė, 2009; Edvardsson, Fetherstonhaugh, and Nay, 2010; Tokada et al., 2013; Igarashi and Okada, 2015; Maresova and Klimova, 2015; Mostaghel, 2016; Chu et al., 2017). These results create a common understanding that supports how we describe a social innovation in the ageing context. Social innovation in the ageing context refers to a broad range of social and technological solutions implemented to support and enhance services both at home and in organisations (in hospitals, residential care homes, etc.). These initiatives are implemented to improve the conditions for the everyday life of elderly in any area of housing, communication, healthcare, and education (Mostaghel, 2016), and also in cross-organisational collaborations, to meet the needs of an ageing society (Igarashi and Okada, 2015).

This project was based on the theory of humanistic philosophy and focuses on human rights, which are inalienable; social origins, historically changing depending on the economic development of society. It includes possibilities to reveal the symbiosis among models of paternalism, autonomy (Thorgaard, 2015; Skjoedt, 2016) and partnership in the context of
dementia care practice. Engaging in the process towards a social innovation model includes shared knowledge and raising the question: How can shared cross-border learning processes strengthen empowerment due to the individual user, the profession and the organisation? This question will be pursued in a future project applied in the context of the problems of an ageing society focusing on dementia care.

**Conclusion**

The caring, learning and political perspectives represent the dimensions of professional care and contribute to a deeper understanding and broader, more diverse, representations of caretaking for older people. From a caring perspective, our results show that cross-border research activities and opportunities in terms of establishing a community of learning and practices are pivotal in understanding our individual, national and cultural differences due to disciplines, societies and welfare contexts when it comes to the complex challenges of dementia care.

From a health political view, the results we have developed give rise to professional development to understanding and developing elderly care. It deepens and broadens the understanding of elderly issues in a European context. Meaningful learning is a process that requires relationships and a network environment that is open to interactions at varying levels of intensity. This is a learning theory that recognises the evolution of ever-changing learning networks, their complexity, and the role that technology plays in learning networks through the facilitation of existing learning networks, and the creation of new learning networks towards new models of social innovation.

Social changes can be considered as a challenge for the development of social innovation model strategies. These challenges are such as demographic changes (ageing, changing the institute of family, migration), changing values, consolidation of scientific and technological innovations, changing social political priorities in the context of an ageing society, etc. This paper shows how a collaborative model that focuses on the interplay between professional understanding and people representing a range of disciplines and societies can create added value in the understanding of dementia care.

Social innovation models require more time to solidify interdisciplinary knowledge to combine individual, organisational and societal levels. Rationales for cross-border collaboration in profession and organisation and how it differs from other forms of international innovation collaboration in social research may therefore be more comprehensively explored. It is shown in this paper that a continuous cross-border collaboration in which partners work closely together within permanent meeting places may reduce the obstacles for the flow of knowledge and other forms of innovative collaboration. It gives implications for the establishment of a knowledge platform for a community of practice as a part towards the creation of a sustainable social innovation model.

**Techniques to enhance trustworthiness**

Trustworthiness is dependent on the discussions of the results of the interviews. The authors confirmed the expediency of the study and the possible use of the outcome in a cross-border learning context for further project strategies. Trustworthiness and transparency is also sought by disclosing methods and analysis strategy, allowing for verification of interpretation and transparency, as recommended by Kvale and Brinkman (2009).
Limitations
In this study, while there are differences and similarities between advanced and developing countries, there is a lack of intercultural competences because of the gap between local practice and global perspectives in sense of theory, legislation and welfare. The study is explorative and comprising a limited number of informants, not allowing for a generalisation of the results.

However, taking these into account in the analysis and discussion, the results are, in our view, transferable to other international partnership settings, as the basic conditions and perspectives may vary, yet be of a similar nature and impact.

Conflicts of interest
The authors declare that they have no conflicts of interest.

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**TOWARDS A MODEL OF SOCIAL INNOVATION: CROSS-BORDER LEARNING PROCESSES IN THE CONTEXT OF AN AGEING SOCIETY**

**Summary**

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The paper explores knowledge creation as a result of common challenges within dementia care in countries with different welfare logics - Sweden, Denmark, Lithuania and Poland. **Research problem:** Despite their differences, Lithuania, Sweden, Poland and Denmark share the same challenges regarding the elderly population. Population ageing, if not accompanied by a corresponding improvement in health promoting initiatives, leads to an increase in the number of dependent elderly; increasing the need for publicly financed formal care and thereby putting pressure on public expenditure for long-term care. These universal challenges call for a focus on interdisciplinary and internationally shared knowledge and learning processes and activities to support dementia care in general.
The research question address if and how cross-border learning processes be understood as a driving force in the development of a community of learning and sustainable practice and change in dementia care based on learning, caring and political perspectives?

The study explores the following aspects:

- The benefits of cross-border collaboration in the field of elderly care in a societal interdisciplinary professional development of educational institutions for the social policy (legislation).
- Experienced possibilities and challenges of international cross-border collaborations.
- Strategies towards the design of a social model evaluating cross-border learning processes in the context of an ageing society.

The aim is to reveal how the collaboration process in developing a social innovation model can mobilise resources among countries with different logics of welfare, yet still address the same problems of an ageing society. The theoretical frame of the study is based on theories of Social Ecology, Social Constructivism and Humanistic Philosophy. The analysis is based on qualitative empirical data from an interdisciplinary field of project partners and stakeholders.

Content/results: In the process of creating a favourable environment to develop individual and organizational corporate understanding and learning, we simultaneously become more open-minded to accepting new ideas and creating social innovations valuable for all participating parties.

We demonstrate how cross-border collaborations in learning processes has the potential to improve the understanding of social and health professions in partner countries.

The caring, learning and political perspectives represent dimensions of relationships and networking in professional care and contribute to a deeper understanding and broader, more diverse, representations of caretaking for older people.

Cross-border research activities and opportunities are pivotal in understanding and profiting of our differences due to disciplines, societies and welfare contexts in regard to the complex challenges of dementia care.

A continuous long-term cross-border collaboration in which partners work closely together within permanent meeting places has potential to reduce the obstacles for the flow of innovative knowledge creation. It provides implications for the creation of a community of learning and practices playing a part towards a social innovation model.

The main conclusion is that a multi-dimensional understanding of dementia care by shared knowledge of different welfare logics adds value to experiences of cross-border learning. A social innovation model is presented and will be implemented in all four countries.

Designing a social model for community of learning and practices and innovation will renew and develop the cross-disciplinary partnership perspective in the field of dementia care. The aspects of how cross-border learning processes can be understood and used in a practice development process is addressed in this paper. We highlight views and experiences of professionals who have learned from the collaboration.

We show that a continuous cross-border collaboration in which professions develop relationships and work closely together within permanent meeting places provides a social context to learning and for the transfer and diffusion of knowledge creation. The approach in this paper towards a social innovation model could therefore bridge and connect specific disciplines and professions and raise awareness of how cross-border collaborations in disciplinary meetings may provide a contribution to the understanding of learning processes in profession and organization.

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THEORETICAL MODELLING OF THE COLLABORATION BETWEEN CONSUMERS AND PROVIDERS OF EDUCATIONAL SERVICES IN THE IMPLEMENTATION OF SCHOOL’S MISSION

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Abstract
The article deals with the problem of the collaboration between consumers and providers of educational services in the implementation of school’s mission. The concept of the consumers and providers of school services has been presented, the mission of the school of today has been defined, the contradictions of its implementation in the postmodern society have been highlighted, the importance of the collaboration between parents as consumers of educational services and pedagogues as providers of educational services in the implementation of school’s mission has been substantiated, the factors conditioning collaboration, the principles determining the involvement and participation of the consumers of educational services, and the essential elements of collaboration have been actualized. A theoretical interpretation of the concept of value creation in interaction has been presented. Referring to the analysis and meta-analysis of the development and structure of the collaboration process at school a theoretical model of the development of collaboration between consumers and providers of educational services at school has been conceptualized.

Keywords: consumers of educational services, providers of educational services, collaboration, school’s mission.

Introduction
Policy makers and theoreticians of education emphasizing the essential importance of education as a social phenomenon for society, the quality of its existence and development in future point out that the education of the 21st century has to meet a new qualitative level of contemporary postmodern society, which is conditioned by the intensification processes of the changes in all fields of life. As their consequence, the reality and purpose of education itself also change because education as a multidimensional and specific social system functions in the interaction with other systems (Gumuliauskiene, 2014). Education as an open social system not only has to react to current political, educational, cultural, social, technological,
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The economical situation of society solving problems conditioned by factors unfavourable to education and control them but also model and respond to progressive influence on social development of society (Kalantzi & Cope, 2012). Education must be given bigger social and value-focused purposefulness and effectiveness concentrating on the demands of the society of today and future and dynamic labour market, the expectations of the consumers of educational services, and requirements of quality increasing the value of education. Therefore, ambitious aims are set to school: to turn from traditional education based on the reproduction of knowledge to education that stimulates thinking and creativity, development of leadership, the system that encourages to learn and increases the self-management of communities (Good School Concept, 2015). Good school is understood as “a school that bases education on fundamental humanistic values, that strives for meaning, discoveries and the success of person’s education, that follows the agreements of school community and constant learning in its activity. Appropriate implementation of school’s mission, i.e. good (desirable, acceptable) educational outcomes and rich, memorable, meaningful, pleasant experiences of life at school are considered as the most important indicator of school’s successful activity. Educational outcomes (personality maturity, achievements and progress) and the process of achieving them are equal” (Good School Concept, 2015, p. 3). In the Concept strong interrelations between community members (learners, pedagogues, parents) ensuring the implementation of educational aims, based on humanistic principles of benevolence, respect, confidence, solidarity and equality are emphasized. The aim of school is together with parents to educate creative people, personalities, active citizens of Lithuania, willing to strive for new knowledge and improve, able to take responsibility for themselves and the state (State Education Strategy 2013-2022, 2013).

According to Keczer (2014), education is a professional service, constantly changing, interactive and requiring a big focus on a consumer. Vargo & Lusch (2004) describe service as an activity that is useful for a service consumer and provider, and is performed applying specialized competences (knowledge, skills). In the concept of service the following aspects are important: processual approach, usefulness (service solves consumer’s certain problems), interaction between a consumer and provider of service. Provision of service is impossible without active involvement and participation of consumers themselves. Management theories treat consumers’ involvement and participation as the opportunity of increasing the competitiveness of an organization (Vargo & Lusch, 2004). Involvement is related to the degree of consumer’s personal interest in a certain service and is considered as a prerequisite of confidence, commitment, emotional attachment and loyalty (Damkuvienė, Bėrsėnaitė & Balčiūnas, 2014). In the concept of the roles of a consumer and provider of service suggested by modern management theories there lies an attitude towards service consumers as subjects having valuable resources. In case of educational services the collaboration between consumers and providers as subjects having valuable resources is a significant instrument that gives new experiences, meanings and value to school, enables to decrease limits between consumers and providers of educational services in order to effectively implement school’s mission. To create and develop culture based on collaboration between consumers and providers of educational services is an aspiration of every school and in some sense a strategy for change. Development and implementation of such culture is becoming the culture of all school community members that is predominant in solving problems, communicating, acting, influences the transformation of the quality of education and growth of child’s personality.
The data of the conducted research confirm that the involvement of parents as consumers of educational services has positive influence on child’s learning achievements, school attendance, attitudes towards school, the way a child feels at school (Menheere & Hooge, 2010), learning motivation, child’s cognitive and metacognitive abilities. Parents’ involvement in education creates safe interrelations. Feeling emotionally safe children learn how to positively react to their achievements, their self-esteem and skills of managing feelings improve (Pomerantz & Moorman, 2011). Seeing a model of positive collaboration-based relationships with school learners apply it in their relationships with peers. Therefore, in order to implement school’s mission not the relationship between a provider and consumer of service is important but the relationship among school community members based on involvement and collaboration of community members, interaction between all the participants of educational process and active learning together. School as a creator and provider of services must know learners and parents as consumers, perceive their demands and the opportunities given by them to act together, to be able to create value based on creation and maintenance of long-term relationships. Scientific research shows that the relations of the involvement of parents as consumers of services in children’s education and collaboration with school are rather complicated. Collaboration is a contextualized phenomenon influenced by internal and external school context. To develop an effective system of collaboration between consumers and providers of educational services is a complicated task for school because the essential problem of the development of collaboration in Lithuania is that collaboration is not considered as a value. Individualist culture is characteristic to Lithuania: personal achievements are valued higher than group ones (Rašienė, 2006). Contemporary society has a distinct tendency of consumerism, changing character and intensity of social relations, confusion of social roles, striving to meet market demands, increasing competition of society members and subjects of the system of education. Therefore, the values emphasized in the European and Lithuanian strategic plan in the reality of mainstream school are difficult to implement. It is shown by the scientists’ research (Targamadžė, 2007, Traškelys, 2010, Duoblienė, 2012; Martišauskienė & Vaičekauskienė 2016, Barkauskaitė, 2016, etc.). The problematic character of collaboration is also related to the problems of the lack of the perception and distribution of powers, roles and responsibilities of consumers and providers of services, mutual dialogue in formulating educational aims for a particular child taking his/her needs into account (Westergard & Galloway, 2010), inability of consumers and providers of services to communicate their expectations and demands and agree on roles, responsibilities, preferable forms and ways of parents’ involvement and participation, and values, on which the relationships that are being created are based (Martišauskienė & Vaičekauskienė, 2016). The relationships of equal partnership and mutual understanding are necessary for the collaboration between consumers and providers of educational services. The value that conditions mutual understanding the most is mutual respect. It is related with partners’ positive attitudes towards each other in spite of diversity (differences in age, experiences, world-views, competences, etc.). School culture also has influence on collaboration (Hargreaves, 1998, Kontautienė, 2006, etc.).

The collaboration between consumers and providers of educational services is not a self-contained and simple process. Therefore, the management of the collaboration system between consumers and providers of educational services at school is a relevant problem. The analyses of the results of external assessment of schools for 2007-2016 show that the relationships in school community are both among strengths and activities to be improved and chosen for improvement. It is possible to think that schools consider community relationships
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as important in educational process striving for learners’ better achievements and progress (*National Agency of School Assessment*, 2017). The collaboration between consumers and providers of educational services in the implementation of school’s mission remains a relevant scientific problem because of the change in the perception of the role of parents as consumers conditioned by the transformation of the demands of society and market that encourages to focus on creating a different relation with school (it is not communicated and agreed what the expectations, demands, responsibilities to each other are, for what kind of relationship school strives); because of the perception of the importance of the collaboration between consumers and providers of educational services for the implementation of school’s mission (the perception of collaboration as an instrument or way to achieve set aims or outcomes is predominant, however, it is not encouraged that it become an organizational value for all community members and aspiration in the implementation of school’s mission); because of traditional forms, ways and content of collaboration with providers of educational services offered by school. The problem has been analysed referring to the interdisciplinary approach and based on the need to conceptualize a theoretical model of the development of collaboration between consumers and providers of educational services at school that could be used as a managerial instrument for the management of collaboration system at school.

The object of the research – collaboration between consumers and providers of educational services.

The aim of the research – to conceptualize a theoretical model of the development of collaboration between consumers and providers of educational services at school.

The methods of the research – analysis of the sources of scientific literature, meta-analysis, modelling.

The research is based on the following methodological approaches:

- Substantiating the approach towards culturally meaningful education of versatile personality with humanistic philosophy of education (Hargreaves, 1999; Rogers, 2002; Bitinas, 2000).

- The value created by communication is treated according to the approach of holistic process where consumers and providers of educational services are perceived as equal active partners getting involved into exchange systems. According to this approach value can be created only when both parties participate together employing the competences of both parties in co-creation that is characterized with dialogue, collaboration and involvement of both parties (Vargo & Lusch, 2008). The changing role of a consumer encourages to focus on the creation of value together with a client (Prahalad, 2004).

- Social constructivist theory (Taylor, 2000; Hruby, 2001), that allows to substantiate the collaboration between consumers and providers of services as a process of the construction of new meanings and knowledge applying personal experience in new situations.

- System theory, that forms the basis of treating the collaboration between consumers and providers of educational services as a united system, where the activity of one element influences the activity of the whole system (Bertalanffy, 1950).

Importance of collaboration and preconditions of its creation at school

School acts in changing and complicated social environment, disposing of limited resources and involving many various groups of interested persons such as educational policy makers, representatives of business world, school government, pedagogues, learners, parents, society. The groups of different interests can have different expectations about what the
school of the 21st century should be and how it could implement the aims set for it and the challenges that occur. The mission defined in Good School Concept (2015) is an aspiration for mainstream schools. Namely in this context of change the quality of education as a result of the implementation of school’s purpose becomes the main challenge for education.

Another important challenge – the aims of modern educational programme – is to develop learner’s competences (State Education Strategy 2013-2022, 2013) and it sets a task – to strive that the competences gained by learners will establish conditions for them to be full citizens of the rapidly changing society and enrich educational environment that stimulates learning, practical application and creativity at schools. It requires systemic changes in the field of the contents of education, educational technologies, pedagogues’ professionalism, school management, and other fields.

The Lithuanian school of today strives to adjust to changing environment, to become effective, perceiving reality and situation, improving management system, able to balance between constant change and ensuring stability and continuity, the component of which is constant development and improvement (Kudokienė & Repečkienė, 2006). Mainstream school in a complicated and insufficiently intensive way moves the emphasis from the focus on learners’ academic achievements to community values and competences necessary for dynamic labour market. School should prepare a learner not for examinations but for life, i.e. develop his/her general and social competences to a greater extent. It is not a problem only of mainstream school. It is related with insufficient ensuring of the harmony between the formation and implementation of educational policy of the state. It is shown by controversial assessments by education experts, scientists, policy makers, pedagogues’ community, consumers of educational services (parents and learners). Scientists analysing the experiences of national and European reforms of education generalize them with evident paradoxes, the essence of which – the regulations established in strategic documents of education – often lose their practical meaning, they are of imitative character and do not bring the expected effect because of the whole complex of contradictions and other factors that influence them. It should be stated that so far in the practice of education the focus on academic achievements predominant because of formal requirements makes the content of strategic regulations narrower, a person’s skills important in real life and his/her competences do not “fit in” learner’s individual progress and formal system of the evaluation of his/her achievements, therefore, they do not become the priority aim of education (Gumuliauskienė & Malinauskienė, 2018).

The content of general education itself, actualizing which school implements its functions also requires change. Internationally and nationally scientists and educational community have many discussions and search for answers what competences will be needed in future and what the opportunities to ensure that citizens gain main competences necessary for the changing world are (Wang, Lavonen & Tirri, 2018, Child & Shaw, 2016, Binkley, Erstad & Herman, 2012, Voogt & Roblin, 2012, etc.). These discussions were especially actualized by the Fourth Industrial Revolution (Schwab, 2017). In World Economic Forum (2016) the TOP 10 of the competences especially relevant for the labour market and a person in forthcoming years (up to 2020) was presented. Scientists unanimously agree that in the 21st century the following competences are necessary: communication, collaboration, digital literacy, public spirit, problem solving, critical and systemic/contextual thinking, creativity, productivity in order to contribute to the development of the contemporary society. Thus in future a person’s success will depend on many competences, the ability to apply them in various situations and constant learning, opportunity to communicate, share and use information. However, in any
case now the most important thing is to transform schools so that learners could gain thinking, problem solving, collaboration and communication skills, which they will need in life and work (Voogt & Roblin, 2012).

Perceiving the inevitable reality of and demand for change, striving for changes in quality of education, increasing their own responsibility for the quality of services provided schools have to more effectively optimize their internal resources. One of them is the potential of the collaboration of school community. Collaboration is an efficient strategy of the improvement of the educational institution, an effective instrument, when an educational institution itself takes the role of a subject that is active, responsible, constantly learning, implementing educational innovations, developing communication of different type, with initiative and independence organizing the life of the community of its institution.

Because of multilayeredness and complexity of education and its dependence on the influence of the whole complex of factors the transformations in school are not systemic and do not have the intensity and scope that is expected. Therefore, in order to respond to the challenges of the school of the 21st century collaboration is an especially important factor of the development and evolution of a person, organization and society that is treated as a “new method, strategy” by scientists (Kontautienė, 2006) that helps to create the basis for striving for a common outcome (synergy) (Vizgirdaitė, 2013). According to Hargreaves (2008), collaboration is one of the most promising paradigms of postmodern age as the principle expressing and uniting action, planning, culture development, organization and research.

According to Kontautienė (2000), collaboration embodies principles important for the processes of transformation: the opportunity for every participant to publicly express his/her opinion; it strengthens confidence, applying suggested innovations encourages to consciously correct them or even counteract them; increases the power of reflection, encourages every participant of education to constantly develop and understand education as an unending process of constant development. Team learning, consulting, planning, collegial discussions or professional dialogue, research on improvement, mutual monitoring and feedback are characteristic to collaboration (Teresevičienė & Gedvilienė, 2000). Only in collaboration with others values, customs, lifestyle are shared, experience is transferred to future generations. Communication helps to discover similarities and differences, stimulates personality growth.

To make collaboration at educational organizations successful it is necessary to well prepare for it, perceive the stages of the creation of collaboration, to distinguish important elements that stimulate collaboration. According to Johnson, Johnson & Smith (2007), the following elements are important for collaboration: individual responsibility for one’s activity, employing knowledge and experience one possesses, mutual help, encouragement, motivation. Clear group processes are important for collaboration – the processes that took place in collaboration are periodically analysed and reflected upon, the further opportunity to develop them is foreseen. Collaboration requires respective social skills – it is impossible to work effectively if skills of communication, management, decision taking, conflict management are not applied (see Figure 1). All these elements must be evaluated and planned in every stage of collaboration. Dettmer, Dyck & Thurson (2005) distinguish the following stages of collaboration: preparedness to collaborate (defining aims, demands, expectations, roles, functions); foreseeing the environment and instruments of collaboration (distribution of resources important for collaboration) and constant evaluation of collaboration and reflection of activity (Dettmer, Dyck & Thurson, 2005) (see Figure 2).
Educational organizations also need to know the levels of collaboration, taking which into account the actions of parents’ involvement are formed. Taylor (2009) distinguishes personal level of collaboration, where it is important to coordinate values, motivation, interests and ability to act; interpersonal, where responsibility and directions of collaboration are evaluated; institutional level, where parents already represent the aims of organization and strive to improve school. On the political level of collaboration parents participate in the process of educational policy making and contribute to its improvement; on the international level parents improve the activity of the organization representing school internationally. Consequently, the collaboration between pedagogues and parents at school is not limited only to personal and interpersonal levels, it is also necessary to plan parents’ involvement on other levels in order to develop school outside its boundaries as well, to attentively think over the actions of every stage of collaboration (how and by what means parents will be involved, what kind of parents’ involvement is expected by pedagogues and to communicate it clearly) and the elements stimulating collaboration (collaboration forms, instruments, how to involve parents and how constantly strengthen them while learning together).

Collaboration is chosen as an action strategy because it gives the consumers and providers of educational services an opportunity to gain the power of initiation, implementation and assessment of decisions. Collaboration with parents and their involvement in activities is necessary for the implementation of common aspirations, it is related to values – mutual confidence and respect, to such fields of responsibility as constant need for change, following common agreements, openness of collaboration relationships, preparedness to collaborate,
setting possible directions of collaboration and sharing the common vision in the implementation of the mission of the school of the 21st century.

**Relationships between consumers and providers of educational services**

If we treat school as a service organization at first it is necessary to answer the question who the real school consumers are. The identification of the consumers of educational service is not simple and superficial. Mukhopadhyay (2005) distinguishes internal and external school consumers. As internal school consumers he considers pedagogues, administrative staff, technical staff who at the same time are service providers, meanwhile employers, state, trade unions, local community and parents are considered as external consumers. According to the author, a learner as one of the consumers of an educational organization is both an internal and external consumer. On the one hand, a learner and a person representing him/her not only gets service, but at the same time actively participates in the processes of the creation and provision of service. It makes him/her an internal consumer of services. A learner is an external consumer because a part of the process of service creation is invisible to him/her. Thus learners are both internal and external consumers. The indetermination of situation is also influenced by not completely clear and different roles of learners at the institution: are they members or consumers of the educational organization (Targamadzė, 2001) or the “raw material” of mass education industry (Želvys, 2003)? Since not every learner is completely conscious and mature to clearly evaluate his/her learning processes, it is inevitable that learners’ parents who are able to express their own and children’s needs, to name problems, can suggest certain solutions, become inseparable from school activity as well, therefore, in the present article parents are treated as consumers of services.

Modern schools must follow the most progressive management theories, understand changing world-view of consumers and their attitude to service providers, the value they create, involving consumers in school processes. Scientists emphasize the importance of the focus on a consumer because school depends on its consumers. Therefore, the providers of educational services should understand consumers’ wishes and needs, their demands should be determined and implemented, perceived by the whole community and the meeting of consumers’ needs should be measured and monitored analysing information (reviews by learners and their parents, results of the activity conducted, learners’ achievements, etc.) (Martišauskienė & Traškelys, 2013, 2016). When school understands the needs and expectations of its consumers, closely and openly communicates with a consumer, it is easier to achieve the set aims and improve its activity. Not separate elements of service nor the stages of the process but their sum total, participation together not only in receiving service but also in creating it are important to parents. A consumer reacts not only to the result obtained. It is also important to him/her in what way this result is achieved. Thus it is necessary to perceive that the competences of educational service providers, the ways of their application, quick and prompt response, carried out commitments are the basis for service provision and a guarantee of relationships based on trust (Damkuviienė, Bersenaitė & Balčiūnas, 2014).

Only when consumers get actively involved in service creation, co-production of service or co-creation emerges, and it is treated as a phenomenon, rising paradigm, behaviour, process, form and model of service provision. The co-production approach is especially relevant to educational organizations, when it is focused on constant interaction with consumers based on long-term relationships, where value is created during a long period of relationships from the initiation to termination of relationships (Raipa & Petukienė, 2009). Value that is defined
as experience perceived by a consumer while using service (Vargo & Lusch, 2004) can be created in the context of co-creation only acknowledging a consumer as an active participant when a consumer and organization are active, involved in each other’s activities, characterized with dialogue and collaboration where both parties have an opportunity to participate in the processes that unite them (Damkuviénė, Bersėnaitė & Balčiūnas, 2014). Consumers creating value employ their knowledge, thinking, emotions and experience and while using service give them their own meaning, provide useful insights and suggestions on the improvement of service. Therefore, not only knowing a consumer but also learning together with him/her, from him/her, consumers’ learning from each other is especially important. It is admitted that while participating consumer has an opportunity to create bigger value, to perform an important role in communication about service, in this case mutual learning and sharing knowledge is possible.

The place of value creation is moved to the process of collaboration and the creation of common field, where organization is treated as an initiator, empowerer, facilitator of this process, and consumer is invited to participate in the process of value creation. Consumers that are involved in interactive processes with organization are named as co-providers of service or co-creators of value and treated as equally active collaboration partners (Jurilevičiūtė & Sūdžius, 2010). Consumer’s involvement and participation influences the creation and perception of value because consumers perceive the value they create themselves (Starkutė & Valinevičienė, 2013). Consumers’ needs become primary. Consequently, consumers are very important and necessary not only as a guarantee of future activity but also as a main lever regulating future quality of school’s activity. The more effectively and with better quality school will work, the better will be its image, the ratings will grow, the number of students will increase, and it will be easier to attract better specialists.

Hsiuju et al. (2004) state that co-participation consists of three broad aspects: sharing information, responsible behaviour and personal interaction. First, consumers should share information with a service provider to ensure meeting of their personal needs. Second, consumers admit their duty and responsibility to positively collaborate with a service provider. Third, the aspect of personal interaction means that there will be trust, support, collaboration and commitment. Kotze & Plessis (2003) distinguish three factors that influence effective collaboration and creation of value: clarity of role, ability and motivation. Consequently, in educational organizations both pedagogues as service providers and parents as consumers must know what is expected from them and how they should behave in particular situation so that value would be created not only for the organization but also for a consumer himself/herself. Therefore, every educational organization must define the fields of organization and consumer and their roles in them so that everything would be understandable and clear both for consumers and members of organization while creating relationships based on collaboration. A part of activities that take place in the field of organization are invisible to a consumer. Referring to the strategy of organization, the set aims, taking the values possessed and the type of activity into account creation and development take place in the field of organization as well as the preparation to give value to a consumer.

Distinguishing the fields of the relationships between organization and consumer and their roles it has been referred to the stages of the life cycle of relationships (Grönroos & Voima, 2013; Damkuviénė, Bersėnaitė & Balčiūnas, 2014) that are supplemented with the indicators of knowledge, interaction and involvement that are distinguished in the Indicators of School’s External Assessment (2017) in the context of collaboration with parents. They...
clearly define the roles of parents as consumers and pedagogues as service providers (Figure 2).

Thus since the initiation of relationships it is important for school to identify consumers' demands and expectations and communicate them to a consumer, and agree whether these expectations could be met, what values school follows, what the attitude towards education, problem solving, etc., what kind of collaboration and involvement is expected from parents by school, what roles parents have in school activities, meanwhile the consumer's role is to express expectations and needs, and evaluate whether school's philosophy and the position

At the stage of the creation of relationships school encourages its consumers to follow the values set by school, openly communicate and give feedback so that further developing relationships with a consumer, school could offer additional services to consumers striving for their loyalty. Parents as consumers are involved into school processes, are encouraged to participate in decision taking and responsibly represent school providing feedback. Pedagogues are interested in parents' possibilities to help children grow and offer parents suitable ways and forms of help and collaboration. Parents participate in school's improvement, get involved in children's education in various forms (expanding their cultural horizons, encouraging in participation in school's life).

Fig. 2. Fields and roles of the organization and consumer
(Compiled by the authors referring to Cronos & Vonna, 2013; Damkuvienė, 2014; Indicators of School's External Assessment, 2016)
cognitive activeness, helping to set ambitious educational aims and strive for them, also participating in school activities, individual and group meeting with pedagogues, initiating meaningful activities, projects, delivering lessons or other activities). In the common field pedagogues and parents communicate at the time suitable for both parties, collaborate (devote time and initiate meetings, conversations, etc.) maintaining and encouraging learner’s progress, strengthening his/her mental and physical health and socialization (Indicators of School’s External Assessment, 2016). At the stage of the maintenance of relationships consumers feel trust in the organization and commitment to it. Thus value is created both to consumer and organization – relationships with school based on trust. At this stage it is very important that school having gained consumers’ confidence would put further efforts in meeting consumers’ needs and expectations. A consumer can terminate relationships with organization if profit is much lower than he/she expects. Modern school should constantly offer innovations, communicate about the uniqueness of service, conduct the monitoring of the process of the creation and development of value for a consumer in order to identify possible interferences and problems to avoid them.

Collaboration system at school in the implementation of mission

As school tries to match the demands of society and future with consumers’ demands and expectations, it is important to perceive that in spite of all the challenges the purpose of school was and is to convey the treasury of culture to a person and help him/her socialize in society (Targamadzé, 2007). Therefore, in order to implement school’s mission not the relationship between service provider and consumer is very important but the relation among school community members based on the involvement and collaboration of community members, their interaction and active learning together. What type of school culture will be chosen depends on particular organization or community, on the creator and consumer of the culture of this community and their interrelation (Duoblienė, 2012). Acknowledging parents as equal partners full educational interaction that is characterized by tolerance of community members, high level of consciousness, possessing and mastering certain skills, expression of individual efforts, harmony in community manifesting itself by democratically taken decisions and responsibility emerges. Thus every member of educational organization becomes an active participant of school’s life, organizer and creator (creating an organization).

However, in the creation and development of the collaboration system the main initiator is a pedagogue who must see collaboration as a system, consistently develop and expand it. For the effectiveness of collaboration it is especially important that parents not only get involved in children’s education but also the way they get involved, what role they take, how actively they participate. Stages of collaboration (Burt & Spellman, 2007) correlate with certain types of parents (Driessen, Smit & Sleegers, 2005) (see Figure 3), the distinguishing and identification of which at school would help to understand and know parents.
In the process of isolation the type of invisible parents who rarely participate in school’s life, do not approve collaboration, like to get information unilaterally, in one direction, is distinct. At the stages of coordination and communication the type of delegating parents manifests itself, they weakly participate in school’s life because, in their opinion, school’s administration and teachers are responsible for their children’s education, they talk, share information, collaborate in every particular case in order to coordinate the provision of service. At the stages of collaboration and integration high mutual confidence of teachers and pedagogues manifests itself, they work together planning, analysing and getting involved. At these stages parents-participants and parents-partners actively participate in school’s informal life, they help, suggest, recommend, and parents-partners actively participate in school’s formal activity as well, share experience, knowledge and actively contribute to the development and improvement of school.

In order to create and develop effective collaboration system from the very beginning clear school’s communication (on the issues of structure, value principles, philosophy of education, etc.) on how, what is going on at school, what role is expected from parents and what parents can expect from school is especially important, as well as knowing parents as collaboration partners, perception of values, attitudes and approaches (i.e. in what ways and how parents can get involved in the activities of education and school’s development) and using the knowledge, competences, experience and opportunities they have involving parents. Only knowing parents, perceiving their needs and expectations it is possible to create the community of the classroom and later that of school, support the initiatives suggested by parents and implement them together.

The system of consumers and providers of educational services should be managed both on classroom and school level: the aims are set, the programme is created to implement them, in which particular measures to achieve the aims of activity, the time of their implementation, shared responsibility and expected outcomes are planned. In order to make collaboration effective and efficient constant monitoring, (self-)assessment and improvement of the collaboration process is conducted. It is very important that the collaboration of service
consumers and providers be a significant field of school’s strategic management, and school managers have positive attitudes towards collaboration, be active initiators and participants of this process themselves, provide necessary support, encourage the community to develop school culture based on collaboration.

Conclusions

The school of the 21st century must perceive the emerging issues related to the needs, expectations, involvement and roles of parents as service consumers as an opportunity and treat as a prerequisite striving to implement school’s mission. It is important to understand that the effectiveness and success of school’s activity primarily depends on the attitude of school itself towards the involvement of parents as consumers and their participation in service provision. School must take into account the demands of society and market that encourage to focus on a different relation that is created with parents as consumers of educational services.

For every school it is important to find the answer – for what role of a service consumer does the school strive, what relationship does it expect to create, to what extent is it ready to invest in the creation of strong and successful collaboration, what value does it want to create together? It is worth to refer to the ideas of the approach of holistic process that value can be created only with such collaboration that is characterized with dialogue, encourages the involvement and mutual understanding of all community members, forms the feeling of belonging to community, and parents as consumers of educational services and pedagogues as service providers are perceived as equal active partners employing the competences, knowledge, experience and different world-view of both parties. The basis for the collaboration between consumers and providers of educational services in the implementation of school’s mission is the ideas of philosophy of humanistic education that form school community members’ attitude towards culturally meaningful education of versatile personality.

The theoretical research has revealed that in the school of the 21st century collaboration is a strategy of culture development, organization of school processes and successful striving for results uniting community members, the way to achieve a common outcome (synergy) and implement school’s mission. Therefore, it should be developed as a system consistently foreseeing possible collaboration actions in advance, planning stages and maximally and effectively involving parents. A theoretical model of the development of collaboration between consumers and providers of educational services at school is recommended to be used as a managerial instrument for the management of collaboration system at school that helps to systemically and consistently plan the stages of collaboration foreseeing the factors that stimulate collaboration and define the roles of the providers and consumers of services at school, that helps to create collaboration-based culture at school. Modern school management is looking ahead, thinking about future, about how to be the school that is constantly learning, creating, changing meeting the needs of learners, parents and society, where the following general management features would be predominant: collaboration on all levels, parents’ involvement, and culture based on the trust of community members. Schools should be very interested in strengthening relationships because positive community relationships, care for every member of school community, not imitated culture condition learners’ better achievements, influence the evolution of their versatile personality and future prospect.
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THEORETICAL MODELLING OF THE COLLABORATION BETWEEN CONSUMERS AND PROVIDERS OF EDUCATIONAL SERVICES IN THE IMPLEMENTATION OF SCHOOL’S MISSION

Summary

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In order to effectively implement the mission of the school of the 21st century collaboration is an important instrument giving new experiences, senses and value to school, enabling to decrease boundaries between the consumers and providers of educational services. To create and develop culture based on collaboration between consumers and providers of educational services is an aspiration of every school and in some sense a strategy for change. Therefore, in order to implement school’s mission not the relationship between a provider and consumer of service is important but the relationship among school community members based on involvement and collaboration of community members, interaction between all the participants of educational process and active learning together. School as a


creator and provider of services must know learners and parents as consumers, perceive their demands and the opportunities given by them to act together, to be able to create value based on creation and maintenance of long-term relationships.

To develop an effective system of collaboration between consumers and providers of educational services is a complicated task for school because the essential problem of the development of collaboration in Lithuania is that collaboration is not considered as a value. Contemporary society has a distinct tendency of consumerism, changing character and intensity of social relations, inflation of traditional relationships and values, confusion of social roles, striving to meet market demands, increasing competition of society members and subjects of the system of education (Targamadzė, 2007, Traškelys, 2010, Duoblienė, 2012; Martišauskienė & Vaičėkauskienė 2016, Barkauskaitė, 2016, etc.). The problematic character of collaboration is also related to the problems of the lack of the perception and distribution of powers, roles and responsibilities of consumers and providers of services, mutual dialogue in formulating educational aims for a particular child taking his/her needs into account (Westergard & Galloway, 2010), inability of consumers and providers of services to communicate their expectations and demands and agree on roles, responsibilities, preferable forms and ways of parents’ involvement and participation, and values, on which the relationships that are being created are based (Martišauskienė & Vaičėkauskienė, 2016). Therefore, the collaboration between consumers and providers of educational services in the implementation of school’s mission remains a relevant scientific problem because of the change in the perception of the role of parents as consumers conditioned by the transformation of the demands of society and market that encourages to focus on creating a different relation with school (it is not communicated and agreed what the expectations, demands, responsibilities to each other are, for what kind of relationship school strives); because of the perception of the importance of the collaboration between consumers and providers of educational services for the implementation of school’s mission (the perception of collaboration as an instrument or way to achieve set aims or outcomes is predominant, however, it is not encouraged that it become an organizational value for all community members and aspiration in the implementation of school’s mission); because of traditional forms, ways and content of collaboration with providers of educational services offered by school.

The object of the research – collaboration between consumers and providers of educational services. The aim of the research – to conceptualize a theoretical model of the development of collaboration between consumers and providers of educational services at school. The methods of the research – analysis of the sources of scientific literature, meta-analysis, modelling.

In order to create and develop effective collaboration system from the very beginning clear school’s communication (on the issues of structure, value principles, philosophy of education, etc.) on how, what is going on at school, what role is expected from parents and what parents can expect from school is especially important, as well as knowing parents as collaboration partners, perception of values, attitudes and approaches (i.e. in what ways and how parents can get involved in the activities of education and school’s development) and using the knowledge, competences, experience and opportunities they have involving parents. Only knowing parents, perceiving their needs and expectations it is possible to create the community of the classroom and later that of school, support the initiatives suggested by parents and implement them together.

The system of consumers and providers of educational services should be managed both on classroom and school level: the aims are set, the programme is created to implement them, in which particular measures to achieve the aims of activity, the time of their implementation, shared responsibility and expected outcomes are planned. In order to make collaboration effective and efficient constant monitoring, (self-)assessment and improvement of the collaboration process is conducted. It
is very important that the collaboration of service consumers and providers be a significant field of school’s strategic management, and school managers have positive attitudes towards collaboration, be active initiators and participants of this process themselves, provide necessary support, encourage the community to develop school culture based on collaboration.

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SOCIAL INNOVATION CONCEPT AND ITS IMPLEMENTATION IN THE EUROPEAN UNION AND IN THE REPUBLIC OF LITHUANIA

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Abstract

The aim of the paper is to disclose the importance of social innovation and generalize innovation promotion policy in the European Union, assessing the actual situation in Lithuania. The need for social innovation is inevitable as different social problems touch modern society. Business, governments, non-governmental organizations have distinct roles and encourage social innovation in different ways, but political will and financial possibilities can lead to great changes. The policy of promoting innovation in Lithuania is in line with the provisions of EU documents, however, in the general innovation system context, little attention is paid to social innovation. Following the evaluation of Lithuania’s performance of the research and innovation system, it has been determined that the indicators which were evaluated as weaknesses are primarily related to social problems.

Keywords: evaluation of innovation activities, innovation, innovation policy, social innovation.

Introduction

Social innovation creates social value and can be realized by blending all stakeholders’ efforts and funds, creating more quality and value. Demand for innovative products is endless, and usually some needs remain dissatisfied, but social innovation helps to solve social problems and seek higher quality of life.

Innovation activities in EU are stimulated by creating a favourable environment for the development of national research and innovation systems of EU states. The policy of EU innovation is oriented from “innovation supply” to “demand for innovation”, emphasizing the importance of innovation in the public sector.

Lithuania since 2015 has been carrying out Smart Specialization Strategy, there is a large amount of programs, strategies, and legal acts, however, this does not guarantee the efficiency of innovation activity. Lithuania is one of the fastest growing innovators, but analyzing the separate fields, a number of problematic spheres have been identified, especially in assessing social progress of Lithuania.
Now there is a growing body of literature in the field of social innovation, unfortunately, there is a lack of scientific research in the sphere of social innovation in the works of Lithuanian researchers. Social innovation concept was analyzed by Mulgan et al., 2007, Phillips et al., 2008, Jiang & Thagard, 2014, McGowan & Westley, 2015, Maurer & Nunes da Silva, 2014, etc.; innovation/social innovation classification was examined by Pol & Ville, 2009, Biggs et al., 2010, Christensen et al., 2006, Westley et al., 1995, Kotsemir et al., 2013, the new types of innovation, such as inclusive innovation, reverse innovation, catalytic innovation, etc. were investigated by Bhatti & Ventresca, 2012, Radjou & Prabhu, 2015, Heeks & Foster, 2013, the actors in social innovation development – by Mulgan et al., 2007, Phillips et al., 2008, Jiang & Thagard, 2014, Ellis, 2010; the innovation impacts – by Porter & Kramer, 2011.

The aim of the paper is to disclose the potential of social innovation in solving social problems and generalize the policy of social innovation promotion in the European Union, assessing the actual situation in Lithuania.

The object of the research – social innovation.

The problem of the research – the context of social innovation is very broad, and it is aimed at improving well being. The question is – how the implementation of social innovation is regulated and administered in the European Union and in Lithuania, and what type of social innovation is implemented in Lithuania in the context of social progress.

The research results were obtained using different methods: analysis, systematization, generalization of scientific materials, content analysis of EU documents and national legal acts, secondary data from world wide data bases and the Lithuanian Department of Statistics were used to generate new and original insights.

The spectrum of social innovation and its urgency

Last centuries were full of innovations and they spread out in different spheres of social life. Business introduced new technological processes, offered new or modified products, new or different services and ways to receive and access these services. Innovation is a base for economic growth, establishment of new business and creation of new jobs, which in turn create personal income and ensure a higher quality of life.

Unfortunately, economic growth did not eliminate the difference between the rich and the poor, and even more, the gap is growing. Global problems, such as global warming, pollution, exhaustion of resources are disturbing society, furthermore, society is aging, the incidence rate is increasing as more people suffer from chronic diseases, also obesity, alcohol, drugs, they are confronted with social exclusion, families face violence, unemployment and discrimination and many more problems touch modern society. In this context social innovation has become a mean of addressing the existing problems and preventing the deepening of the problems in the future.

Although Pol and Ville (2009) claim that social innovation is a term that almost everyone likes, but nobody is quite sure of what it means, most often social innovation is associated with social needs and values of society by meeting those social needs (Caulier-Grice et al., 2012; Mulgan et al., 2007; Phillips et al., 2008; Jiang, Thagard, 2014; Mulgan et al., 2006) and improving the quality of life (Pol, Ville, 2009). A product is a social innovation if it meets these needs and generates value to society. At the same time social innovation generates changes: conceptual, process or product, organisational, also changes in financing, and deals with new relationships with stakeholders and territories in order to solve social problems, herewith, social innovation seeks to change authority and resource flows and finally pushes entire
systems towards greater resilience and sustainability (Westley et al., 2006) as the distribution of responsibilities in the social system is also changing (Westley & Antadze, 2010).

Social innovation is a common dynamics of human history, although the way in which sustainability and resilience are defined at specific historical moments is not constant (McGowan, Westley, 2015), as society’s needs, preferences and values are shifting, as well as the perception of social problems is growing in business and public environment. The boundaries between business interests and needs of society are disappearing, and this allows creating social innovation, which produces welfare for society. This can be proved by the increasing number of companies that disclose non-financial and diverse information; socially responsible investment has become a growing area of interest for the investors’ community both in developed and developing markets. Corporate Social Responsibility itself creates the preconditions for social innovation (Ubius & Alas, 2012) and fits Maurer and da Silva’s (2014) view, that social innovation is a humanism-based alternative that addresses social and environmental issues.

Innovation usually takes a form of a process or outcome. The solution that can be considered as innovation must meet relevant criteria. Innovation is: 1) something (process, product, or service) fresh (new, original, or improved); 2) that creates value (Dance, 2008). Mulgan et al. (2006) specify some different criteria – novelty and improvement. According to them, improvements must be more sustainable or just, i.e. environmentally as well as organizationally sustainable solutions are such that can continue to work over a long period of time. As innovations are of different nature, happen in many different ways, and have diverse impacts, various classifications are available in the scientific literature. Pol and Ville (2009) point out two types of business innovation – technological and organizational innovation and according to the scale of change they can take the form of incremental or radical innovation. Most innovations are incremental and represent evolutionary and stepwise improvements to existing ideas, products, or processes. Incremental innovation has a high chance of success and low uncertainty about outcomes (Biggs et al., 2010), while radical innovation involves the development and adoption of new combinations of ideas, products, or processes that challenge or disrupt the broader institutional framework, whether it is social, cultural, political, or economic (Christensen et al., 2006). Both “conventional” and “radical” forms of innovation can be found in social contexts, with the latter leading to profound changes in the systems in which they arise (Westley et al., 2006). Bower & Christensen (1995) divided innovations in sustaining and disruptive. The majority of product and service innovations are sustaining; they provide better quality or additional functionality for the most demanding customers. Some of them are incremental improvements, while others are breakthrough products or services. Disruptive innovations do not meet existing customers’ needs as well as currently available products or services, as they may lack certain features or capabilities of the established goods, but they are simpler, more convenient, and cheaper, they fit the needs of new or less-demanding customers, customers who live in less developed countries (Bower & Christensen, 1995).

According to Kotsemir et al. (2013), innovation typology shifted from a more or less well-structured system to a system with a large number of very different types of innovation which are often called differently by different authors and rarely share a commonly understood concept. New types of innovation are basically concerned with companies’ strategy in emerging economies. These innovations produce diverse products and services that meet the needs of globalized society and are presented in both practitioner and academic literature, such as inclusive, reverse, catalytic, frugal, bottom of the pyramid, trickle up/bottom up, pro-poor,
below the radar, innovation under constraints, innovation for underserved, and some others. The main accent to most of these innovations is affordability, accessibility, availability, and sustainability, “doing more with less” for both producers and consumers (Bhatti & Ventresca, 2012), moreover, “doing better with less” (Radjou & Prabhu, 2015), providing goods and services for and/or by those who have been excluded from the development mainstream (Heeks & Foster, 2013).

Social innovations are predominantly developed and diffused through organisations whose primary purposes are social (Mulgan, et al., 2007). Despite the fact that a sufficiently large variety of social enterprise models is developed and social enterprises operate in different areas and in diverse directions, social innovation is developed and spread not only by them. While private companies focus on innovations that promote economic competitiveness, at the same time business is developing the advanced tools to address complex societal challenges, and any new ideas meeting social needs developed by a profit-seeking firm turn out to be a social innovation, and, thereby, “every business innovation is a social innovation” (Pol, Ville, 2009, p. 8). New ideas go over the borders of different sectors: one idea encourages another, boosts new projects and activities, bringing the benefits for all actors. Companies getting business and society together redefine their purposes and start creating “shared value” – generating economic value in a way that produces value for society by addressing its challenges (Porter & Kramer, 2011).

Innovation emerges in places and from people outside the scope of social entrepreneurship, as even governments produce social innovations (Phills et. al., 2008); innovation is often born by committed citizens with social visions, will and drive, by those, who have the social problems or unsatisfied needs (Ellis, 2010). Businesses, governments, public agencies, foundations, social organizations and movements, high schools, charitable organizations and philanthropists all together work stimulating social innovations, they have distinct roles and possibilities in encouraging innovation, therefore, the systematic approach is necessary to generate and grow new ideas and this requires new ways for them to work together (Mulgan, 2006).

It should be noted, that some social innovations, which were aimed to change the quality of life, ensure greater inclusion and participation, greater collective power and justice, proper economic and social performance failed or did not sufficiently implement the targets, but most of them have spread over the globe and eventually become a part of everyday life. Meanwhile, society is changing and social life becomes more complicated, so the need for social innovations remains relevant.

European Union policy to promote social innovation

EU member states have to take into account Research and Experimental Development (hereinafter RED) shaped at EU level as well as the policy of innovation system, and to coordinate national policy with the policy developed at EU level, as each EU state has its own RED and innovation system that best meets the needs of that state.

The key documents for social innovation are issued by European Commission (hereinafter EC), firstly by Directorate General of Employment, Social Affairs and Inclusion. The most important documents that guide the implementation of social innovation are provided in Table 1.
Table 1. Key documents of social innovation

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<tr>
<th>Documents</th>
<th>Essential content of the documents</th>
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In the documents presented in Table 1, a lot of attention is paid to social innovation, however, in other EU documents, social innovation is underlined only slightly, only in the general context of innovation development.

The recent documents of EC highlighting seven key actions related to social innovation (Social Innovation, 2018), are provided in Table 2.

Table 2. Up-to-date actions promoting social innovation

<table>
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<th>Actions</th>
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<tbody>
<tr>
<td>1. Networking</td>
<td>This network helps organizations to join, learn and share experience through the Social Innovation Community portal, funded by the Horizon 2020 project, which is carried out by a consortium of 12 organizations in 2016-2019.</td>
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<tr>
<td>2. Competition</td>
<td>Annually organized European Social Innovation Competition is aimed to support new social decisions and raise awareness of social innovation. Other European competitions supporting social innovation are the following: RegioStars, which promotes original regional projects, The Social Innovation Tournament supports the best European social business projects.</td>
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<tr>
<td>3. Funding</td>
<td>The EaSI program directly finances social innovation. This EU financial instrument aims at promoting a high level of employment, ensuring adequate and sufficient social protection, fighting against social exclusion and poverty and improving working conditions. Full budget of the program for 2014-2020 is 919,469,000 Eur.</td>
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The actions presented in Table 2 show the wide scale of the EC actions aiming to develop social innovation and increase its impact on society. Particular emphasis is placed on the aims to increase the internationalization of social innovation by expanding the implementation of these innovations into international business, to improve the dissemination of information and best practices through international virtual networks covering the majority of organizations.

**Social Innovation Policy of the Republic of Lithuania**

There is no separate legal act aimed at social innovation in Lithuania. The policy of this innovation is reflected in the national strategies and programs (see Table 3). They emphasize the importance of social innovation in providing the services for families, children, socially vulnerable groups, increasing employment of the population, their involvement in the labour market and socially beneficial activities, for this purpose using the potential for cooperation between public and private sectors and educational institutions.

### Table 3. Strategic documents related to social innovation

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<th>Documents</th>
<th>Essential content of the documents</th>
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<td><strong>Lithuania’s Progress Strategy “Lithuania 2030”,</strong> (2012). <a href="https://www.lietuva2030.lt/en/about">Website</a> [23 04 2018]</td>
<td>The vision of Lithuania’s future is formulated by underlying three spheres of progress: Smart Society, Smart Economy and Smart Governance. It is emphasized that the most important resource of Lithuania is creative and innovative people.</td>
</tr>
<tr>
<td><strong>National Progress Program 2014-2020</strong> (In Lithuanian) (2016). The Government of the Republic of Lithuania. <a href="https://www.e-tar.lt/portal/en/legalAct/TAR.31A566B1512D/OKkwPNbfzS">Website</a> [24 04 2018]</td>
<td>The program is designed to implement Lithuania’s Progress Strategy “Lithuania 2030”. It forecasts “to shape the demand for innovation, promote the development and commercialization of new innovative products and services”. The outcomes of program implementation in the sphere of social innovation are forecast as well.</td>
</tr>
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The program aims “to pool state resources in order to increase Lithuania’s innovation and create competitive economics based on high-level knowledge, advanced technology, skilled human resources and smart specialization”. The importance of public innovation is emphasized.

Smart Specialization is the strategy of state support for research and innovations. According to six directions of this specialization, the Government in 2014 approved Program on the implementation of the priority areas and (socio-cultural) development and innovation (smart specialization) and their priorities, which also emphasizes social innovation.

The documents presented in Table 3 emphasize that the importance of social innovation in the public sector is increasing, as traditional solutions for long-standing social problems are often insufficient. Innovation in the public sector is especially needed in order to achieve efficiency, resource saving and wider inclusion of social and economic partners.

In Lithuania cooperation between representatives of different spheres is promoted by developing social innovations which have high impact. Therefore, the institutional structure of the administration of social innovation activities has a significant impact on the development and implementation of innovations.

The main steering institutions of the Lithuanian Smart Specialization Strategy and social innovation development are the Ministry of Education and Science and the Ministry of Economy. These two ministries direct the activities of other institutions in the field of social innovation development.

Agency for Science, Innovation and Technology is the main state institution responsible for the implementation of innovation policy in Lithuania. Budgetary institution Research Council of Lithuania carries out expert activities, evaluates research activity, implements program-based competitive financing.

The public institution Research and Higher Education Monitoring and Analysis Centre is an expert institution providing information and recommendations for decision-making on the formation and implementation of science, studies and innovation policy relevant to the society.

The public institution Lithuanian Innovation Centre provides innovation support services to business enterprises, science and education institutions. The public institution Lithuanian Business Support Agency implements national strategies and programs aimed at Lithuanian economic development, helps to invest in business, research, administers the funds granted by EU structural funds and state budget. The public institution Enterprise Lithuania promotes entrepreneurship, modern business development, start-up ecosystem and export.
Evaluation of innovative activities in Lithuania

European Innovation Scoreboard 2017, presented by the EC, shows that Sweden remains the EU innovation leader, while Lithuania is ranked among the average innovators, but it is the fastest growing innovator. Lithuania from the 24th place in 2010 moved to the 16th place in 2016 among 28 European Union countries. The growth of innovation activity in 2016 compared to 2010 was the fastest among EU 28 and increased by 21.0 percent relative to that of the EU in 2010, when the growth of Sweden’s innovation activity increased by 2.3 percent (European Innovation Scoreboard, 2017).

Relative strengths of the innovation system in Lithuania were in Human resources, Innovation-friendly environment and Linkages. What concerns Human resources, one of the assessed spheres Population with tertiary education is almost twice as high as EU 28 average, and increased by 56.6 percent relative to that of the EU in 2010. Good results in Innovation-friendly environment were influenced by the indicator Broadband penetration as this indicator is almost twice as high as EU 28 average, and increased by 55.6 percent relative to that of the EU in 2010. In Linkages dimension Innovative SMEs collaborating with others indicator increased by 71.8 percent relative to that of the EU in 2010, the indicator Private co-funding of public R&D exp. increased by 173.9 percent relative to that of the EU in 2010, but the change between 2010 and 2016 was negative (-3.9).

Relative weaknesses were in Attractive research system, Intellectual assets, and Sales impacts. The weakest link in the dimension Attractive research system was Most cited publications as the indicator decreased by 29.5 percent relative to that of the EU in 2010 and was 56.1 in 2010 and only 26.6 in 2016. The indicators of the dimension Intellectual assets increased (relative to that of the EU in 2010): PCT patent applications – by 7.9 percent, Trademark applications – by 36.0 percent, and Design applications – by 17.9 percent. However, these changes were not sufficient for the increase of the overall innovation performance. The dimension of sales impacts covers three indicators (Medium and high tech product exports, Knowledge-intensive services exports, Sales of new-to-market/firm innovations), the weakest link was Knowledge-intensive services exports, as the results for 2010 were 0.3 and 6.7 for 2016 with the increase by 6.4 percent relative to that of the EU in 2010. Sales of new-to-market/firm innovations were evaluated better, but the decrease by 6.4 percent relative to that of the EU in 2010 was fixed.

The performance of the research and innovation system is also measured by The Global Innovation Index (hereinafter GII). The GII relies on two sub-indices: the Innovation Input Sub-Index and the Innovation Output Sub-Index which are calculated using 81 indicators. The rank of Lithuania in the period of 2014-2017 was changing slightly – the country took the highest position in 2016, however, in 2017 it took the 40th position, and it was the worst result during the last four years (Global Innovation Index, 2016, 2017). While assessing Innovation Efficiency, Innovation Efficiency Ratio is calculated as the ratio of the Output Sub-Index to the Input Sub-Index and it shows how much innovation output the country is getting for its inputs. Lithuanian Innovation Efficiency Ratio decreased during the last two years what indicates that Inputs were not effectively converted into Outputs and the analogous situation repeated year after year. The rank of Lithuania concerning Inputs was always higher than GII, but still the country is experiencing problems as investments in innovative activities are inadequate to expected outcomes.

As all indicators are linked together the Lithuanian innovation ecosystem was not well balanced, as investment in human capital and development of innovation infrastructure did not contribute to high levels in knowledge and technology outputs.
The European Innovation Scoreboard and The Global Innovation Index reveal the outcomes of the country’s innovative activity, but there are no indicators in the sets, which are directly related to social innovation. **The Social Progress Index** (hereinafter SPI) reveals how a particular state meets the most important needs of citizens, and at the same time helps identify the most important social and environmental issues. According to the SPI Lithuania in 2014 took the 33rd place, respectively in 2017 – the 35th place (Porter, 2015, 2017). During the analysed period, GDP per capita increased about 19 percent (in current prices), but the progress in social sphere did not take place. As GDP per capita was growing every year, albeit at different pace, according to the SPI 2017, the country was one position lower compared to 2016. In the case of Lithuania, the theoretical assumption that economic development is a prerequisite for social progress was not confirmed. Comparing Lithuanian results with countries having a similar GDP per capita, the spheres in which the country has relative strengths and relative weaknesses were highlighted. The only sphere which distinguishes Lithuania from other states as strength was *Years of tertiary schooling* (2016 and 2017) and *Early marriage* in 2016 (in 2017 this indicator was not counted). The weakest sphere was *Foundations of wellbeing*, what reflects the wealth and welfare of society and population’s quality of life. The most problematic component in this dimension was *Health and wellness* as all indicators were evaluated as weaknesses comparing with peer countries.

**Table 4. Lithuania’s place in Social Progress Index**

<table>
<thead>
<tr>
<th>Measures</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score*</td>
<td>Score*</td>
<td>Score*</td>
<td>Rank</td>
</tr>
<tr>
<td>Social Progress Index</td>
<td>73.84</td>
<td>74 (rank-33)</td>
<td>76.94</td>
<td>34</td>
</tr>
<tr>
<td><strong>BASIC HUMAN NEEDS</strong></td>
<td><strong>82.98</strong></td>
<td><strong>83.75</strong></td>
<td><strong>88.09</strong></td>
<td><strong>40</strong></td>
</tr>
<tr>
<td>Nutrition and Basic Medical Care</td>
<td>99.02</td>
<td>99.05</td>
<td>99.06</td>
<td>33</td>
</tr>
<tr>
<td>Water and Sanitation</td>
<td>90.30</td>
<td>90.69</td>
<td>91.19</td>
<td>52</td>
</tr>
<tr>
<td>Shelter</td>
<td>70.98</td>
<td>73.53</td>
<td>81.01</td>
<td>45</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>71.61</td>
<td>71.75</td>
<td>81.09</td>
<td>34</td>
</tr>
<tr>
<td><strong>FOUNDATIONS OF WELLBEING</strong></td>
<td><strong>74.55</strong></td>
<td><strong>74.79</strong></td>
<td><strong>77.07</strong></td>
<td><strong>42</strong></td>
</tr>
<tr>
<td>Access to Basic Knowledge</td>
<td>97.18</td>
<td>79.22</td>
<td>98.03</td>
<td>18</td>
</tr>
<tr>
<td>Access to Information and</td>
<td>83.21</td>
<td>83.96</td>
<td>85.64</td>
<td>26</td>
</tr>
<tr>
<td>Communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>51.21</td>
<td>51.38</td>
<td>48.71</td>
<td>124</td>
</tr>
<tr>
<td>Environmental Quality</td>
<td>-</td>
<td>-</td>
<td>75.91</td>
<td>33</td>
</tr>
<tr>
<td>Ecosystem Sustainability</td>
<td>66.60</td>
<td>66.60</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>OPPORTUNITY</strong></td>
<td><strong>63.99</strong></td>
<td><strong>63.47</strong></td>
<td><strong>65.65</strong></td>
<td><strong>33</strong></td>
</tr>
<tr>
<td>Personal Rights</td>
<td>72.94</td>
<td>72.87</td>
<td>73.43</td>
<td>39</td>
</tr>
<tr>
<td>Personal Freedom and Choice</td>
<td>64.54</td>
<td>63.32</td>
<td>69.36</td>
<td>40</td>
</tr>
<tr>
<td>Tolerance and Inclusion</td>
<td>53.09</td>
<td>52.29</td>
<td>54.05</td>
<td>48</td>
</tr>
<tr>
<td>Access to Advanced Education</td>
<td>65.39</td>
<td>65.39</td>
<td>65.76</td>
<td>27</td>
</tr>
</tbody>
</table>

*Score 0-100


Evaluation results of 2014 and 2015 are more generalized, for this reason a more detailed analysis has been done for the period 2016-2017.
Table 5. Relative weaknesses in social progress of Lithuania

<table>
<thead>
<tr>
<th>Basic Human Needs</th>
<th>Foundations of Wellbeing</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td>Access to piped water*</td>
<td>Access to piped water*</td>
<td>Premature deaths from non-communicable diseases</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freedom over life choices</td>
</tr>
<tr>
<td>Rural access to improved water source</td>
<td>Rural access to improved water source</td>
<td>Suicide rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freedom over life choices</td>
</tr>
<tr>
<td>Access to improved sanitation facilities</td>
<td>Access to improved sanitation facilities</td>
<td>Obesity rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tolerance for immigrants</td>
</tr>
<tr>
<td>Availability of affordable housing</td>
<td>Availability of affordable housing</td>
<td>Life expectancy at 60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tolerance for homosexuals</td>
</tr>
<tr>
<td>Homicide rate</td>
<td>Homicide rate</td>
<td></td>
</tr>
</tbody>
</table>

*slightly worse than in peer countries

What concerns the basic human needs, the situation remains unchanged. Despite government’s efforts to ensure the provision of centralized supply of drinking water, the public supply of water in 2016-2017 was used by 82 percent of the Lithuanian population. An annual survey of water samples from wells shows that in 2014 93.3 percent of studied wells did not meet the microbiological requirements, respectively in 2016 – 49 percent (SMLPC, 2016). Drinking water quality is a priority of the country’s government, but it requires significant investment.

The right to housing is one of the main social and economic rights of a person. At the end of 2016, about 13,000 people were waiting for social housing, and the government endorsed the target for only 20 percent of all social housing rental persons who rent housing on the market, while the most of the municipal strategic planning documents do not specify and do not achieve ambitious results – using public funds to ensure the affordability of housing to as many individuals as possible, therefore, housing compensation payments in 2015 were given to 0.3 percent, and in 2016 to 6.8 percent of planned individuals and families. Municipalities in 2015 did not use the allocated 3 542,1 thousand Eur, and in 2016 even 104.9 thousand Eur of public funds, when the leasing compensation is not yet used (Gibavičiūtė, 2017).

Homicide rate is one of the indicators describing personal safety. This indicator shows a number of homicides, as unlawful death inflicted upon a person with the intent to cause death or serious injury, per 100,000 inhabitants. Homicide rate, according to Homicide monitor 2010-2014, decreased from 6.3 per 100,000 inhabitants to 5.3 per 100,000 inhabitants, when in 2015 increased slightly – 5.8 per 100,000 inhabitants (Homicide monitor, 2016). Assessing the situation in Lithuania, according to the Global Peace Index (GPI), which measures the relative position of nations’ and regions’ peacefulness, Lithuania from the 48th place in 2008 climbed to the 37th in 2017, and according to the Positive Peace Index, from the 46th position in 2014 it jumped to the 26th place in 2016 (Positive Peace Report 2017, 2016, 2014). Indicator
sets are used to calculate these indexes, thus the fixed situation only partly is concerned with homicides.

Intoxicated persons make about 60-70 percent of all murders, therefore, in response to the situation Drug, Tobacco and Alcohol Control and Consumption Prevention Program of the period 2015-2025 was approved by the State in 2014, and since 2016 the sale of alcohol in gas stations has been prohibited; in 2017 the Seimas adopted Amendments to the Law on Alcohol Control: banned the sale of bottled alcohol in bottles of high capacity, tightened the nightly trade in alcohol; since 2018 additional amendments have been adopted – limited time to trade in alcohol, age of shoppers (20 years of age and older), advertising, but the amount of alcohol consumed by the population, the extent of alcoholism, the incidence of alcoholic psychosis is still very high. In Lithuania more than 20 percent of deliberate murders occur in a nearby environment, and in 2011 the Law on Protection against Violence in the Near Environment was adopted. Most of the murders are associated with an unsatisfactory economic and social situation, as about two thirds of the perpetrators are unemployed, about a tenth of the killings are committed by various criminal groups.

Various measures have been taken to address the current situation: Mental Health Strategy was approved in 2007, the Public Police Bureau, the Correctional Inspectorate (territorial and regional), the Prisoner Guardians’ Society, Police Supporters are in place, the active Crime Stoppers movement and the Safe Neighbourhood Model are being implemented, but there are still no major changes.

Analysing the dimension Foundations of wellbeing, the situation changed slightly as Lithuania dropped one position down – from the 42nd place (2016) to the 43rd place (2017). The most problematic component was Health and wellness as all indicators: premature deaths from non-communicable diseases, suicide rate, gender parity in secondary enrolment, life expectancy at 60 in 2017 were evaluated as a weakness comparing with peer counties. A very similar situation was in 2016, as component Health and wellness was also evaluated as a weakness, the only difference was that in 2017 the indicator Obesity rate was not ranked, nevertheless, in 2016 it was considered as a problematic field.

The indicator Premature deaths from non-communicable diseases is calculated as mortality rate due to cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases among population aged 30-70 years. The morbidity of cardiovascular diseases in Lithuania is one of the highest in Europe, due to these diseases, most of the country’s population die, malignant tumours are ranked in the second place in terms of population mortality. Different types of social innovation take place to prevent these diseases, primarily free prevention programs, population health check, diagnostics, cardiovascular disease programs, etc.

Six percent of the country’s population suffer from chronic bronchitis, chronic obstructive pulmonary disease, emphysema. The main risk factor of these diseases is smoking, therefore, the government adopted various legal acts to decrease smoking: the excise duty for cigarettes and tobacco has been increased, it has been banned to smoke in restaurants, cafes, bars, clubs, discotheques, Internet cafes, public transport stops, etc. Although smoking is declining every year, about one third of the population aged 18-74 are smoking.

The prevalence and mortality of diabetes in Lithuania is still one of the smallest in the EU, although morbidity is increasing every year, therefore, diabetes prevention programs are being actively implemented in the country: the Program for improving the health of persons who are in the risk group of cardiovascular diseases and diabetes, the diabetes association, the diabetes clubs for children, youth and adults are operating in the country, conferences, thematic public lectures, informational events are organized.
A big social problem in Lithuania is suicide. The suicide rate is more than three times the average of EU countries. Having assessed the scale of the problem, different social innovations took place. In Lithuania there are helplines, where professionals of mental health and volunteers are working. The helplines are specialized according to age, e.g. Youth line (Jaunimo linija), Help for children line (Pagalbos vaikams linija), Hope line (Vilties linija), Silver line (Sidabrinė linija), according to gender, e.g. Aid for Women line (Pagalbos moterims linija), according to nationality, e.g. Trust line (Linija doverija), at the end of 2017 the helpline for parents Parent line (Tėvų linija) started working. Counselling is provided not only by telephone, but also by sending messages, the online chats are organized. Mass media cover social advertising that promotes to discern and suppress suicide, violence and bullying. Information on assistance and its accessibility by various means is provided.

Analysing the dimension Opportunity, the situation improved as Lithuania climbed three positions up from the 33rd place (2016) to the 30th place (2017). The same indicators during the last two years were evaluated as weaknesses comparing with peer countries: Freedom over life choices and Satisfied demand for contraception in the component Personal freedom, and Tolerance for immigrants and Tolerance for homosexuals in the component Tolerance and inclusion.

Freedom over life choices is understood as a possibility to choose what you do with your life. Such question was given to Lithuanian respondents in Gallup World Poll, and Lithuania was ranked the 112th place in 2016, respectively – the 115th place in 2017. Freedom means a lot of things to different people, but one of the main reasons for limited choices can be attributed to Lithuanian economy. Many Lithuanians continue to lack confidence in the state economy and possibilities to improve their quality of life. Nevertheless, the state economy is improving, the majority of people do not feel this in their daily lives, and this becomes the reason of steady outflow of young and highly educated people abroad. Lithuania’s economic freedom score was 75.3, making economy the 19th freest in the 2018 Index of Economic Freedom. Its overall score has decreased by 0.5 point comparing with 2017 (75.8) with declines in the scores for government integrity and business freedom more than balancing improvements in investment freedom, judicial effectiveness, and fiscal health. Lithuania was ranked the 11th among 44 countries in the Europe region, and its overall score was above the regional and world averages (Miller, Kim, Roberts, 2018), while in 2017 the results were better – Lithuania’s economy was the 16th freest in the 2017 Index of Economic Freedom, and the state was ranked the 8th among the countries in the region (Europe, 2017). Although the Index of Economic Freedom slightly declined, Lithuania’s position in World Happiness Ranking went up to the 21st position from the 71st in 2013, and to the 50th position in 2018 (World Happiness Index, 2018). Discussed indicators allow to measure changes, but it is difficult to simulate the future, as freedom of choices is determined by a lot of additional factors: education and practical experience, age and health, self-confidence, values and culture, family influence, readiness to take risks, public opinion, etc.

Satisfied demand for contraception is calculated as the percentage of total demand for family planning among married or in-union women aged 15 to 49 that are satisfied with modern methods. In 2018 World Contraceptive Use survey was conducted, women, aged 18-49, answered several questions, and survey revealed that 62.9 percent of surveyed women use contraceptives, when 50.4, percent use available modern methods (World Contraceptive Use, 2018). The Barometer of Women’s Access to Modern Contraceptive Choice in 16 European Union (EU) countries highlighted the unfortunate trend that EU member states are continuing
to fail in their commitments to improve equitable access to modern contraceptive needs, and in Lithuania women’s reproductive rights are weakly defended (Barometer, 2015). Sexual and reproductive health and rights (SRHR) in Lithuania are not distinguished as political priority.

The Government of the Republic of Lithuania has not yet prepared a SRHR strategy, draft law or program that includes family planning or contraception issues. The number of artificial abortions in the country is decreasing: in 2016, compared with 2010, it has decreased by almost 36 percent, but absolute figures remain high – in 2016 there were 4,502 cases (Statistics Lithuania). Residents have limited access to individual contraceptive counselling services, there is no reimbursement of costs for obtaining affordable contraceptives, and therefore young people sometimes face financial problems. While there is enough information on contraception in public space, a comprehensive, science-based sexual education program is needed to help young people make appropriate decisions about their sexuality and health.

Indicator Tolerance for immigrants was calculated according to the results gained from Gallup World Poll. Gallup’s Migrant Acceptance Index for Lithuania was 2.72, when the highest score was for Iceland – 8.26. Migrant Acceptance Index is based on three questions: immigrants living in this country (a good thing), an immigrant becoming your neighbour (a bad thing), an immigrant marrying one of your close relatives (voluntary question). The index is a sum of the points across the three questions, with a maximum possible score of 9.0 (Esipova, Fleming, Ray, 2017).

The results can be explained not so much as immigration intolerance, but as the concern about the limited financial capacity of the country to provide decent living conditions for immigrants, to integrate them into society and labour market, when more than a fifth of the country’s population in 2017 lived below the poverty line. Lithuanian society is rather reserved and, in many respects, tends to maintain its homogeneity – national, sexual orientation, etc. However, according to the data of the survey performed in 2015, every second resident of Lithuania would agree with the reception of refugees. This may be related with other countries’ initiatives for the reception and support of refugees.

Indicator Tolerance for homosexuals was also calculated according to the results gained from Gallup World Poll. This indicator shows the percentage of respondents answering ‘yes’ to the question “Is the city or area where you live a good place or not a good place to live for gay or lesbian people?” Respondents answers distributed as follows: Lithuania is a good place to live for gay or lesbian people – 20 percent, not a good place – 48 percent, don’t know/refused – 31 percent (McCarthy, 2014). The survey was carried out in 2013, but the situation has changed a little: homosexuals and transsexuals remain in the hierarchy of unpopular groups of the society. Lithuanians do not want to live in their neighbourhood, work together, and rent them housing. The most widespread bullying in Lithuania is due to gender and sexual orientation. No detailed research has been done to find out the prevailing negative attitude towards these groups, but Lithuania is a Catholic country and most people support a traditional relationship and family model. Politicians and opinion-makers have a great influence, but this question is still not the subject of deeper discussions, and homosexuals still feel discriminated.

Conclusions
Progress has come about through the mutual/joint reinforcement of social, economic, technological and political innovations. Social innovation generates changes in relationships between business and government, non-governmental organizations and ordinary citizens, it cannot be directly planned and produced, but it can be stimulated by creating a favourable
environment conducive to the emergence of innovation. Like any innovative process, rates of success can be increased, but substantial failure rates for social innovations are to be expected. As society is changing and social life becomes more complicated, the need for social innovation will remain essential.

Social innovation is emphasized in the EU’s policy on promoting social innovation as an integral part of the overall innovation system, the place and significance of social innovation for the social environment of the society are highlighted. The EC carries out direct financing of social innovation through EU investment programs. It creates networks for the organizations across Europe to connect, learn from each other and share experiences.

The importance of innovation for the Lithuanian economy and society is reflected in a number of strategic state documents, and there is a multi-faceted administrative system of innovation promotion, which is enabled by the relevant legislation. A major part of the EU investment for all EU member states in the area of innovation is devoted to Smart Specialization, and for its implementation a relevant program Research and Experimental Development has been created in Lithuania. However, social innovation both in this program and in other Lithuanian documents is rarely highlighted in the overall innovation system.

Lithuania according to European Innovation Scoreboard 2017 was one of the fastest growing innovators due to high quality of human resources, innovation-friendly environment and well established linkages. However, according to Global Innovation Index 2017, the state’s position was the worst in the last 4 years, and this indicates that Lithuania’s performance of the research and innovation system was not properly balanced as inputs in innovation activities were not effectively transformed to innovative products or services.

Social Progress Index revealed that progress in social sphere did not take place while the state experienced economic growth. Lithuania has always been notable for the big number of people with higher education, a high level of foreign language skills, however, this have not offset the problematic areas, that emerged while assessing the country’s social progress. Better social outcomes can be achieved without large financial investments, but by introducing social innovation, involving public and non-governmental organizations, active citizens and politicians to reveal the potential of social innovation.

Acknowledgement
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References


SOCIAL INNOVATION CONCEPT AND ITS IMPLEMENTATION IN THE EUROPEAN UNION AND IN THE REPUBLIC OF LITHUANIA

Summary

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The aim of the paper is to disclose the importance of social innovation and generalize innovation promotion policy in the European Union, assessing the actual situation in Lithuania.

The scientific problem is addressed within the broad theoretical context of social innovation, highlighting the impact of these innovations on the improvement of public welfare. The following questions have been answered: how the implementation of social innovation is regulated and adminis-
tered in the European Union and in Lithuania, what social innovations and how they are implemented in the context of social progress.

The article analyzes the social welfare progress through social innovations, by implementing social, economic, technological and political innovations. A lot of scientific sources emphasize that social innovations create the changes in the relationship between business and government, non-governmental organizations and citizens, they can not be directly planned and developed, however, they can create a favourable environment for socio-economic changes in the society. As the society is changing and social life is getting more and more complex, the need for social innovation is increasing.

In the EU innovation promotion policy, social innovation is emphasized as an integral part of the overall innovation system, the place and importance for the social environment of the society are defined. The European Commission carries out direct financing of social innovation through EU investment programs. It creates networks that enable all European organizations to join, learn from each other and share experience.

Although EU Member States need to coordinate national social innovation policies at EU level, each EU country can have its own innovation system. Smart specialization is the strategy of the Lithuanian state research and innovation for the year 2014–2020. It covers the directions and priorities of research and innovation development, which include integrated and social innovation opportunities.

The importance of innovation for the Lithuanian economy and society is reflected in the majority of strategic state documents. A multifaceted administrative system for promoting innovation has been created in Lithuania, which is enabled by the relevant legislation. The major part of EU investment in Lithuania in the area of innovation is devoted to the research in smart specialization. However, social innovations in this specialization and in other Lithuanian documents are rarely highlighted in the common innovation system.

According to the EU Innovation Scoreboard 2017, Lithuania was one of the fastest growing innovators due to high-quality human resources, innovation-friendly environment and communication. In accordance with the Global Innovation Index in 2017, Lithuania took the 40th place. Innovation efficiency ratio in 2017 compared to 2014 decreased, and the social progress index slightly changed.

**Keywords:** evaluation of innovation activities, innovation, innovation policy, social innovation.

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II. THE DEVELOPMENT OF PROFESSIONAL COMPETENCES
UNIVERSAL PATHOGENICITY OF AUTHORITARIAN FOCUS IN PEDAGOGUES’ PROFESSIONAL COMMUNICATIONS

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Abstract
The paper examines the specificity of authoritarian focus in pedagogues’ professional communications, which can be the source of psychological traumatisation, provoke the development of health deviations among the participants of educational process, causing the emergence of functional and chronic diseases. Pedagogue’s sensibility to the demonstrations of authoritarianism points out the undeveloped readiness to build effective professional pedagogical communications, which can become the source of traumatisation and aggravation of pedagogue’s own didactopathy. The results of the empirical study on the influence of the factor “authoritarianism” on pedagogues’ occupational health using the author’s technique “Occupational health” are presented. The observed correlation tendencies indicate the phenomenon of authoritarian focus in pedagogue’s professional communications, that is why the authoritarianism syndrome can be a serious barrier to the progressive professional development of a specialist, a ruining factor for the professional communications, which influence the psychological wellbeing and health state of the employee.

Keywords: authoritarianism, authoritarian focus of personality, professional pedagogical communications, didactogenesis, occupational health, threats to occupational health.

Introduction
Authoritarian focus of personality is determined as an orientation to dominating in interactions, willingness to oppress the personality of the other person, put him or her under control. It is characterized by “authoritarian aggression”, cognitive egocentrism, “demand” to be understood (or more precisely – demand to agree with the opinion imposed), unwillingness to understand the other person, disrespect of another point of view, orientation to the primitive stereotypic “communication-functioning”, communicative rigidity, etc. (Adler, 1997; Adorno, Frenkel-Brunswik, and Levinson, 1964; Altemeyr, 2004; Bayazitov, 2006; Duckitt, 1989; Feldman, 2003; Fromm, 1941; Podenko, 2010). The behaviour model used by the authoritarian personality is based on the conviction that the status and power authorities are the essentials
of any society. The motives of such behaviour come from the excessive aspiration to power and willingness to obey the authorities, because they are the compensation for insecurity and inferiority (Adler, 1997), support for the tendency of searching for the ways to reduce anxiety by decreasing contacts with people as an alternative to the aspiration for love and loyalty (Horney, 2002), one of the mechanisms to “escape from freedom”. Its inner source is the realization of the authoritarian conscience, i.e., the conscience orientated to the obedience to the external authority (Fromm, 1941).

Another not less important aspect of the examined problem is the fact that professional pedagogical communications include purely specific type of pedagogical interaction, which arises among the participants of educational process. By extrapolating the basic understanding of Fromm’s negative freedom theory on the educational environment, Dillon states that education models and encourages the behaviour of escaping from freedom. According to Dillon, it is “…easy to see the ways in which the teacher is cast in the role of the sadist, while the student is taught to take on the role of the masochist... Too often we can describe the role of teachers in the same way that Fromm describes sadistic tendencies: “to make others dependent on oneself and to have absolute and unrestricted power over them, so as to make them nothing but instruments “clay in the potter’s hand” (Dillon, 2014, р. 88–89).

The demonstrations of authoritarianism are treated as a particular compensatory form on mentality level and they support the hierarchical principle in the organization of social interactions: political, organizational and interpersonal (Bayazitov, 2006). Particularly in Ukrainian studies the dominance of the authoritarian tendencies in professional pedagogical communications is characterized as destructive (ruining) and/or restrictive (limiting) types of pedagogical interaction (Korotaeva, 2016). Authoritarianism of destructive type is present in hard requirements, punishments, orders that cause the transfer of negative assessment of activity on the assessing personality, oppression of the personality,ruining of relationships of the participants of pedagogical interaction and leads to irreversible consequences in personal development. The pedagogue, who uses such type of pedagogical interaction, rarely advises but often orders, rarely helps but often demands, unwillingly praises but gladly punishes. The pedagogue’s opinion is a reason for children’s didactogenesis in this case (Kolominskiy, 2007). Authoritarianism of restrictive type is present in suggestions, threats, tough instructions, and strictures and is characterized by categorical, mainly biased, mean assessments, which cause the decrease of motivation for further self-development in the sphere of occupation and personal development. Authoritarian interactions in activities (learning, professional), intended (or unintended) pressure in form of permanent control can lead to the refusal from activity, elimination of contacts, chronic underperformance (Bracher, 2006; Cole and Rafe, 2018; Warren, 2014), which eventually can cause nervous disorders and emergence of didactogenesis on this basement (Ganuzin, 2017; Korotaeva, 2016; Khudyk and Telniuk, 2012), school neuroses and school phobia (Destounes, 1962), neurotic behaviour (Johnsson, Lundqvist, Mossberg and Lakartidn, 1957).

The problem of authoritarianism is quite widely highlighted in the scientific researches of Ukrainian and foreign authors, where it is considered as a complicated multilevel phenomenon, related to social, mental and biological dimension of the personality. The nature of this phenomenon emerges in certain psychological and social characteristics of personality formation and associated individual psychosomatic peculiarities. Specificity of the studies on the phenomenon of authoritarianism in professional pedagogical communications is especially interesting and necessary both from scientific and practical point of view. Particularly, in his
studies Garbuzov pays attention to the relationship between chronic psycho-emotional tension and the emergence of stomach ulcer. In other words, the child, who appears to be under the influence of pedagogue’s pathogenic authoritarianism, being in the situation of prolonged emotional tension, probably risks to have serious chronic diseases, or will look for the ways to decrease the dangerous influences (e.g., miss classes) (Garbuzov, 1994). Dolgova points out that the authoritarian style in the interactions in professional pedagogical activity causes the formation of the pedagogue’s burn-out syndrome. This style bases on the pedagogue’s subjective precepts and that is why any argumentative and especially alternative or critical attitude is considered very sensitively. Anxiety to lose forcefulness emerges even in case of negligible opposition to the authoritarian style and counteraction to this style quite often results in long-standing conflict situations, when the pedagogue’s emotional resilience decreases. Progress and discipline of education subjects trained by the authoritarian pedagogue is generally satisfactory, but socio-psychological climate is quite tense, that affects the pedagogue’s own wellbeing and sometimes can lead to organic somatic changes in the organism (Dolgova, 2016). The data of certain cross-cultural studies show that the authoritarian level varies depending on the subjective assessment of the external threat (Van Hiel and De Clercq, 2009; Manzi, Roccato, Paderi, Vitrotti, and Russo, 2017). The empirical data give the evidence that authoritarianism is to the certain level a compensatory characteristic (protective mindset) to maintain Self-concept well. It is supposed that authoritarian conventionalism is interpreted as a way to save self-esteem and feeling of one’s own importance in spite of low social status (Brandt and Henri, 2012; Brandt, Chambers, Crawford, Wetheral and Reyna, 2015).

Authoritarian character of professional pedagogical communications can be the source of psychological traumatisation, provoke the development of health deviations among the participants of educational process, cause the emergence of functional and chronic diseases. From this perspective, the question of psychological regulation, perception, feelings of the subject – carrier of authoritarian mind-sets – has a research and practice interest, actualizing the need in decreasing negative authoritarian influences on mind and on the health of the individual.

Thus, the aim of the present paper: substantiation of pathogenic features of authoritarian focus of pedagogical employees, which make process of professional pedagogical communications more complicated and disruptively influence the employee’s occupational health.

**Methodology**

The study is represented by the sample with the total number of 1803 respondents (Ukraine), wherein 374 men and 1429 women aged from 20 to 57. The representativeness of the sample was established with the method of randomized selection. It was found in the data that the investigated population was characterized by the underrepresentation of the male subjects. Unequal distribution of the sample was considered to be an objective factor, given that the majority of the employees in the educational establishments are women.

The following psychological techniques were used: the technique for the diagnosis of the level of emotional burn-out (Boyko, 1996), questionnaire of professional disadaptation (Dmitriyeva & Nikiforov, 2003), health test (Ozav, 1978, cited in Nikiforov, 2011), questionnaire WAM (CAH): wellbeing, activity, mood (Doskin, Lavrentieva, Miroshnikov, and Sharai, 1973), questionnaire “Overtaking of hard life situations” (Osukhova, 2007), questionnaire of the detection of neurotic states (Yakhin & Mendelevich, 1998) and questionnaire of professional
self-attitude (Karpinskyi and Kolyscko, 2010). Constructive content of the above mentioned techniques is well-known and has to be convergent with that psychological construct, which is operationalised in the author’s questionnaire “Occupational health” (Dziuba, 2015).

Psychometric approbation of the technique “Occupational health” showed high reliability and validity of the psycho-diagnostic toolkit (p<0.000000 with N=1803) (Dziuba, 2015, 2016). As a result of the confirmatory factor analysis conducted in the questionnaire’s internal structure, four scales were determined: “Destructive communications” (28.78%, contribution to the sample variance), “Destabilizing organization of professional activity” (9.61%, contribution to the sample variance), “Destruction of professional self-affirmation” (7.86%, contribution to the sample variance), and “Demotivators of labour productivity” (6.13%, contribution to the sample variance).

Methods for empirical data processing and interpretation: quantitative and qualitative analysis (descriptive statistics, correlation and confirmatory factor analysis). Mathematical calculations, provided below, were automatized with computer-aided software package for statistical data analysis “IBM SPSS Statistics 21”.

Results and Discussion

In the conducted complex study of threats to pedagogue’s occupational health we observed close correlation relationships with the use of Pearson’s rank correlation method between the factor “authoritarianism” and certain factors, which can be considered as potentially possible or real threats to the occupational health (the author’s questionnaire “Occupational health” was used (Dziuba, 2015)).

Figure 1 shows the results of the measurement of the influence of the factor “authoritarianism” on the pedagogues’ occupational health according to the technique “Occupational health” (Likert scale (SWLS) is used, theoretical mean is 4 points).

![Fig. 1. Distribution of responses by the factor F23 authoritarianism](attachment:image.png)
respondents assess the factor authoritarianism as the one, which negatively affects employee’s occupational health.

It was also observed that factor \textit{F23 authoritarianism (lack of tact and temperance, willingness to dominate, “authoritarian aggression”, etc.)} closely positively correlates (p≤0.001) with all the factors of the author’s questionnaire, which form the scale “Ruining communications” (,603**), in particular: f25 critic, especially unjustified, communicated in rude humbling or mocking manner (,449**); f13 mobbing (infliction of emotional distress at the working-place) (,432**); f3 negative forms of professional communications (problem relationships with colleagues, parents, students, barriers of professional communication, unjustified aggression among staff members, internal group favouritism, gossiping, etc.) (,468**); f15 conflicts in professional environment (,609**); f11 intensive everyday stress (,325**); f14 “inadequate” administration style (,581**); f12 envy among staff members (,220**).

The factor authoritarianism reveals close positive correlation (p<0.001) with each of four scales of the questionnaire “Occupational health” (see Table 1).

\textbf{Table 1. Relationship of the factor “authoritarianism” with the scales of the author’s questionnaire “Occupational health”}

<table>
<thead>
<tr>
<th>Questionnaire scales “Occupational health”</th>
<th>“Ruining communications”</th>
<th>“Destabilizing organization of professional activity”</th>
<th>“Destructions of professional self-realization”</th>
<th>“Demotivators of labour productivity”</th>
<th>Index of risks of occupational health</th>
</tr>
</thead>
<tbody>
<tr>
<td>\textit{F23 authoritarianism} (lack of tact and temperance, willingness to dominate, “authoritarian aggression”, etc.)</td>
<td>,603**</td>
<td>,596**</td>
<td>,572**</td>
<td>,424**</td>
<td>,628**</td>
</tr>
</tbody>
</table>

\textit{Note. **p≤0,001; N=1803.}

The presented data show that authoritarianism in pedagogical environment is enforced by the peculiarities of professional pedagogical communication. The pedagogue with the authoritarian focus of the world perception is characterized by the behaviour, which is based on the belief that using of one’s own status and authority provides the sustaining of hierarchical subordination, control, security and professional stability.

The factor of authoritarianism also received positive statistically significant correlations with the indices of professional dissatisfaction (,505**), in particular, “peculiarities of certain mental processes” (,770*), “sleep cycle disruption” (,510**), “decrease of general activity” (,491**), and certain indicators of emotional burn-out (Boyko, 1996): “inadequate emotional selective reaction” (,797**), “personal alienation (depersonalisation)” (,678*), “being cornered” (,686**), “emotional scarcity” (,527**). At the same time there is an interesting tendency of indirect correlations of the factor with the indices of neurotic states assessment (Yakhina and Mendelevych, 1998): “anxiety” (,554**), “neurotic depression” (,430**), “asthenia” (,798**) along with positive statistically significant correlation with the index “vegetative
disorders” (.793*). Negative correlations more often point out that authoritarianism is not considered or is not admitted to be the existing problem. These results may be caused by the professional destruction “emotional deafness”, when the pedagogue hears only him/herself, shows “insensibility” toward others. Consequently, observed correlation tendencies fixate the phenomenon of authoritarian focus in professional pedagogical communications, that directly or indirectly influence the pedagogue’s wellbeing (-.667*) (Doskin, 1973).

It is important to consider that authoritarianism as a steady complex of the individual’s perceptions affects different sides of the specialist’s professional being (professional activity, business communication and career) and therefore the authoritarianism syndrome can be a serious barrier for the specialist’s progressive professional growth, a factor of ruining professional communications, which influences the psychological wellbeing (statistically significant negative correlation -.667*, technique WAM, Doskin, 1973) and the health state of the employee (statistically significant positive correlations by scales “body health” (.667*) and “mental health” (.668*), (Ozav, 1978, cited in Nikiforov, 2011).

Attention should be paid to the correlation relationships of the factor with the strategies of overtaking hard life situations. Positive statistically significant correlations are observed in two strategies: “avoidance” (.881*) and “acceptance” (.565**), while the rest of the strategies: “opposing overtaking” (-.571*), “distancing” (-.351*), “self-control” (-.434**) and “search for social support” (-.548*) show the reverse correlation relationships. Consequently, with the increasing of authoritarianism the pedagogues’ willingness to avoid or accept those conditions of professional reality, which will likely create the implicit obedience to the authority, power, high level of conventionalism like proneness to the acceptable professional norms and conformism like uncritical obedience to idealized professional authorities, increases. However, it is important to consider that high level of conformism does not necessarily mean full obedience. Conformal people do not necessarily demonstrate negative attitude to other group members, but they are more sensible to the threats of the intragroup favouritism. This threat, according to Feldman, causes the growth of out-group aggression (Feldman, 2003). Out-group aggression actualizes anxious feelings and can become the stimulus of both tolerance development and intolerant behaviour and neuroses. Intolerant behaviour and intolerant perceptions can emerge situationally and appear through aggression, bondage and absence of own opinion, rage, absence of social interaction skills, emotional self-regulation, pathological anxiety, etc. According to May, pathological anxiety limits a person in the actions, narrowing the area of his/her consciousness with different neurotic defending mechanisms (May, 2001).

In this context the displacement of traumatic feelings increases the anxiety, causes internal contradiction leading to the instability in mental balance. In particular, the mechanism of displacement makes it harder to see the real threats and risks for occupational health. As it is stated by Shabanova, the person, who mainly displaces his/her aggression and hostility to others, can become passive and compliant, and because of this more often go under exploitation from others, that causes more aggression and hostility, which later have to be displaced (Shabanova, 2011). Besides that, in professional activity the displacement mechanism increases the feeling of helplessness, because the employee has to shorten the limits of his/her own professional independence, put internal limitations and partially or completely refuse from effective using of his/her own professional potential under the conditions of authoritarian interaction. From this perspective, the observed tendency completely explains the statistically significant relationships between authoritarianism and strategy of acceptance (.565**).

Another interesting tendency is observed with the strategy of avoidance, which is also oriented on avoiding the dangerous situation and “neutralization” of anxious feelings
in the situation of authoritarian communications. Avoiding of anxiety grounds on the chronic anticipating of negative events, trying to step aside in advance, close, secure oneself from possible disappointments, etc. Effective ways to avoid the anxiety in May’s opinion are: willingness to “hook on the authoritative power”; subjection to powerful others as the opportunity to use the results of their efforts; avoiding the newness, which is considered to be potentially dangerous, because arises in the uncertain situation and is the source of risk by itself (May, 2001).

Significant correlations were observed between authoritarianism and the indicators of professional self-attitude (Karpinskiy and Kolyshko, 2010): “internal proneness to conflict” (.491**), “self-respect in the profession” (.754**). The observed tendencies show that the employee is in prolonged and frequently repeated negative emotional states. Pathological anxiety can emerge as a result of subjective internal psychological processes and conflicts, which are conditioned by the specifics and content of authoritarian communications. According to Adler, the compensatory motivation becomes a non-constructive form of the internal conflict solution and it comes along with internal struggle, aggression and tendency to manipulate others. Later this motivation is transformed into power aspirations and leads to the negative complication of the inner world in case of failure (Adler, 2015). Power aspiration obtains the irrational aspect, causes the intensification of anxiety, increases the probability of the adaptational disorders in professional sphere and is projected in the structure of the employee’s professional self-attitude.

Conclusions
The influence of authoritarian communications on the personality in professional pedagogical activity is a prognostic dangerous factor: the employee becomes more vulnerable to stress, psychologically disturbed or intolerant. Under the conditions of stressful professional reality the defined constants create “chronic” psycho-traumatic atmosphere in professional communications of the employee, which can provoke the emergence of negative emotional experiences (psychogeneses). The main etiologic factor of professional psychogeneses is the frustration conflict, caused by the experience of psycho-traumatic professional situation, which violates the homeostasis of the organism and can provoke the psychogenic diseases, in particular psychotic mental disorders, among which the leading position belongs to asthenic and phobic syndromes, disorders of certain mental processes, etc. That is why the pathogenic authoritarianism in professional communications is considered to be a zone of health threats for the subjects of educational space.

Pathogenic authoritarianism in professional communications can cause several vectors of possible development of professional disorders.

The first vector is the authoritarianism syndrome as the only direct reason for disease. Here we face the carrier of authoritarianism. As noticed by Adorno, Altemeyer, Levinson, “authoritarian individual” is characterized by negative social precepts, trying to follow strict social stereotypes (Adorno, Frenkel-Brunswik, and Levinson, 1964). According to Adorno, authoritarian individuals never consider that they need to be free from this syndrome (i.e. that they are “ill”) (Adorno, 2001). As Podenko emphasized, “authoritarian individual, aiming to receive the most of collective responsibility, in fact overloads him/herself and appears not to be capable to carry it on without the loss in the quality of collective activity” (Podenko, 2010, p. 214). Tough, authoritarian, not able to find the compromise employee projects the situation of negative assessment, always expresses his/her dissatisfaction, complaints, shows
excessive pickiness, is becoming the potential carrier of professional conflicts. Furthermore, the specificity of professional educational environment, first of all, relates to the influence of the general psychological atmosphere on the mental state of students. Well-known child psychologist Zakharov noted, that excessive “stimulation” of children with threats, stricture, punishments (direct characteristics of authoritarianism) is the factor, which directly leads to the mental health disorders, emergence of didactogenesis and development of neuroses (Zakharov, 2006). Reaching a certain level, didactogenesis as any excessive tension causes the decrease of psychological, creative productivity and in case of frequent emergence exhausts the organism’s forces, can transform in the chronic disorder with different clinical responses (neuroses, functional, psychosomatic disorders). Findings of the newest empirical studies show that in the classes, where the authoritarian, strict teacher works, the students are sick three times more and mental health disorders are observed even more often (Bogdanova, 2008).

The second vector is the authoritarianism as a reason for emergence of constitutional or another disease. Systemic (constitutional) diseases are the big group of pathologies, the main feature of which is the significant unwell feeling for the whole organism, not depending on the localization of the initial pathology. That is why the pedagogue’s sensitivity to the demonstrations of authoritarianism as a peculiar demonstration of the internal individual vulnerability with intense actualized need in power can make evident the steady tension of communication conditions (with colleagues, students, administration), steady necessity to use hierarchically oriented forms of self-assertion, strict categorization of professional perception and self-realization. Obviously, such an individual is not only a re-translator of authoritarian style of interaction, but also suffers from it. The pedagogue’s activity shows the lack of confidence, fear of communication: on the one hand, there is a domination of willingness to maintain the authority anyway, on the other hand, the pedagogue is ready to attack those, who threat this authority, or he/she can play the role of the “victim” in order to assert the authority. All the stated points out the pedagogue’s undeveloped readiness to build effective professional pedagogical communications, which can become the source of traumatisation and aggravation of pedagogue’s own didactopathy.

Universal pathogenicity of the authoritarian style of interaction in pedagogue’s professional communications causes pressure on the professional growth and professional career of the employee, restrains the formation of professional independence, self-confidence, adequate self-esteem, initiative, these are the qualities, which provide comfortable professional development, psychological resilience and high level of individual occupational health.

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UNIVERSAL PATHOGENICITY OF AUTHORITARIAN FOCUS
IN PEDAGOGUES’ PROFESSIONAL COMMUNICATIONS

Summary

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The paper examines the specificity of authoritarian focus in pedagogues’ professional communications, which can be the source of psychological traumatisation, provoke the development of health deviations among the participants of educational process, causing the emergence of functional and chronic diseases. It is observed that the authoritarian focus under the conditions of stressful professional reality creates “chronic” psycho-traumatic atmosphere in professional communications of the employee and can provoke the emergence of negative emotional experiences (psychogeneses). The important aspect of the examined problem is the fact that authoritarian interactions in activities (learning, professional) can be the reason for the emergence of children’s didactogenesis and development of neuroses. Pedagogue’s sensibility to the demonstrations of authoritarianism points out undeveloped readiness to build effective professional pedagogical communications, which can become the source of traumatisation and aggravation of pedagogue’s own didactopathy. The results of the empirical study on the influence of the factor “authoritarianism” on pedagogues’ occupational health using the author’s technique “Occupational health” are presented. The observed correlation tendencies indicate the phenomenon of authoritarian focus in pedagogue’s professional communications, that is why the authoritarianism syndrome can be a serious barrier for the progressive professional development of a specialist, the ruining factor for the professional communications, which influence the psychological wellbeing and health state of the employee. The pedagogue with the authoritarian focus of the world perception is characterized by the behaviour, which is based on the belief that using of one’s own status and authority provides the sustaining of hierarchical subordination, control, security and professional stability.

The empirical data give the evidence that universal pathogenicity of the authoritarian style of interaction in pedagogue’s professional communications causes pressure on the professional growth and professional career of the employee, restrains the formation of professional independence, self-confidence, adequate self-esteem, initiative, these are the qualities, which provide comfortable professional development, psychological resilience and high level of individual occupational health. With the increasing of authoritarianism the pedagogues’ willingness to avoid or accept those conditions of professional reality, which will likely create the implicit obedience to the authority, power, high level of conventionalism like proneness to the acceptable professional norms and conformism like uncritical obedience to idealized professional authorities, increases. The influence of authoritarian communications on the personality in professional pedagogical activity is a prognostic dangerous factor: the employee becomes more vulnerable to stress, psychologically disturbed or intolerant.

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PECULIARITIES OF SOCIAL WORKERS’ AND SOCIAL PEDAGOGUES’ PSYCHOLOGICAL EMPOWERMENT IN THE ASPECTS OF SELF-DETERMINATION THEORY AND DEMOGRAPHIC VARIABLES

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Abstract
Social workers’ and social pedagogues’ sense of power is very important for providing social assistance and support to clients and learners. Sense of power depends on meeting the needs of autonomy, competence and relatedness. Failure to meet these needs due to lack of reward, punishments or cultural rituals reduces or completely restricts the subjective experience of power, increasing defensiveness and psychopathology. Social workers and social pedagogues provide social assistance and support to their clients and learners based on the empowerment strategy. It is therefore important to investigate whether the very social workers and social pedagogues feel empowered. This study aims to disclose social workers’ and social pedagogues’ psychological empowerment peculiarities with regard to demographic characteristics, gender, profession, qualification category and the occupied share of the post.

Keywords: the self-determination theory; needs of autonomy, competence and relatedness; empowerment, social workers, social pedagogues, Lithuanian Employee Psychological Empowerment Questionnaire (LPEQ – 9).

Introduction
The self-determination theory is grounded on the mutual link between meeting basic needs and consequences of meeting these needs, which means that meeting basic psychological needs – of autonomy, competence and relatedness – promotes immediate wellbeing and enhances intrinsic resources, contributing to the person’s later resilience, while non-fulfilment of needs and disappointment causes a bad condition, increases defensiveness and psychopathology (Vansteenkiste, Ryan, 2013). The needs of autonomy, competence and relatedness can be constrained by rewards, punishments and cultural rituals.

Deci & Ryan (2000) state that social contexts supporting the needs of autonomy, competence and relatedness: a) enhance intrinsic motivation; (b) facilitate internalisation and integration of extrinsic motivation, leading to more autonomous motivational or regulatory directions; (c) promote or enhance pursuits or life goals that continuously ensure satisfaction of
the basic needs (Deci, Rayn, 2000). Therefore, autonomous regulation of extrinsic motivation and intrinsic pursuits determine positive emotional experience, high-quality heuristic activity, responsibility for results and higher self-esteem as well as better mental health and the person’s maturity.

The transition from extrinsic motivation towards intrinsic motivation can include several transformations that mature a personality and fill the content of self-determination. Disclosing how this happens, Vansteenkiste & Ryan (2013) highlight three features of human behaviour and mental functioning: 1) people are active beings who tend to change and optimize their living conditions; 2) human activeness increases the level of synthesis and self-organization, which takes place thanks to intrapersonal and interpersonal interactions. At the intrapersonal level, through their intrinsic language and self-criticism people constantly improve their interests, expectations and personal values, at the same time moving to the interpersonal level and combining them with other people. This integrative tendency means that healthy people strive to integrate themselves into the matrix of social relations both by improving their interests, expectations and personal values and by internationalizing environmental requirements; 3) this movement is not automatic but depends on the fulfilment of three basic needs: autonomy (experience of will, encouragement and approval of one’s own activities), relatedness (experience of love and care with significant other persons) and competence (experience of self-efficacy interacting with the environment). The experience of self-efficacy is a sense of personal power that can determine the direction of the personality’s development and influence behaviour in the future.

Social workers and social pedagogues provide social assistance and support to their clients and learners based on the empowerment strategy. Gvaldaitė (2009) emphasizes that applying the empowerment strategy in social work, it is important for clients to emphasize the importance of possibilities and conditions, provide information on the ways of adapting to the environment and social integration, as this knowledge can draw out the intrinsic human potential and stimulate problem solving.

In the Lithuanian language, the term empowerment from the standpoint of meaning first of all seems directed to another person who lacks power, is in a state of helplessness. However, such understanding reduces the empowerment process to provision of information and persuasion to take initiative. In fact, applying the empowerment strategy, social workers and social pedagogues must not only persuade their clients or learners but also encourage them to use their experiences, help the clients to discover attractive and positive examples of social life that are close to their experiences and that they could follow, observe whether and how these examples are taken over, and in the event of failure, look for other possibilities.

Empowerment is derived from demonstration of the example of power and delegation of power, which involve a transition from the client’s or learner’s observed and partly controlled behaviour to autonomous behaviour. This transition is a transformation of motivation of the client’s or learner’s behaviour. Externally controlled behaviour requires external pressure or reward. Identified and imitated behaviour means that the client or learner understands and appreciates the importance of imitated actions. Introjectional regulation of behaviour shows that performance of actions/failure to perform actions depends on the pressure of intrinsic emotions of guilt or shame. Integrated regulation is the most autonomous type of motivation of behaviour, which discloses that actions are performed fully understanding their necessity both at the intrapersonal and interpersonal level.
Delegating the sense of power and responsibility to their clients or learners, specialists providing social assistance juggle factors that determine the client’s or learner’s situation, trying to inspire a perception that only the very clients or learners can be the creators of their well-being. It could be stated that the client’s or learner’s empowerment requires social workers or social pedagogues to direct their efforts to act at three levels: at the micro level, persuading and encouraging, monitoring and controlling; at the mezzo level, accumulating the resources of the client’s or learner’s closest environment; and at the macro level, caring about supplementing resources if they are insufficient, giving publicity to noticed social problems, the solution of which requires both redistribution of resources and restructuring of functions and responsibilities between separate institutions. Directing their efforts at three levels in order to achieve the client’s or learner’s welfare, social workers or social pedagogues must not only trust in their competence, have relative freedom to make decisions but also see meaning in this distribution of their efforts.

Thus, reasonably the question arises: How much power do social workers and social pedagogues have in order to achieve changes (Ruškus, Mažeikienė, Naujanienė, Motiečienė, & Dvarionas, 2013)? Do the very social workers and social pedagogues feel empowered? If yes, how much and to what degree? Are they self-confident and to what extent? How freely can they make decisions? Do they still feel meaning, having chosen such profession? What gives them strength and resilience? Which variables are/can become sources of their empowerment?

The peculiarities of social workers’ and social pedagogues’ wellbeing in the professional field were most often investigated looking at them through manifestation of anxiety (Alifanovienė, Vaitkevičienė, & Lučinskaite, 2007, 2011), experiences of stress (Kepalaitė, 2013a; 2013b) and reasons (Alifanovienė, Vaitkevičienė, Vladykienė, & Šarauskienė, 2016). So far, social workers’ and social pedagogues’ wellbeing has not been looked at from the opposite side – empowerment. The Lithuanian Employee Psychological Empowerment Questionnaire (LPEQ – 9), created by Tvarijonavičius, Bagdžiūnienė, & Žukauskaitė (2016), provides a possibility to fill this gap.

Thus, the aim of this research is to disclose the peculiarities of social workers’ and social pedagogues’ psychological empowerment with regard to demographic characteristics, gender, profession, qualification category and the occupied share of the post. To reach the aim, the following objectives were foreseen:

1. To compare peculiarities of social workers’ and pedagogues’ total indicator of psychological empowerment and dimensions of psychological empowerment;
2. To disclose the total indicator of psychological empowerment of specialists providing social assistance and support and peculiarities of psychological empowerment dimensions with regard to gender, the qualification category, the occupied share of the post and salary.

The research subject is peculiarities of social workers’ and pedagogues’ psychological empowerment.

Methodology

Investigated persons. The study was attended by 171 respondents: 104 (61%) social workers and 67 (39%) social pedagogues; 67 (39%) of them live in the largest cities of Lithuania – Vilnius, Kaunas, Klaipėda, Šiauliai; 15 (9%), in smaller cities and towns. Half of the respondents, 89 (52%), did not indicate their place of residence. There were 163 (95%)
women and 8 (5%) men among the respondents. The respondents’ age varies between 23 and 57 years. Part of the respondents who participated in the study have acquired higher and the highest qualification categories: 4 (2%) social workers and social pedagogues have acquired the expert’s category; 16 (9%) social pedagogues have the methodologist’s qualification, there were no social workers with such category; 36 (21%) social pedagogues and 2 social workers have the senior specialist’s category. Other 120 (70%) respondents have the initial qualification of the social pedagogue and social worker. The majority of the respondents, 135 (79%), work full-time; 13 (8%) respondents work more than full-time; and 23 (13%) respondents work less than full-time. According to income, respondents distributed into three groups: there were 12 (7%) respondents earning less than 300 Euros; 145 (85%), earning the average salary of 300-600 Euros; 14 (8%), earning most, more than 700 Euros.

**Methodology of the research:** social workers’ and social pedagogues’ psychological empowerment was identified employing *The Lithuanian Employee Psychological Empowerment Questionnaire (LPEQ – 9).* Publishing the questionnaire, its authors issued a permission to use the questionnaire in scientific research without a separate consent of the authors (Tvarijonavičius, Žukauskaitė, & Bagdžiūnienė, 2016, p. 38). The questionnaire consists of 9 statements, which respondents were asked to rate from 1 to 6 points: 1 point – *strongly disagree*; 2 points – *disagree*; 3 points – *somewhat disagree*; 4 points – *somewhat agree*; 5 points – *agree*; 6 points – *strongly agree*. The statements of the questionnaire identify three dimensions of employees’ psychological empowerment: *trust in competence, meaning and decision-making*. Cronbach’s alpha (α=0.842) of the questionnaire shows a sufficiently high level of internal consistency of this methodology, which is suitable for group research (Vaitkevičius & Saudargienė, 2006). This coefficient corresponds to Cronbach’s alpha coefficient 0.82 established by the authors of the Lithuanian scale (Tvarijonavičius, Žukauskaitė, & Bagdžiūnienė, 2016). Cronbach’s α for the dimension of *meaning* α=0.724; Cronbach’s α for the dimension of *trust in competence* α=0.729; Cronbach’s α for the *decision-making* dimension α=0.739 with regard to this sample are close to internal consistency coefficients for separate dimensions established by the authors of the questionnaire (Tvarijonavičius, Žukauskaitė, & Bagdžiūnienė, 2016).

Thus, the main variables are: the total empowerment coefficient and indicators of psychological empowerment subscales: *of meaning, decision-making, trust in competence*.

Additional variables: gender, profession (social worker or social pedagogue), the qualification category, workload (the occupied share of the post), the amount of salary.

**The research process.** The questionnaire together with demographic variables: gender, age group, profession, the qualification category, the share of the post, the amount of income, the type of workplace, solved social problems and the request to complete the questionnaire were placed on the website www.apklausa.lt. The online questionnaire was distributed to the members of The Association of Social Pedagogues of Lithuania and The Association of Social Workers of Lithuania, e-mails with the request to complete the questionnaire were purposely sent to various institutions providing social assistance, social wardship and care as well as to educational institutions where social pedagogues work.

**Methods of statistical analysis of research data:** the data were analysed employing *IBM SPSS statistics 21*. The strategy for handling statistical data is oriented in two ways: to variables and to the individual.

In the statistical analysis focused on variables, the descriptive statistics criteria were applied, percentiles and the Tukey’s Hinges M-estimator were used to identify the distribution of indicators. The total indicator of empowerment and indicators of empowerment dimensions
were compared using non-parametric *Mann-Whitney* and *Kruskal-Wallis* criteria, because the distribution of all empowerment indicators does not meet the requirements for normal distribution (*p*>0.05).

In the statistical analysis focused on the individual, the K-means cluster analysis was used.

**Research Results and Their Discussion**

*Research Results by Main Variables and Their Discussion*

Having calculated social workers’ and social pedagogues’ total indicator of empowerment according to the methodology for calculation of the empowerment indicator and according to empowerment dimensions (*competence, meaning and decision-making*), the means of indicators and other data of descriptive statistics are presented in Table 1.

**Table 1. Descriptive Statistics Data on the Total Indicator of Empowerment and Empowerment Dimensions**

<table>
<thead>
<tr>
<th>Total indicator of empowerment and empowerment dimensions</th>
<th>M</th>
<th>SD</th>
<th>Trimmed Mean</th>
<th>95% Confidence Interval for Mean</th>
<th>Md</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Upper Bound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of empowerment</td>
<td>4.608</td>
<td>0.658</td>
<td>4.61</td>
<td>4.51</td>
<td>4.71</td>
<td>4.56</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.6116</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.6186</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.6180</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.6192</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators of empowerment dimensions</th>
<th>M</th>
<th>SD</th>
<th>Trimmed Mean</th>
<th>95% Confidence Interval for Mean</th>
<th>Md</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower Bound</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>Upper Bound</td>
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<td></td>
</tr>
</tbody>
</table>

- a. The weighting constant is 1,339.
- b. The weighting constant is 4,685.
- c. The weighting constants are 1,700, 3,400, and 8,500
- d. The weighting constant is 1,340*pi.

Social workers’ and social pedagogues’ total indicator of empowerment discloses that the obtained mean of empowerment is only by six tenths higher than the value of the fourth point *somewhat agree*. A relatively small difference of the total indicator of psychological empowerment from the fourth point discloses that social pedagogues and social workers feel moderately enabled in their professional space. The sense of power in the professional field is not strong; it is more unsteady, unstable.

The descriptive statistics data on empowerment dimensions revealed that *competence, meaning, and decision-making* differ from each other according to the total mean and truncated mean. The respondents gave the highest points to their *competence* (*M*=4.729; SD=0.514). Taking into account the values of assessment points for questionnaire statements, this is not a very high estimate, as estimates evaluating social pedagogues’ and social workers’ competence vary between 4 and 5 points: from *somewhat agree* to *agree*. The respondents rated manifestation of another dimension of empowerment – *meaning* – in their professional
field by one tenth of the point lower than competence (M=4,600; SD=0,064). The least mean of estimators was obtained evaluating the decision-making dimension (see Table 1, total M=4,49 and the truncated mean M=4,53, SD=0,066). It is likely that the lack of the sense of decision-making power may affect the relatively low indicator of employees’ psychological empowerment.

To get a more exhaustive analysis of psychological empowerment, it is important to identify manifestation of the total indicator of psychological empowerment and dimensions of empowerment by strength between different representatives of social assistance and support profession. Table 2 discloses the proportions of respondents who feel poorly, moderately or strongly empowered by the total indicator of psychological empowerment and empowerment dimensions.

**Table 2. Levels of the Total Indicator of Empowerment and Dimensions of Empowerment by Profession**

<table>
<thead>
<tr>
<th>Levels of the total indicator of empowerment</th>
<th>Social worker N=104</th>
<th>Social pedagogue N=67</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly empowered</td>
<td>9 5.3%</td>
<td>7 4.1%</td>
<td>16</td>
</tr>
<tr>
<td>Moderately empowered</td>
<td>80 46.8%</td>
<td>49 28.7%</td>
<td>129</td>
</tr>
<tr>
<td>Strongly empowered</td>
<td>15 8.8%</td>
<td>11 6.4%</td>
<td>26</td>
</tr>
</tbody>
</table>

**Levels of the empowerment dimension Trust in competence**

<table>
<thead>
<tr>
<th>Levels of the empowerment dimension</th>
<th>Social worker N=104</th>
<th>Social pedagogue N=67</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly trusting in their competence</td>
<td>24 14.0%</td>
<td>9 5.3%</td>
<td>33</td>
</tr>
<tr>
<td>Moderately trusting in their competence</td>
<td>69 40.4%</td>
<td>48 28.1%</td>
<td>117</td>
</tr>
<tr>
<td>Strongly trusting in their competence</td>
<td>11 6.4%</td>
<td>10 5.8%</td>
<td>21</td>
</tr>
</tbody>
</table>

**Levels of the empowerment dimension Meaning**

<table>
<thead>
<tr>
<th>Levels of the empowerment dimension</th>
<th>Social worker N=104</th>
<th>Social pedagogue N=67</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly feeling meaning</td>
<td>11 6.4%</td>
<td>7 4.1%</td>
<td>18</td>
</tr>
<tr>
<td>Moderately feeling meaning</td>
<td>78 45.6%</td>
<td>50 29.2%</td>
<td>128</td>
</tr>
<tr>
<td>Strongly feeling meaning</td>
<td>15 8.8%</td>
<td>10 5.8%</td>
<td>25</td>
</tr>
</tbody>
</table>

**Levels of the empowerment dimension Decision-making**

<table>
<thead>
<tr>
<th>Levels of the empowerment dimension</th>
<th>Social worker N=104</th>
<th>Social pedagogue N=67</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not self-confident in autonomous decision-making</td>
<td>15 8.8%</td>
<td>4 2.3%</td>
<td>19</td>
</tr>
<tr>
<td>Moderately self-confident in autonomous decision-making</td>
<td>79 46.2%</td>
<td>53 31.0%</td>
<td>132</td>
</tr>
<tr>
<td>Self-confident in autonomous decision-making</td>
<td>10 5.8%</td>
<td>10 5.8%</td>
<td>20</td>
</tr>
</tbody>
</table>

A marked minority – 9.4% of specialists providing social assistance and support – feel poorly empowered (4.1% of social pedagogues and 5.3% of social workers). The majority – 75.4% of all the specialists who took part in the survey – feel moderately empowered. 46.8% of social workers and 28.7% of social pedagogues feel this way. 15.2% of the total number
of the specialists who took part in the survey (8.8% of social workers and 6.4% of social pedagogues) feel strongly or highly empowered.

12.3% of the respondents gave the maximum point rating their competence, being convinced that they fully support statements disclosing competence. 6.4% of social workers and 5.8% of social pedagogues thought so; more than half of the respondents moderately trust in their competence (40.4% of social workers and 28.1% of social pedagogues); one fifth of the respondents poorly trust in their competence (14% of social workers and 5.3% of social pedagogues).

One tenth of the respondents (6.4% of social workers and 4.1% of social pedagogues) hardly saw meaning in their work or had considerable doubts about it. Three-fourths of all the respondents (45.6% of social workers and 29.2% of social pedagogues) moderately felt meaning in their work. The work seemed strongly meaningful for 14.6% of specialists providing social support (8.8% of social workers and 5.8% of social pedagogues).

Slightly more than one tenth (11.7%) of the respondents rated their personal possibilities of making decisions in the professional field giving a maximum point – strongly agree (5.8% of social workers and the exactly same share of social pedagogues). There were slightly more than three fourths of the respondents (77.2%) who were moderately self-confident in autonomous decision-making (46.2% of social workers and 31% of social pedagogues). The respondents who feel not self-confident in autonomous decision-making made up slightly more than one tenth of all the respondents (8.8% of social workers and 2.3% of social pedagogues).

Summarizing the obtained results with regard to the levels of the total indicator of empowerment and the levels of empowerment dimensions, it can be stated that the majority of surveyed social pedagogues and social workers feel moderately empowered, they moderately feel the meaning in their performed work, moderately trust in their competence, and feel moderately able to make decisions. Slightly more than one tenth (11.7%) of the respondents rated their personal possibilities of making decisions in the professional field giving a maximum point – strongly agree (5.8% of social workers and the exactly same share of social pedagogues). There were slightly more than three fourths of the respondents (77.2%) who were moderately self-confident in autonomous decision-making (46.2% of social workers and 31% of social pedagogues). The respondents who feel not self-confident in autonomous decision-making made up slightly more than one tenth of all the respondents (8.8% of social workers and 2.3% of social pedagogues).

Looking at the dimensions of psychological empowerment, a larger share of social support specialists poorly trust in their competence compared with a share of specialists who strongly trust in their competence. However, the meaning in the provision of social assistance and support is envisaged by a larger share of specialists who strongly feel it compared with the respondents who poorly feel the meaning in their work. With regard to the decision-making dimension, the share of specialists who poorly feel the decision-making power and the share of specialists who strongly feel this power are almost equal.

If clients’ and learners’ empowerment is the main strategy in the professional activities of social assistance and support specialists, the obtained results according to the total indicator of empowerment are unfavourable. Empowering their clients and learners, social workers and social pedagogues both have to have good theoretical knowledge of the peculiarities of the empowerment process themselves (levels, stages, hindrances and possibilities) and believe in the empowerment perspective and, in particular, in their own powers to provide social assistance and support. Unfortunately, the results show that the proportion of specialists who strongly believe in their power is relatively low – only 15%.
**Research Results by Additional Variables and Their Discussion**

Observations of Vansteenkiste & Ryan (2013) on the dynamics of factors determining intrinsic motivation disclose that the experience of self-efficacy is not a constant state of experience. Changes in external conditions and the pursuit to adapt to changes in the environment make people review their interests, expectations and personal values anew and adapt them to changed circumstances. Thus, trust in one’s competence, the decision-making power can alter, and along with changes in values and expectations, trust in meaningfulness of work or performed actions can also change. The field of social assistance and support provision is very dynamic and constantly changing, raising permanent challenges for specialists. In this field, women outnumber men. Therefore, it is important to study and analyze whether male and female specialists providing social assistance and support feel equally empowered, whether they equally trust in their competence, whether they can equally freely make decisions, and whether they equally believe in meaningfulness of the chosen profession.

The data on the relation between additional variables (gender and profession) and the total indicator of empowerment and indicators of empowerment dimensions are presented in Table 3.

**Table 3. Comparison of Indicators of Social Workers’ and Social Pedagogues’ Psychological Empowerment with Regard to Gender and Profession**

<table>
<thead>
<tr>
<th></th>
<th>With regard to gender</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total indicator of psychological empowerment and psychological empowerment dimensions</td>
<td>Women (N=163)</td>
<td>Men (N=8)</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of psychological empowerment</td>
<td>4.60 (0.65)</td>
<td>4.65 (0.74)</td>
<td>592,000</td>
<td>-.440</td>
</tr>
<tr>
<td><strong>Meaning</strong></td>
<td>4.61 (0.84)</td>
<td>4.45 (0.87)</td>
<td>609,000</td>
<td>-.317</td>
</tr>
<tr>
<td><strong>Trust in competence</strong></td>
<td>4.73 (0.66)</td>
<td>4.71 (0.86)</td>
<td>643,000</td>
<td>-.067</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>4.48 (0.86)</td>
<td>4.79 (0.73)</td>
<td>528,500</td>
<td>-.911</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>With regard to the profession</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total indicator of psychological empowerment and psychological empowerment dimensions</td>
<td>Social worker (N=104)</td>
<td>Social pedagogue (N=67)</td>
<td>U</td>
<td>Z</td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of psychological empowerment</td>
<td>4.57 (0.66)</td>
<td>4.66 (0.64)</td>
<td>3181,500</td>
<td>-.959</td>
</tr>
<tr>
<td><strong>Meaning</strong></td>
<td>4.58 (0.86)</td>
<td>4.63 (0.82)</td>
<td>3418,000</td>
<td>-.211</td>
</tr>
<tr>
<td><strong>Trust in competence</strong></td>
<td>4.70 (0.69)</td>
<td>4.78 (0.65)</td>
<td>3262,000</td>
<td>-.713</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>4.44 (0.87)</td>
<td>4.59 (0.85)</td>
<td>3213,000</td>
<td>-.865</td>
</tr>
</tbody>
</table>

No statistically significant difference between men’s and women’s total indicator of empowerment and empowerment dimensions was identified, p>0.05. The statistically significant difference between social pedagogues’ and social workers’ subjectively felt psychological empowerment with regard to dimensions was also not identified, p>0.05. Both social workers’ and social pedagogues’ total indicator of psychological empowerment is relatively the same. Both social workers and social pedagogues experience dimensions of empowerment in the field of their profession also relatively equally.
The salaries received by respondents differ. As a rule, the salary rises along with rising competence, which is acknowledged and assessed by awarding a higher qualification degree. The amount of the salary can also pertain to the occupied share of the post at the workplace. Therefore, the hypothesis was raised that social workers’ and social pedagogues’ subjectively felt empowerment can depend on the amount of income received, the qualification degree and the occupied share of the post. The table shows the relation between the respondents’ salary and subjectively felt psychological empowerment dimensions.

Table 4. Comparison of Social Workers’ and Social Pedagogues’ Psychological Empowerment Dimensions with Regard to the Salary, Post and Qualification Category

<table>
<thead>
<tr>
<th>With regard to the salary</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>χ²</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total indicator of psychological empowerment and psychological empowerment dimensions</td>
<td>Earning least (N=12)</td>
<td>Earning moderately (N=145)</td>
<td>Earning most (N=14)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of psychological empowerment</td>
<td>4,53 (0,75)</td>
<td>4,58 (0,65)</td>
<td>4,88 (0,57)</td>
<td>4,14</td>
<td>2</td>
<td>0,128</td>
</tr>
<tr>
<td><strong>Meaning</strong></td>
<td>4,61 (0,94)</td>
<td>4,58 (0,86)</td>
<td>4,83 (0,69)</td>
<td>1,10</td>
<td>2</td>
<td>0,577</td>
</tr>
<tr>
<td><strong>Trust in competence</strong></td>
<td>4,39 (0,92)</td>
<td>4,74 (0,64)</td>
<td>4,85 (0,72)</td>
<td>3,51</td>
<td>2</td>
<td>0,172</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>4,61 (0,68)</td>
<td>4,44 (0,89)</td>
<td>4,97 (0,62)</td>
<td>6,01</td>
<td>2</td>
<td>0,049</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With regard to the occupied share of the post</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>χ²</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total indicator of psychological empowerment and psychological empowerment dimensions</td>
<td>Working more than full-time (N=13)</td>
<td>Working full-time (N=135)</td>
<td>Working less than full-time (N=23)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of psychological empowerment</td>
<td>4,88 (0,61)</td>
<td>4,58 (0,63)</td>
<td>4,57 (0,77)</td>
<td>3,73</td>
<td>2</td>
<td>0,155</td>
</tr>
<tr>
<td><strong>Meaning</strong></td>
<td>4,82 (0,75)</td>
<td>4,57 (0,84)</td>
<td>4,65 (0,93)</td>
<td>1,24</td>
<td>2</td>
<td>0,537</td>
</tr>
<tr>
<td><strong>Trust in competence</strong></td>
<td>4,90 (0,58)</td>
<td>4,71 (0,65)</td>
<td>4,72 (0,87)</td>
<td>0,89</td>
<td>2</td>
<td>0,640</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>4,95 (0,76)</td>
<td>4,48 (0,82)</td>
<td>4,33 (1,10)</td>
<td>4,95</td>
<td>2</td>
<td>0,084</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With regard to the qualification category</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>M (SD)</th>
<th>χ²</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total indicator of psychological empowerment and psychological empowerment dimensions</td>
<td>Employees without the qualification category (N=120)</td>
<td>Employees with higher qualification category (N=31)</td>
<td>Employees with the highest qualification category (N=20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total indicator of psychological empowerment</td>
<td>4,57 (0,71)</td>
<td>4,66 (0,47)</td>
<td>4,71 (0,58)</td>
<td>1,50</td>
<td>2</td>
<td>0,472</td>
</tr>
<tr>
<td><strong>Meaning</strong></td>
<td>4,58 (0,91)</td>
<td>4,66 (0,62)</td>
<td>4,67 (0,71)</td>
<td>0,12</td>
<td>2</td>
<td>0,939</td>
</tr>
<tr>
<td><strong>Trust in competence</strong></td>
<td>4,45 (0,93)</td>
<td>4,77 (0,46)</td>
<td>4,78 (0,62)</td>
<td>0,63</td>
<td>2</td>
<td>0,727</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>4,95 (0,76)</td>
<td>4,56 (0,75)</td>
<td>4,68 (0,62)</td>
<td>1,14</td>
<td>2</td>
<td>0,564</td>
</tr>
</tbody>
</table>
The statistically significant difference between social pedagogues and social workers who receive different salaries is identified only for one dimension of psychological empowerment – decision-making, p=0.049. No statistically significant difference with regard to other dimensions of psychological empowerment (meaning and competence) was identified, p>0.05.

No statistically significant difference between social pedagogues and social workers who work less than full-time, full-time and more than full-time and the total indicator of psychological empowerment and empowerment dimensions was identified.

There is no statistically significant difference between social pedagogues’ and social workers’ qualification categories with regard to psychological empowerment dimensions, p>0.05.

Summarizing the total indicator of psychological empowerment and indicators of empowerment dimensions with respect to additional variables, it can be stated that the relation between additional variables and psychological empowerment with regard to this sample is very weak; it was identified only with regard to one variable salary and one psychological empowerment dimension decision-making. Social assistance and support specialists who receive the highest salary are usually employed on a full-time basis or work more than full-time and have a higher or the highest qualification category. Therefore, it seems as if natural to expect that specialists who have established themselves in the professional field and made a career should feel more empowered than at the beginning of their career. However, no relation was found between the occupied share of the post and the total indicator of psychological empowerment and indicators of empowerment dimensions as well as between the possessed qualification category and the total indicator of psychological empowerment and indicators of empowerment dimensions.

**Research Results by Individual Peculiarities and Their Discussion**

Cluster analysis enabled to distinguish four groups of respondents according to combinations of indicators of empowerment subscales (see Table 5).

<table>
<thead>
<tr>
<th>Empowerment dimensions</th>
<th>Values of cluster centres</th>
<th>1 cluster</th>
<th>2 cluster</th>
<th>3 cluster</th>
<th>4 cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>of meaning</td>
<td></td>
<td>4,67</td>
<td>2,08</td>
<td>4,01</td>
<td>5,21</td>
</tr>
<tr>
<td>of decision-making</td>
<td></td>
<td>3,57</td>
<td>1,92</td>
<td>4,28</td>
<td>5,14</td>
</tr>
<tr>
<td>of competence</td>
<td></td>
<td>4,69</td>
<td>3,75</td>
<td>4,30</td>
<td>5,15</td>
</tr>
<tr>
<td>Respondents’ distribution (N, %)</td>
<td></td>
<td>27 (16%)</td>
<td>4 (1%)</td>
<td>64 (37%)</td>
<td>78 (46%)</td>
</tr>
</tbody>
</table>

The first group consists of the respondents whose general empowerment structure is more dominated by the dimensions of meaning and competence while the decision-making dimension is less expressed. The representatives of this group make up 16% of this sample. It can be assumed that the respondents of this group trust in their competence, see meaning in their work but more often feel helpless in decision-making and influencing other people. The representatives of this group can be relatively called more reflective than acting.
The second, the smallest group (1%) consists of the respondents who not only trust in their competence less but also see the meaning in their work least and feel most helpless in decision-making compared with all the representatives of this sample. Thus, the representatives of this group either may have exhausted their resources in their professional activities, have lost their motivation to work in their profession or simply are inappropriate for the social worker’s and social pedagogue’s profession. It can be assumed that they require assistance reviewing their professional compliance with their occupied positions most.

The third, one of the largest groups (37%), consists of the respondents who moderately trust in their competence, see the meaning in their work and feel able to influence and make decisions.

Almost half of all the representatives of the sample (46%) fell under a group of respondents whose dimensions of meaning, decision-making and trust in competence are mostly expressed in the empowerment structure compared with other representatives of the sample. It can be assumed that namely these social workers and social pedagogues have adapted to the requirements of the profession best and are able to activate their clients’ empowerment.

Summarizing the results of the cluster analysis, it can be assumed that almost one fifth (17%) of social workers and pedagogues of this sample in the empowerment structure feel most helpless in decision-making, and the smallest share of them see the meaning and trust in their competence least. This could aggravate their further professional activity, cause ineffective professional contacts with clients. It could be predicted that this group could be shortly also supplemented by one third of the representatives of this sample (37%), whose dimensions of meaning, decision-making and trust in competence are moderately expressed in the empowerment structure, provided that the needs of their competence, autonomy and relatedness are limited or suppressed. The empowerment structure according to expressed dimensions of meaning, decision-making, trust in competence of almost half (46%) of the representatives of this sample is balanced.

Conclusions
1. Having used LPEQ – 9, this study for the first time identified Lithuanian social workers’ and social pedagogues’ total indicator of psychological empowerment M=4,608; SD=0,658; min=2,11; max=6 and peculiarities of the dimensions of psychological empowerment: trust in competence M=4,72; SD=0,514; meaning M=4,6; SD=0,064; decision-making M=4,49; SD=0,06 in a small sample of social workers and social pedagogues. The total indicator of psychological empowerment and indicators of psychological empowerment dimensions are not high. In the context of the self-determination theory, these indicators are not understood as invariable or stable. Although psychological empowerment is primarily associated with intrinsic motivation, according to the self-determination theory, changing circumstances of people’s lives go along with an interactive process between extrinsic and intrinsic motivation, which can also determine the variation of psychological empowerment indicators to one or another side.
2. In the investigated sample 9,4% of social pedagogues and social workers feel poorly empowered. 75,4% of social workers and social workers feel moderately empowered. 15,2% of social workers and social pedagogues feel strongly empowered. No statistically significant difference of the total indicator of empowerment between social workers and social pedagogues has been identified. Statistically significant difference between social workers and social pedagogues with regard to dimensions of psychological empowerment – meaning, trust in competence, decision-making – has not been found.
3. There is no statistically significant difference of the total indicator of empowerment between men and women providing social assistance and support. Statistically significant difference of the dimensions of psychological empowerment – meaning, trust in competence, decision-making – between men and women providing social assistance and support has not been identified either.

4. No statistically significant difference of the total indicator of empowerment between specialists providing social assistance and support with regard to the occupied share of the post, qualification category and salary has been identified. No statistically significant difference of dimensions of psychological empowerment – meaning, trust in competence, decision-making – between specialists providing social assistance and support with regard to the occupied share of the post, qualification category and salary has been identified. Week statistically significant difference was detected only with regard to one dimension of psychological empowerment – decision-making between social assistance and support specialists earning moderately and most.

5. The cluster analysis directed to individual differences enabled to distinguish four groups of representatives of this sample by expression of empowerment dimensions in the general structure of empowerment: Group 1. Poorly balanced; Group 2. Particularly poorly balanced; Group 3. Moderately balanced; Group 4. Well balanced. This sample is dominated by social workers and social pedagogues whose empowerment structure is well balanced in terms of expression of empowerment dimensions and the smallest share of this sample is made up of respondents whose empowerment structure is particularly poorly balanced – could hinder professional activities.

6. The total indicator of psychological empowerment and dimensions of psychological empowerment were investigated in a small sample of social workers and social pedagogues, therefore, it would be advisable to repeat the study in a much larger sample of specialists providing social assistance and support, including additional components of the context of psychological empowerment manifestation: work related requirements for employees, emotional load and load related to the scope of work, requirements for quality of performed work, the amount of possibilities provided to employees, of received information and available resources to deal with work related problems.

References


Kepalaitė, A. (2013b). Socialinės pedagogikos pirmo kurso studentų streso įveikos ypatumai [Stress
PECULIARITIES OF SOCIAL WORKERS’ AND SOCIAL PEDAGOGUES’ PSYCHOLOGICAL EMPOWERMENT IN THE ASPECTS OF SELF-DETERMINATION THEORY AND DEMOGRAPHIC VARIABLES

Summary

Albina Kepalaitė, Asta Vaitkevičienė, Eglė Drungelaitė, Šiauliai University, Lithuania

Social workers and social pedagogues provide social assistance and support to their clients and learners based on the empowerment strategy. Empowerment is related to meeting basic psychological needs – of autonomy, competence and relatedness. Non-fulfilment of needs and disappointment increases defensiveness and psychopathology and it promotes immediate wellbeing and enhances intrinsic resources. The needs of autonomy, competence and relatedness can be constrained by rewards, punishments and cultural rituals.

The aim of this research is to disclose the peculiarities of social workers’ and social pedagogues’ psychological empowerment with regard to demographic characteristics, gender, profession, qualification category and the occupied share of the post. The research subject is peculiarities of social workers’ and pedagogues’ psychological empowerment. Social workers’ and social pedagogues’ psychological empowerment was identified employing The Lithuanian Employee Psychological Empowerment Questionnaire (LPEQ – 9).

The data was analysed employing IBM SPSS statistics 21. The strategy for handling statistical data is oriented in two ways: to variables and to the individual. In the statistical analysis focused on variables, the descriptive statistics criteria were applied, percentiles and the Tukey’s Hinges M-estimator were used to identify the distribution of indicators. The total indicator of empowerment and indicators of empowerment dimensions were compared using non-parametric Mann-Whitney and Kruskal-Wallis criteria, because the distribution of all empowerment...
indicators does not meet the requirements for normal distribution ($p > 0.05$). In the statistical analysis focused on the individual, the K-means cluster analysis was used.

Having used $LPEQ – 9$, this study for the first time identified Lithuanian social workers’ and social pedagogues’ total indicator of psychological empowerment. The total indicator of psychological empowerment and indicators of psychological empowerment dimensions are not high. In the context of the self-determination theory, these indicators are not understood as invariable or stable. Statistically significant difference between social workers and social pedagogues with regard to dimensions of psychological empowerment – meaning, trust in competence, decision-making – has not been found.

No statistically significant difference of the total indicator of empowerment between social workers and social pedagogues has been identified. Statistically significant difference between social workers and social pedagogues with regard to dimensions of psychological empowerment – meaning, trust in competence, decision-making – has not been found. No statistically significant difference of dimensions of psychological empowerment – meaning, trust in competence, decision-making – between specialists providing social assistance and support with regard to the occupied share of the post, qualification category and salary has been identified. Week statistically significant difference was detected only with regard to one dimension of psychological empowerment – decision-making between social assistance and support specialists earning moderately and most.

The cluster analysis directed to individual differences enabled to distinguish four groups of representatives of this sample by expression of empowerment dimensions in the general structure of empowerment. This sample is dominated by social workers and social pedagogues whose empowerment structure is well balanced in terms of expression of empowerment dimensions and the smallest share of this sample is made up of respondents whose empowerment structure is particularly poorly balanced – could hinder professional activities.

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PERSONAL AUTONOMY AS A KEY FACTOR OF HUMAN SELF-DETERMINATION

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Galina Chaika
Kostiuk Institute of Psychology NAES of Ukraine, Kyiv, Ukraine

Abstract

The article presents the research on psychological factors of personal autonomy as a self-determination need and as a component of psychological well-being. The analysis was carried out in two directions: within the theory of self-determination and within the theory of psychological well-being.

The greatest influence on autonomy development as a self-determination need have such predictors as goals in life, challenge, self-efficacy, self-acceptance, self-assurance, locus of control-life, locus of control-Self. Predictors that positively affect autonomy as a component of psychological well-being are: self-acceptance, acceptance of aggression, self-confidence, creativity, control, self-esteem.

The article determines that autonomy as a self-determination need is based not only on self-acceptance with all advantages and disadvantages, but also on existence of a goal in life and personal internal powers to achieve this goal. Autonomy, as it is understood in the theory of psychological well-being, is a necessary, but insufficient condition for self-determination. For formation and development of self-determination it is necessary to have a life purpose that gives meaningfulness to human life.

Keywords: self-determination, personal autonomy, self-expression, psychological well-being.

Introduction

Growth of stresses in modern society forms a request for researching on conditions and processes contributing establishment of internal equilibrium and optimal human functioning. Human aspirations to a positive functioning are linked closely with such personal phenomena as autonomy, self-determination, psychological well-being and so on, which are important conditions for personal growth and high quality of life. Therefore, psychological and pedagogical researches aimed at identifying the factors of positive human functioning, disclosing internal powers that provide independence of choices or counteract negative environmental impacts are now very important.
Modern studies on autonomy are focused mainly on its practical aspects (Balkir, Arens, & Barnow, 2013; Osin, Ivanova, & Gordeeva, 2013; Boniwell, Osin, & Renton, 2015; Arvanitis, 2017; Jeno, Diseth, 2014 et al.). Thus, it has been shown that an autonomous person follows moral standards based on his/her intrinsic motivation. Numerous studies of personal autonomy have shown that an autonomous person is guided by his/her own law of development. Personal autonomy means a choice of behaviour based on a person’s own internal criteria. However, the theoretical side of personal autonomy, especially factors influencing its emergence and development, internal resources, is still not fully understood.

The phenomenon of self-determination put forward the issues of personal self-activity, the human ability to choose independently directions of self-development. Therefore, the key concept of this theory is the notion of personal autonomy. A person can be autonomous if he/she acts as an actor, based on a deep sense of self. To be autonomous means to be self-initiated and self-regulated.

Manifestations of personal autonomy should be distinguished from blind following of personal internal impulses or desires, which does not always lead to a positive for personal development result. Most definitely, such delineation is defined by Frankl (Frankl, 1990), who distinguished “a freedom from” and “a freedom for” and emphasized inextricable links between freedom and responsibility. The scientists marked that freedom should be defined not as actions to implement the necessity, but as actions on the basis of awareness of alternatives and their consequences” (Frankl, 1990). Ultimately, a freedom depends on a person’s courage to be him/herself and for him/herself.

Personal autonomy is studied most thoroughly in two directions – in the theory of self-determination, where personal autonomy is seen as a basic need, and in studies of psychological well-being. In the second case, personal autonomy is understood as a personal trait and a component of psychological well-being. Consequently, one of the leading scientific approaches, the most appropriate for personal autonomy studies, is the theory of self-determination, which is a classical approach within positive psychology. It is based on the concept of three basic human needs: autonomy, relatedness and competence (Deci & Ryan, 1985, 2000; Boniwell, Osin, & Renton 2015; Ryan & Deci, 2017). In the context of this approach, self-determination means a sense of freedom in relation to both the forces of external environment and personal internal forces; and self-determination is not only ability, but also a need (Ryan & Deci 2000). Personal autonomy is defined as a main innate inclination leading an actor to be engaged in an interesting behaviour that have, usually, benefits for developing of flexible interactions with social environment.

The second important approach to personal autonomy studies is Ryff’s concept of well-being (Ryff, 1995); here a multivariate model of psychological well-being is proposed based on 6 components manifesting positive psychological functioning: self-perception, positive relations with others, autonomy, environmental mastery, purpose in life, personal growth. Like the theory of self-determination, the model of psychological well-being is based on the principle of balance between autonomy and permissiveness.

This problem is developed scientifically in many psychological approaches, such as: the existentially oriented theory of freedom (Frankl, 1990; May, 1980), the theory of personal being (Harre, 1983), the theory of self-efficacy (Bandura, 1997), the theory of self-actualization (Maslow, 2008), the time perspective (Nuttin, 1984), the theory of “flow” (Seligman, & Csikszentmihalyi, 2000), and others.
Personal formation, implementation of personal capabilities and achievement of self ("to be oneself") are the main subjects of the personal growth theories (Rogers, 2002; Maslow, 2008), which reveal personal autonomy from a special point of view: a personality is seen not only as somebody being in the process of development, but also as an actor striving for self-development, and a personal way of being means not only and not so much a level of personal autonomy, but also how much the person strives for autonomy and independence.

The research aim is to reveal the system determinants of personal autonomy based on theories of self-determination and psychological well-being.

The object of research: personal autonomy as a self-determination need and as a component of psychological well-being.

The subject of research: factors influencing personal autonomy.

Methods of the research

Based on our goal, two methods were used to investigate personal autonomy in our empirical study: the self-determination test, where autonomy is understood as the basis for self-determination (Osin, Ivanova, & Gordeieva, 2013) and Ryff’s Scales of Psychological Well-being, here autonomy is considered as a component of psychological well-being (adaptation by Shevelenkova, & Fesenko) (Ryff, 1995). To disclose and expand the concept of personal autonomy and to define its personal determinants, we used: Purpose-in-Life Test (PIL J. Krambo, L. Maholika (Leontiev, 2006); the test-questionnaire of self-attitude (Stolin, & Pantileev, 1988); Self-Efficacy Scale (Schwarzer, Jerusalem & Romek, 1996); Hardiness Test by S. Maddy (Leontiev, & Rasskazova, 2006); Shostrom’s Personal Orientation Inventory (Aleshina, Gozman, Dubovskaja, & Kroz, 1987).

For statistical analysis of the obtained data, the following methods of mathematical statistics were used: correlation, regression analysis. The processing of the obtained empirical data was carried out using the statistical software package SPSS 21.0 for Windows.

Participants of the research

105 people participated in the survey: 50 students of Taras Shevchenko National University of Kyiv and 55 working specialists (Kyiv, Ukraine), 41 men and 64 women. The respondents’ age was from 18 to 32 years (average age is 24 years and std.dev is 6 years).

Results

Pearson correlation between the personal autonomy indicators determined by Ryff’s Scales of Psychological Well-Being and by the Self-Determination Scale is 0.369 (α (2-sides) = 0.008, so the calculated correlation is reliably significant).

First of all, it should be noted that the personal autonomy indicators, determined by different methods, do not have a high correlation. That is, they correlate, but they are not identical. It can be assumed that the examined methods determine somewhat different personal constructs.

In order to find independent variables that determine the common, nuclear part for both indicators of autonomy, measured by the two described above methods, as well as to find those independent variables that determine differences in the autonomy indicators determined by different methods, we have conducted a linear regression analysis. Here, the autonomy indicators act as dependent variables, while other personality characteristics are independent
ones. Such an approach has enabled us to find a more profound psychological significance of the studied indicators of personal autonomy.

**Results of the performed regression analysis**

1. Personal autonomy determined by the Ryff’s Scales of Psychological Well-Being (Ryff, 1995). Table 1 shows the main results of model constructing.

**Table 1.** The model of regression analysis for the autonomy indicator (determined by the Ryff’s Scales of Psychological Well-Being)

<table>
<thead>
<tr>
<th>Model 1</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.748</td>
<td>.559</td>
<td>.538</td>
<td>6.968</td>
</tr>
</tbody>
</table>

Predictors: self-confidence, self-esteem, self-acceptance; control, support ratio, creativity, acceptance of aggression, affect balance, meaning of life.

A model is considered valid if R-square exceeds 0.5. The resulting value is greater than 0.5, so we can assert that the obtained model is statistically reliable. Table 2 shows the resulting coefficients of linear relations of the autonomy indicator with personal characteristics - predictors.

**Table 2.** Linear coefficients for the predictors

<table>
<thead>
<tr>
<th>Model 1</th>
<th>Standardized Coefficients</th>
<th>Sig.</th>
<th>Tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td></td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Self-confidence</td>
<td>.338</td>
<td>.000</td>
<td>.478</td>
</tr>
<tr>
<td>Control</td>
<td>.151</td>
<td>.019</td>
<td>.562</td>
</tr>
<tr>
<td>Support ratio</td>
<td>-1.072</td>
<td>.000</td>
<td>.227</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.182</td>
<td>.018</td>
<td>.401</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.715</td>
<td>.000</td>
<td>.225</td>
</tr>
<tr>
<td>Creativity</td>
<td>.271</td>
<td>.000</td>
<td>.649</td>
</tr>
<tr>
<td>Affects balance</td>
<td>-.043</td>
<td>.586</td>
<td>.378</td>
</tr>
<tr>
<td>Meaning of life</td>
<td>-.084</td>
<td>.209</td>
<td>.525</td>
</tr>
<tr>
<td>Acceptance of aggression</td>
<td>.602</td>
<td>.000</td>
<td>.404</td>
</tr>
</tbody>
</table>

The α value for “affect balance” and “meaning of life” is too large, that is, these results are not statistically significant.

Therefore, predictors that have a positive influence on the autonomy indicator are: self-acceptance (a degree of acceptance by a person him/herself as he/she is, regardless of assessments of his/her positive traits and disadvantages), acceptance of aggression (ability to accept own natural aggressiveness as opposed to defensiveness, denial, and repression of aggression), self-confidence (attitude to oneself as a confident, independent, strong-willed and reliable person knowing for what he/she can be respected), creativity (creative orientations of a person), control (belief that struggle influences the outcomes of what is happening, even if that influence is not absolute and success is not guaranteed), self-esteem (capacity to appreciate advantages and positive properties of own nature).

The predictor having negative influence on the autonomy indicator is: support ratio (defines relative autonomy by assessing a balance between Other- and Inner-Directedness. Low scores on this indicator show a high degree of dependence, conformity).
So, on the one hand, we obtain such a set of personality traits of an autonomous person that indicate the persons’ high satisfaction with his/her qualities, confidence in his/her own powers. Such a person feels: “I can”, he/she is able to act based on own beliefs and goals. However, such a person does not see necessity to act at his/her discretion, having a position “I can, but I do not want, I do not aspire”.

2. Personal autonomy determined by the Self-Determination Scale (Deci, & Ryan, 2000).

Table 3 shows the main results of model constructing.

**Table 3.** The model of regression analysis for the autonomy indicator (determined by the Self-Determination Scale)

<table>
<thead>
<tr>
<th>Model 2</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>.844</td>
<td>.712</td>
<td>.693</td>
<td>3.666</td>
</tr>
</tbody>
</table>


The R Square value is higher than 0.5, therefore the obtained model is statistically reliable.

Table 4 shows the resulting coefficients of linear relations of the autonomy indicator with personal characteristics - predictors.

**Table 4. Linear coefficients for the predictors**

<table>
<thead>
<tr>
<th>Model 2</th>
<th>Standardized Coefficients</th>
<th>Sig.</th>
<th>Tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td></td>
<td>.009</td>
<td></td>
</tr>
<tr>
<td>Life purpose</td>
<td>.510</td>
<td>.000</td>
<td>.193</td>
</tr>
<tr>
<td>Locus of control-Self</td>
<td>.160</td>
<td>.083</td>
<td>.182</td>
</tr>
<tr>
<td>Locus of control-life</td>
<td>.190</td>
<td>.011</td>
<td>.278</td>
</tr>
<tr>
<td>Self-expression</td>
<td>.090</td>
<td>.172</td>
<td>.354</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>.254</td>
<td>.000</td>
<td>.653</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>.195</td>
<td>.001</td>
<td>.458</td>
</tr>
<tr>
<td>Commitment</td>
<td>-.428</td>
<td>.000</td>
<td>.303</td>
</tr>
<tr>
<td>Challenge</td>
<td>.395</td>
<td>.000</td>
<td>.404</td>
</tr>
<tr>
<td>Self-actualizing value</td>
<td>-.169</td>
<td>.009</td>
<td>.379</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>.221</td>
<td>.005</td>
<td>.255</td>
</tr>
</tbody>
</table>

The α value for “self-expression” is too large, that is, this result is not statistically significant.

Thus, the predictors that have a positive influence on the autonomy indicator are: *life purpose* (existence or absence of life purposes for the future, giving meaning to life, orientation and time perspective), challenge (considering a life course as a way of experience gaining, readiness to act even without reliable guarantees for success, at own risk, belief that a desire for simple comfort and safety impoverishes life), *self-efficacy* (conviction of a person in his/her ability to manage events that affect his/her life), *self-confidence* (attitude to oneself as a confident, independent, strong-willed and reliable person knowing for what he/she can be
respected), *locus of control-life* (conviction in own ability to control own life freely, to make
decisions and to put them into action), *locus of control-Self* (the idea of oneself as a strong
person with sufficient freedom of choice to build own life in accordance with own goals, tasks
and ideas).

The predictors influencing negatively the autonomy indicator are: *commitment* (the belief
that engagement in what is happening gives the maximum chance to find something worthy and
interesting), *self-actualizing value* (affirmation of primary values of self-actualizing people).

In this case, personal autonomy is based not only on accepting oneself with own
advantages and disadvantages, but also on the existence of a life goal and internal powers to
achieve this goal.

**Discussion of Results**

Thus, personal autonomy can be achieved by a person with internal power actualization,
changes in reality perception and ways of thinking that is based on positive self-acceptance,
self-confidence, awareness of own life goals, harmonious relations with others, the ability
to control oneself, own immediate impulses, the ability to build own live consciously and
independently, finding joy in the surrounding everyday life. Personal autonomy is the basis
and the main condition for achieving of psychological well-being and improving quality of
life and self-determination.

As an interiorized form of self-identity, personal autonomy is manifested as a conscious
choice of actions, taking into account both internal aspirations and external conditions of human
life; personal autonomy is a manifestation of three personal traits: awareness, spontaneity,
sincerity (Berne, 2002).

Factors that undermine autonomy, as a rule, divert attention from internal motivation,
self-motivation, confidence, interest and personal hardiness. Lack of autonomy is associated
with low self-esteem, motivation weakening or inconsistency, as well as other signs indicating
psychological distress (Deci, & Ryan, 1985; Ryan, & Deci, 2000).

As it has already noted above, the theory of self-determination considers two needs,
opposite by their nature. The need for autonomy is the need to be independent, to act at its
own discretion, with own inner motivation. In contrast, the need for relatedness is a need
to interact with other people, to establish close relations with them, and to act in the light
of such relations, needs and aspirations of loved ones. Each person him/herself establishes
a boundary between autonomy and relatedness, depending on personal inclinations, age,
physical, intellectual development, as well as belonging to certain cultural groups. For instance,
representatives of Asian countries (Philippines, Malaysia, China, and Japan) compared to
residents of other regions experience less need in autonomy and higher need in relatedness
(Church, Katigbak, Locke, et all, 2013). The work (Balkir, Arens, Barnow, 2013) shows that
the feeling of relatedness predicts better psychological well-being of women from Turkey
than that of women from Germany. Conversely, the greater satisfaction of the autonomy need
greatly improves psychological well-being of German women.

**Conclusions**

Thus, personal autonomy, examined from the standpoint of the psychological well-
being theory, is based on such personal traits as self-acceptance with all advantages and
disadvantages; respect to oneself, to own positive qualities; trying to live in accordance with
own values, attitudes and principles, the belief that the struggle for them will lead to a positive
result; resistance to external influences. People with such personality traits can act on their own grounds, they feel the power and ability for internally motivated actions, and this gives them a sense of psychological well-being. However, will such a person act? Here, we have a definite static picture, without development.

In the self-determination theory, personal autonomy is also based on such personality traits as self-acceptance with all advantages and disadvantages and self-esteem. However, the key to autonomy achievement is awareness of a life goal, which gives meaningfulness to own life, orientation and a sense of perspective. In this case, a person is not afraid to take a risk and make a responsible decision because he/she believes that experience can be obtained only in actions, through which the person can control his/her own life and that is why he/she has the freedom of choice. Such an interpretation of autonomy is much wider as it introduces a dynamic aspect. A person begins to act, and is acting on the basis of his/her own choice. And the ability to choose and have a choice is the essence of self-determination. Being self-determined, a person acts on the basis of his/her own choice, and not on the basis of obligations or coercion. This, in turn, raises the level of internal, in other words, autonomous motivation of own actions. It is here the notion of “a freedom for ...”, a freedom as an action on the basis of awareness of alternatives and their consequences arises.

Thus, autonomy, as it is understood in the theory of psychological well-being, is a necessary, but insufficient condition for self-determination. An additional condition is necessary for formation and development of a self-determined person: existence of a life purpose, which gives meaning to all human activities. Real autonomy of a self-determined person is based not only on such lower-level factors as needs or motives, but also on the higher-level factors supporting creation of meanings for a human life.

References
PERSONAL AUTONOMY AS A KEY FACTOR OF HUMAN SELF-DETERMINATION

Summary

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The article presents the research on psychological factors of personal autonomy as a self-determination need and as a component of psychological well-being.

The research aim is to reveal the system determinants of personal autonomy based on theories of self-determination and psychological well-being.

The greatest influence on autonomy development as a self-determination need have such predictors as goals in life, challenge, self-efficacy, self-acceptance, self-assurance, locus of control-life,
locus of control-Self. Predictors that positively affect autonomy as a component of psychological well-being are: self-acceptance, acceptance of aggression, self-confidence, creativity, control, self-esteem.

Thus, personal autonomy can be achieved by a person with internal power actualization, changes in reality perception and ways of thinking that is based on positive self-acceptance, self-confidence, awareness of own life goals, harmonious relations with others, the ability to control oneself, own immediate impulses, the ability to build own live consciously and independently, finding joy in the surrounding everyday life.

The article determines that autonomy as a self-determination need is based not only on self-acceptance with all advantages and disadvantages, but also on existence of a goal in life and personal internal powers to achieve this goal. Autonomy, as it is understood in the theory of psychological well-being, is a necessary, but insufficient condition for self-determination.

The key point to achieve autonomy is existence of a life goal, which gives meaningfulness to life, orientation and a sense of perspective. In this case, a person is not afraid to take a risk and make a responsible decision because he/she believes that experience can be obtained only in actions, through which the person can control his/her own life and that is why he/she has the freedom of choice. Such an interpretation of autonomy is much wider as it introduces a dynamic aspect. A person begins to act, and is acting on the basis of his/her own choice. And the ability to choose and have a choice is the essence of self-determination. Being self-determined, a person acts on the basis of his/her own choice, and not on the basis of obligations or coercion. This, in turn, raises the level of internal, in other words, autonomous motivation of own actions. It is here the notion of “a freedom for...”, a freedom as an action on the basis of awareness of alternatives and their consequences arises.

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THE ASSESSMENT OF STUDIES’ EFFECTIVENESS AS A REFLECTION OF ACHIEVED COMPETENCIES IN EDUCATIONAL CONTEXT AT HIGHER UNIVERSITY EDUCATION SETTINGS USING ACTION RESEARCH

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Abstract
The aim of the study was to investigate the peculiarities of periodic assessment of students’ achievements as a factor influencing the effectiveness of studies from the point of view of acquired competencies. In this study action research was applied, and group discussion method was used. The study was performed at higher university education settings. The results of the presented research revealed positive influence of the periodic assessment of the students’ achievements on the effectiveness of studies.

Keywords: assessment, studies, effectiveness, action research, competencies, education.

Introduction
The phenomenon of the effectiveness of studies has recently become a hot issue due to its close connection to achieved competences and the quality of studies. This topic was widely discussed and investigated (Hartig et al, 2008; Adomßent & Hoffmann, 2013; Roegiers, 2016). The effectiveness of studies can be defined as a feature of the learning process at the institution of higher education indicating the achievement of intended learning outcomes. Researchers have been interested in various aspects of the effectiveness of studies in recent decades; as a result, their ideas have enriched the evolving concept of the effectiveness of studies. Considerable attention was paid to justify the learning outcomes as the results of the study process (Fitz-Gibbon, 1996; Corrie, 2004; McGee, 2004), to reveal the factors influencing learning outcomes (Marton & Säljö, 1976; Biggs, 2001; Petty, 2004), and to discover the problems of the assessment of study results and learning outcomes (Boyd & Lawson, 2004; Flutter & Rudduck, 2004; Biggs & Tang, 2007; Petty & Green, 2007; Hussey & Smith, 2008). The concept of study effectiveness in educational context interacts with the concept of achieved competences. The learning outcomes can be described as a student’s acquired competencies.
during the studies. In other words, the higher the degree of studies’ effectiveness is, the better the competences acquired by the students are.

In scientific literature much attention is paid to such determinant of the effectiveness of studies as students’ approach to learning. The impact of this factor on study outcomes is analyzed by Marton & Saljö (1976), Petty (2004), Biggs (2001) and others. Investigating the study process Marton & Saljö (1976), Entwistle & Ramsden (1983) found that the students have different approach to learning, which could be divided into deep and surface. According to Marton & Saljö (1976), the students, who have deep approach to learning, try to give a sense to new knowledge, acquired in the study process, and to connect it with already existing knowledge and personal experience. Consequently, their effectiveness of studies is better. On the other hand, the students, who have surface approach to learning, seek only to replicate information acquired in the study process. Consequently, their effectiveness of studies is lower. A deep approach to learning is associated with better and of higher quality results, while a surface approach is associated with worse results. According to Crick (2007), the students with deep approach to learning are aware of the responsibility for their own learning, accept new challenges, critically evaluate new information, ask questions, and therefore the quality of their study results is better. Thus, students’ deep approach to learning shows the higher degree of the effectiveness of studies, while a surface approach indicates the lower degree. Consequently, while analyzing the students’ approach to learning it is possible to evaluate the effectiveness of studies reliably.

Hussey & Smith (2008) argumentatively proved that the effectiveness of studies could not be assessed reliably by marks. They pointed out that the marks obtained in tests, projects and other tasks depend on many factors (e.g. assessment methods, study course features). Therefore, the marks could be used to assess the effectiveness of studies only with great care. Petty & Green (2007) supported these ideas, stating that the marks, e.g., exam marks, cannot be considered a sufficient basis for assessing the effectiveness of studies.

Some authors stated that while assessing the effectiveness of studies it is necessary to base on the students’ opinion and to make clear whether their expectations with respect to studies are satisfied (Darnton & Darnton, 1997; Evans & Simons, 2000). Researchers investigating the effectiveness of studies (Fitz-Gibbon & Kochan, 2000; Boyd & Lawson, 2004) noted that students’ opinion about their effectiveness of studies is not less important than certain specific facts (e.g., marks). For example, Fitz-Gibbon and Kochan (2000) interviewed over a thousand of students and proved that students’ opinion can serve as a reliable basis to evaluate their effectiveness of studies. Similar results were obtained in another study by other researchers (Petty & Green, 2007). The aforementioned arguments create preconditions to state that the effectiveness of studies can be reliably evaluated by students’ subjective responses about their studies.

While assessing the effectiveness of studies it is also important to take into account teachers’ opinion about the subject, the study phase, the achievement of the study program’s objectives. The teacher’s opinion about the intermediate effectiveness of studies is very important as it can be used to adjust the study process, and to direct students’ activities in the required way (Biggs, 2001). According to Hussey and Smith (2008), only teacher can decide whether the students have achieved the tasks that were planned by the teacher while organizing the study process. During the assessment of the effectiveness of studies, the question “how well” desired results were achieved (McGee, 2004) has to be answered. Nowadays higher schools widely use tests and other similar assessment methods determining
only knowledge, and it is difficult to evaluate how well students are able to use that knowledge and social competencies. If only knowledge obtained during the studies is being assessed, students do not strive to develop the other competencies – skills and attitudes. Consequently, study effectiveness can be assessed using the subjective statements of students about their understanding of the effectiveness of their studies.

The object of the research was the periodic assessment of students’ achievements as a factor of the effectiveness of studies. The aim of the study was to investigate the peculiarities of the periodic assessment of student achievements as a factor influencing effectiveness of studies from the point of view of acquired competencies.

Research methodology

In order to reveal and prove the influence of the periodic assessment of students’ achievements on studies’ effectiveness, action research was applied, and group discussion method was used. In this qualitative research the higher school was selected in a convenient sampling. The state university in Lithuania was chosen, which agreed to cooperate in the conduct of the study. The bachelor study programmes’ students participated in the study.

Action research is a special research strategy integrating practical activities and research. Such integration aims not only to understand and interpret reality, but also to improve it (Denscombe, 2003; Vaughan & Burnaford, 2016; Watkins et al., 2016; Davis et al., 2018; Hardy et al. 2018; Laudonia et al., 2018). For action research the cooperation among all participants is of importance. Action research was used to reveal and practically examine the influence of the periodic assessment of students’ achievements and its components on the effectiveness of bachelor studies and to obtain new characteristics of the phenomenon. The content analysis method was used as a method of data analysis. Afterwards the description and interpretation of research results were performed.

Focus group (Denscombe, 2003) interview method was used to collect data for qualitative exploratory research in order to discover and identify the practical aspects of the periodic assessment of students’ achievements during action research, and to reveal the characteristics of periodic assessment influencing the effectiveness of bachelor studies at higher university settings. The researchers themselves performed the role of the focus group moderators. The purposeful maximum variation cases sampling method was used for the selection of the informants. The intention of the research was to gain the maximum diversity of the informants: in terms of gender and study programmes. In total, the study involved 78 students: 24 first year, 24 second year, 18 third year, and 12 fourth year, and five lecturers. In the preparation stage for the discussion, the questions oriented to discover the opinion of the participants regarding the influence of the periodic assessment on the effectiveness of studies were prepared.

Validity and reliability were ensured during the collection of the data. Two researchers knowing the research issue very well performed the investigation in order to ensure the credibility of the research. The transferability was ensured by describing the procedures of the collecting data in detail. The validity of the research was ensured by collecting data using the method of group discussions by students and teachers. Teachers’ data by group discussion method were collected during two semesters (during the entire study) each month. Group sessions were recorded using a voice recorder and subsequently transcribed. During the two semesters ten groups of lecturers and six groups of students used group discussions. During the action research the answer to the problem question was posed: How, why, and under what
The study was organized in accordance with the planning-action-observation-reflection cycle. This action research was conducted in two cycles, corresponding to two semesters. The theoretical aspects of the periodic assessment of student achievements, the main components (feedback and self-assessment), and the outline of the implementation of the study were presented for lecturers. In addition, the roles of the participants of the study were described. The authors of the study organized an action research, prepared an outline of periodic assessment, provided methodological assistance, collected data, organized group discussions, summarized and interpreted the results. The lecturers (practitioners) carried out a research action, implemented developed methodology, applied interventions, interpreted the data, collected data, interpreted the data during self-evaluation and reflection during the group discussion, and provided data. Students (78 persons) participated in the action research and provided data.

The study was conducted by volunteer teachers. They taught their students for two semesters and, following the procedures, put into practice the main components of the assessment. During the intervention the lecturers used reflection, organized group discussions, and received the information on the impact of intervention from students. Together with the lecturers a research schedule was prepared, indicating the scheduled activities and the deadlines for their implementation. In line with the timetable, the intervention took place at the action stage.

During the autumn semester (first cycle), together with the lecturers, it was decided to test the methods for evaluating the achievements of students that were identified during a qualitative study (group discussion). It was agreed to use certain evaluation methods at the same time, and discuss the peculiarities of their application at a later meeting. However, during the periodic assessment of students’ achievements in the autumn semester it was found that there was a lack of systematicity. Therefore, it was decided during the spring semester to prepare better for the action research, to prepare additional documents that will be presented to the students: the description of the evaluation system, description of each intermediate evaluation, and intermediate tasks evaluation sheets.

During the spring semester (second cycle) all the participants-lecturers decided to clarify the evaluation methods, to prepare a description of the evaluation system for their subject according to the prepared example, applying theoretical achievements and the possibilities of modern technologies (internet, e-development). When preparing the description of the evaluation system for assessing the achievements of the subject, the lecturers decided to improve them. They decided to add various assessment methods, to determine the criteria for each assessment method, to indicate the weight of each criterion. It was suggested to pay attention to the feedback during the contact hours and during the consultation, and to e-mail possibilities; to implement students’ self-evaluation of their achievements (by e-mail, in oral, written form), and to implement the assessment of the achievements of peers. A Description of the Assessment System (all names and weights of the intermediate assessment methods) prepared by the lecturers has been agreed to be presented for the students during the first lecture. The lecturers decided to prepare a description of each intermediate task later, indicating the purpose of the subject or topic (few topics), the method of assessment, the aim of the task, the competencies to be acquired, the terms of reporting, the content of the task, and the evaluation criteria with their weights according to the prepared form. With the action research we tried to improve the current practice of the
periodic assessment of student achievements. The lecturers tested different assessment methods, discussed the peculiarities of their application, and the influence on the effectiveness of studies.

While selecting the assessment methods special attention was paid to the criteria associated with the goals of the study subject and with the foreseen competencies to be acquired. In addition, it was emphasized that it is important to determine the weight of the criteria when evaluating the task with a mark. In organizing the periodic assessment of students’ achievements, the components of the periodic assessment of students’ achievements were emphasized: the feedback, involvement of peers’ assessment, self-assessment possibility. It was agreed to prepare for students such tasks so that it would be possible to test as many as possible competences acquired by the student using various assessment methods. This was evidenced by the lecturers’ statements: “... tests are more oriented towards knowledge testing. Maybe it would be more rational to apply tests to identify the knowledge during the examination, but to allocate more tasks during the semester to help the development of other competences (as students prepare for the exam in three to four days). On the one hand, it is logical that they summarize knowledge and read material before the exam – thus, it is more appropriate to choose the test for exam, but all practical tasks could be used for the acquisition of skills and competences. Not only knowledge is needed, but other competences too”; “Young people like diversity. More challenging tasks for them are like adrenaline, like a challenge to encourage them to look for, to check their own possibilities. Various competences are being improved. For instance, when you are working on bachelor thesis, you should search for information. Different tasks help to improve competencies, and you learn about searching possibilities and scientific journals”.

Observation and Reflection stages. Observation and reflection were conducted in both semesters. During each teachers’ group discussion, the peculiarities of the periodic assessment of students’ achievements were discussed. The teachers presented their observations, shared their positive experiences, and discussed problem questions. At the end of each action research cycle, during students’ and teachers’ group discussions the effectiveness of the applied methodology there was discussed, and the discussion on how to organize the periodic assessment of students’ achievements in the future took place. During the preparations for teachers’ and students’ group discussions the questions for discussions were overseen. In addition, the following data were used: the description of each teaching subject with a timetable; the description of the students’ achievements evaluation system along with the description of intermediate tasks and reporting; indicated periodicity; tasks of the final assessment of the subject; students’ tasks kits.

The performance of the research complied with the principles of ethics: verbal agreements to take part in the research of all the participants of the focus groups were received, and the anonymity of the informants and the confidentiality of the data were ensured (all the real names of the informants were changed to pseudonyms). The bioethics committee approved the study.

Results

The impact of periodic assessment on the effectiveness of studies

The students, who participated in group discussions, paid attention to the positive influence of periodic assessment on the effectiveness of studies. The students obtained better knowledge and had no difficulties to prepare for the examinations. (“We studied the subjects continuously during the semester, but not during the last week”). Since the students were forced to read more, the lectures were more interesting, and they acquired better knowledge
("The lectures are more attractive when you need to perform a task. Even if you need to work more, many things seem to be more interesting"). In addition, the students realized that the lecturers allocated more time to them, and now they feel more responsible for the study outcomes ("I like when the teacher puts more efforts for us. Then you try to put more efforts as well").

During the group discussions the teachers who participated in the research activity confirmed the students’ comments about the increased effectiveness of studies. The lecturers noticed that the students were forced to work more independently; the students increased their activity during the lectures and interest in the subject of studies ("All these methods encourage students to work more independently at home"). The lecturers pointed out that the periodic assessment allowed to allocate more time for communication and interaction with the students, and to pay more attention to the problems of each student. This has strengthened the students’ motivation and contributed to the improvement of the effectiveness of studies ("There was more space for individual approach"); "Individual attention has led to their motivation"; "I communicate with students more"). Some lecturers commented that some students do not care about the outcome of the studies, and they just want to receive a diploma with minimal efforts.

Both the students and the teachers who participated in the action research observed that:

- Students were forced to work constantly, thus increasing their activity during lectures and interest in the subject of studies;
- Knowledge of the subject was more solid, as students not only studied more, but also consolidated their knowledge through practical tasks.
- Students’ motivation to study increased as teachers spent more time for each student.

During the group discussions the students noted that by systematic work during the whole semester it is easier to prepare for the exam; during the exam stress and “nervous tension” was reduced. It has decreased for two reasons: firstly, the accumulated assessments for all the work performed were important for the final evaluation. Therefore, if the student has been working for the entire semester, the risk of not passing the exam was reduced ("When we came to pass the test, we felt good because we were ready for it; it was much easier, because we worked much during the whole semester"). In addition, the lecturer monitored the students’ work during the whole semester; he knew the students better and created a positive opinion about them. The statements of the students participating in the study showed that it was easier to prepare for the exam with the help of periodic assessment.

The lecturers during the group discussions noticed that the students passed the examinations better when the periodic assessment of the students’ achievements was organized. This is evidenced by the following considerations: “In fact, this exam was the best if compared to the three last years”; “This year actual groups of students were studying more effectively”; “Before there was no continuous and sustainable observation of the student, and it was difficult to decide when you should write just the final grade”.

The group discussions revealed that successful periodic assessment increased students’ self-confidence. It was noticed by the teachers ("...for example, N has greatly risen, previously she was not seen. Now she was assessed by a strong grade ten"), and by the students ("There were some intermediate assessments before the exam, there was a closer interaction with the teacher of this subject, and I go to the exam with more confidence"; "Semester tasks had a direct connection with the exam").

During group discussions it was found that the periodic assessment of students’ achievements did not have the same effect for all the students. It might be that these students...
have a superficial approach to learning and the lack for deeper knowledge. Anyway, according to the students’ notes and lecturers’ comments, the effectiveness of most students’ achievements have increased.

Some students and lecturers also had negative statements about periodic assessment. These students were dissatisfied with the changes in the periodic assessment system, their workload increased, as before they were used to study essentially during the session before the examinations. The lecturers noted the significant increase in their workload in preparing and verifying students’ intermediate tasks (“Preparing tasks requires a lot of time”; “Evaluation will take away a lot of time”) and for feedback (“The feedback has added work”; “Of course, it takes a lot of time”; “Actually, these conversations proved to be useful, but that takes time”; “A lot of time is needed to chat with everybody”; “From lecturers it requires intensity – to say comments right away, to notice mistakes”).

In summary, it can be stated that using the periodic assessment of students’ achievements students are more likely to prepare for the exam. According to the students, systematic work during the semester reduces the workload just before the exam and creates self-confidence. In addition, students feel safer (reduced tension) as there are already accumulated assessments that the teacher will take into account when writing the final assessment for the subject knowledge. Periodic assessment allows a teacher to more objectively evaluate the student’s knowledge of a particular subject at the time of the exam, as the lecturers observed the students during the whole semester, they know them better, and students could demonstrate their knowledge not only during the exam.

The peculiarities of periodic assessment

The analysis of data obtained during the group discussions allowed revealing the additional peculiarities of the periodic assessment of the outcomes of students’ achievements: the number of intermediate assignment tasks, the determination of evaluation criteria, the role of the participants in the educational process, assessing the achievements of students, and feedback.

The number of intermediate assignment tasks. During the action research the teachers of different subjects used a different number of intermediate assessments depending on the specifics of the subject, from three to ten. Students who participated in the action research do not have the same opinion about the optimal number of intermediate tasks in order to achieve the best effectiveness of studies. Several students suggested three tasks, while the others from five to seven. For several students ten intermediate tasks would still be not enough. They would love to have the opportunity to try all theoretical research methods into practice. Several students expressed the view that the number of intermediate assignment tasks depends on the difficulty of the task.

Evaluation criteria of the tasks and their weights. Both groups of lecturers and of students helped to reveal that it is important to specify not only evaluation criteria, which correspond to the goals of the study subject, but also to plan the weight of each criterion of evaluation in preparing the intermediate assignment task. Students, who receive a description of the intermediate assignment task, while performing their assignment draw attention to the most important goals of the study subject. In addition, that helps to avoid misunderstandings when deciding on the grade of the task. The group discussions showed that the evaluation criteria and their weights help the students to do better work, to pay attention to the most important parts of the assessments (according to the weight and criteria), to understand the mark, and to become involved in the evaluation process.
However, the lecturers noticed that the evaluation criteria should not be too many, as it complicates the assessment of students’ works. During the students’ group discussion the lecturers’ insights were proved that for students a detailed description of the assessment of the intermediate task specifying specific assessment criteria should be provided. When the teacher presents the weight of each assessment criterion, it is clear to the student where to pay more attention when performing the assignment. Students understand why their achievements were assessed in one way or another way. Students are particularly positive about the opportunity to participate in estimating the evaluation criteria. For teachers a detailed description of the task is useful as they can more objectively evaluate students’ knowledge and competencies, and to avoid conflicts with students because of the performed assignment. In addition, the discussion on the criteria with students influences the effectiveness of studies, as students better understand the goals of the subject and become active participants in the study process.

The role of participants in the educational process that assess students’ achievements

The group discussions revealed that the students prefer to be evaluated by teacher: “It is the best, when teacher evaluates”, “Teacher is an unbiased person”. The comments of the students about the peer-assessment revealed the positive sides of such assessment:

- Students learn how to perform assessment;
- Peers express constructive criticism that the teacher could not do.

It also revealed the disadvantages of peer-assessment: there was a lack of objective assessment; it was a personality assessment, not the assessment of knowledge and ability; there was a negative impact of the results on further relationship. The lecturers suggested that peer assessment could be applied, but only anonymous, and teacher still should do the final assessment.

Self-evaluation results, according to the students, do not always correspond to the teacher’s assessments. The students’ comments disclosed that students’ self-evaluation depends on various factors:

- On the student’s opinion about himself/herself. Sometimes students think too well about themselves, and therefore self-assess their work better (“It is very difficult, I overestimated my work”). Other students are devaluing themselves (“I tried to write a lower grade for myself”; “I wrote for my work less, I considered myself too self-critical”).
- On self-assessment skills (“It was initially difficult to write these (self-assessment) comments”; “Need to learn to evaluate. It was initially very difficult”).

The students positively evaluated the possibility of self-evaluation because they develop their own self-critical attitude towards their work, the objectivity of the assessment increases, and self-evaluation increases the efficiency of the studies. The lecturers in their comments confirm that self-evaluation is a useful component of the periodic assessment of students’ achievements, because it increases the objectivity of the assessment, unburden the work of the teacher, and encourages students to reflect on their work. The lecturers noted that most of the students are not accustomed to self-evaluation. However, if you suggest performing self-evaluation to students more often, they will learn to manage it.

Thus, in the opinion of the students, their achievements were objectively assessed by the teacher, although peer-assessment and self-evaluation are also important. Peers express a lot of constructive criticism, which teachers do not say. The possibility to self-evaluate develops self-critical students’ attitudes towards their work. Both students and lecturers noticed a major lack
of peer-assessment: it was the assessment of personalities, but not of knowledge. However, it can be assumed that peer-assessment is beneficial as it increases the role of students as participants of the educational process. During the group discussions it became clear that self-evaluation of students is rarely applied during the studies (therefore, the lack of self-assessment skills is evident). Anyway, it is useful for increasing the effectiveness of studies. Self-evaluation develops self-criticism of a student, and helps to understand the subject. Both lecturers and students believe that self-evaluation increases the objectivity of assessment. Therefore, it can be stated that the participation of all participants of the educational process (lecturers, peers and students) in assessing students’ achievements increases the effectiveness of studies.

Feedback
The data gathered from the students’ group discussion allow providing insights on the importance of feedback in assessing students’ achievements through periodic evaluation. Students noted that not only the teacher’s comments are important to them, but also the rating with grade. During the students’ group discussions it was found that rating with grades encourages students to perform tasks better. For example: “If the grades were not written, then even if everything is done, nobody would put too much efforts”; “It would be done as “copy paste”, and the work would be done just formally”; “If there is no assessment, it does not matter how good it is done”. The teachers confirm the students’ opinion that rating is important, because students try to perform the task better (“If you do not rate with grades, students would not put much efforts to perform the task”). The students’ comments revealed that it is important for them not only to get an assessment (grade), but also to get information about “what was badly done”, “what was done well, what was wrong”, “where the error was”, “what to improve”. This information helps students to improve, avoid mistakes while doing other work. The teachers confirmed the same insights (“Fast feedback helps to see the progress”, “You can check their homework and tell each person individually what disadvantages were”, ”After the discussion with the student on the task he/she has done, he/she has clear guidelines how to proceed”).

The students stated that comprehensive feedback would require more work and time from the lecturer, but it is necessary for increasing the effectiveness of studies. In the opinion of the students, feedback should be applied immediately after the completion and evaluation of work, or at least during a week. Oral feedback is important, because usually it is more comprehensive. Feedback in written form is important too, because you can read it at any time and pay attention to it, and do not repeat the mistakes when doing another task (Table 1).

Table 1. Student opinions on feedback

<table>
<thead>
<tr>
<th>Feedback Type</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive feedback</td>
<td>- The feedback was very useful. The comments of each work are almost on every page. What to write, what to do, what this whole assessment looks like.</td>
</tr>
<tr>
<td></td>
<td>- He explained everything very thoroughly.</td>
</tr>
<tr>
<td>Extra work for teacher</td>
<td>- It is a huge extra work for the teacher.</td>
</tr>
<tr>
<td></td>
<td>- He tried to explain to everybody. Really always spent a lot of time.</td>
</tr>
<tr>
<td>Oral and written forms</td>
<td>- Both in oral, and in written form.</td>
</tr>
<tr>
<td></td>
<td>- Both forms are good. When in written form – you can read it later. When comments are oral, you can forget them. Sometimes you are stressed, and you do not remember oral feedback later.</td>
</tr>
<tr>
<td></td>
<td>- In oral form a teacher could explain comprehensively, and in written form – to write the main issues.</td>
</tr>
</tbody>
</table>
- I like oral form, because you can ask questions.
- I prefer to get comments by e-mail.
- Sometimes you are absent-minded, and do not “hear” everything what was said.

| Time | - Better immediate feedback, the fresh one.  
- Immediately or after one week. But not too long, after one week.  
- Depends on a task. Sometimes you need immediate comments. |

During the group discussions the lecturers pointed out that oral feedback is more comprehensive and may take the form of a dialogue with the students, while feedback in written form is “more coherent and includes the essential things”. Thus, it can be said that feedback is an important part of the periodic assessment of students’ achievements. Both lecturers and students pointed out that the rating is important, but comments encourage improvement, help to avoid new mistakes, and greatly increases the effectiveness of studies. The lecturers and students have noticed that it is important to apply feedback both in written and in oral form, and preferably without delay.

**Improvement of teachers’ professional competencies**

Teachers’ group discussions allowed not only to reveal the peculiarities of periodic assessment, but also to show the impact of action research on the improvement of teachers’ competencies. All the teachers confirmed this (“It was not easy for teachers, but they had the opportunity to improve themselves”; “Action research helped me to improve my personal professionalism”; “I was forced to think more about tasks and assessment methods. How to assess better?”; “It was good to put more efforts for that”). The teachers had an opportunity:

- To share experience: “Our task now is to share experience, what works, and what does not... We improve our competencies. We share experience, what is easier to organize, and what is more difficult, what gives better impact to the study effectiveness, and what gives negative impact”.
- When communicating, to learn from their own mistakes, and from the mistakes of colleagues: “Now it is more clear how to work, because you learn from your own mistakes. During meetings we discussed different presented ideas. We could learn from practice, what works better. Now we know how our colleagues work”.
- To try different methods of assessment: “We tried what works, what does not”.
- To improve the assessment system of students’ achievements in the subject taught: “Initially, my biggest concern was how to make it so that if students were assessed for something, then they would not need to go through it at the exam again. Now they were assessed for the part of the course through practical tasks, and the other part will be checked during the exam”.

Thus, it can be stated that all the lecturers who participated in the action research not only improved the experience of the periodic assessment of students’ achievements, but also improved their professional competences. It was possible because systematic meetings took place, the periodic assessment theory was discussed, various discussions on emerging problems were used, and the experience and examples of good practice were shared.
Conclusions

The analysis of the opinions obtained during the interviews of focus groups formed of the staff and students about the impact of the periodic assessment of students’ achievements on the effectiveness of studies has revealed that the achievements of all the participants of focus groups have been periodically assessed during the time of their studies. The focus groups’ participants used various assessment methods: tests, open questions, homework, practical problem solving, essay, etc. The application of the periodic assessment of students’ achievements strengthened the motivation of learning; therefore, it increased students’ endeavour, as they put more efforts and energy into learning. The application of periodic assessment improved the study outcomes: the knowledge was deeper, the understanding of the subjects was better; the students showed better results in formal evaluation during examinations, as well as in applying the knowledge during the studies of other subjects and in practice.

The action research results have confirmed the statement that the periodic assessment of students’ achievements improved the effectiveness of full-time studies, when using various assessment methods that induced the development of students’ competences related to the aims of the study subjects, and by applying the components of periodic assessment: feedback, peer-assessment, and self-evaluation. The focus groups’ (students and staff) interview data analysis supported the aforementioned statement and provided additional information about the increase in the effectiveness of studies. The following insights about the periodic assessment of students’ achievements have been formulated:

• The effectiveness of studies increased because the students have been continuously involved in studies, which caused the increase in their active participation in lectures and the interest towards the study subject; the acquired knowledge was deeper because the students learnt more and increased their knowledge by doing practical tasks; the motivation towards studying increased as the staff spent more time on every student; the preparation for examinations and taking examinations became easier, because self-confidence was boosted, and stress and tension decreased.

• Negative opinions towards the periodic assessment of students’ achievements during the action research were mostly related to the fact that in the previous years of their studies such an assessment system had not been implemented. Students were not used to studies in accordance with the requirements of such a system. The other negative opinions were related to the increased workload of both the students and the staff.

• When preparing intermediate assignment tasks it was important to point out not only the assessment criteria that corresponded to the aims of the study subject, but also the weight of every assessment criterion. When students received such a description of intermediate assignment task, they paid attention to the most important aims of the study subject; the grade evaluation of the assignment was clear for the students. The objectivity of staff evaluation of students’ achievements increased.

• The staff evaluation of students’ achievements was the most objective; however, peer-assessment and self-evaluation were of great significance as well. Peers provided constructive and critical remarks that lecturers were not able to notice due to various reasons. Self-evaluation developed a self-critical attitude towards students’ work and deepened the understanding of the subject. Both peer-assessment and self-evaluation increased the objectivity of evaluation.

• Feedback was an important component of the periodic assessment of students’ achievements. It should include both the evaluation by grade and the comment that induced
students’ development and prevented the repetition of mistakes. It was significant to apply immediate feedback both in written and oral form.

- The staff, who participated in the action research, have not only improved the practice of the assessment of students’ achievements, but also upgraded their own professional competencies. It was achieved due to the organisation of regular meetings-discussions during which the theory of periodic assessment was reviewed, arising problems were discussed, and the experience gained in the periodic assessment of students’ achievements that increased the effectiveness of studies was shared.

**Discussion**

The effectiveness of studies is defined as a feature of learning at a higher education institution, which indicates that the intended study outcomes have been achieved. While deciding on the effectiveness of studies, it is possible to rule not only in accordance with the marks (grades) received by the students, but also with paying attention to the students’ attitudes towards learning, and to the subjective perception of students about the effectiveness of their activities (Combs, Gibson et al., 2008; Flutter & Rudduck, 2004; Gentilucci, 2004; Petty & Green, 2007).

Scientific literature points out that in the context of changing teaching/learning paradigms, the components of the formative periodic assessment are observed: feedback and self-evaluation, along with the elements of traditional periodic assessment (tests and grades), that do not encourage student learning, but, on the contrary, demotivate students and overload teachers with additional work (Leonard & Davey, 2001; Harlen & Deakin-Crick, 2003). The proper use of feedback and self-evaluation when organizing periodic assessment should significantly encourage students to learn, to apply a deep attitude to learning, and to develop a sense of responsibility for their learning outcomes and for the lifelong learning person’s competencies (Black & William, 1998; Biggs & Tang, 2007).

The qualitative research conducted using group discussions method helped to determine the practical aspects of the periodic assessment of students’ achievements. All the participants of the study were assessed periodically, using a variety of assessment methods (tests, open questions, problem solving, reports, etc.). After analyzing the opinions of teachers and students about the impact of the periodicity of assessment on the effectiveness of studies, it was found that periodic assessment works positively for the students. It strengthens students’ motivation for learning, makes students more focused on learning, encourages to devote more time and efforts to learning, improves study outcomes, helps students in acquiring better knowledge, helps better understand acquired knowledge, influences to be more successful at examinations, and helps in applying knowledge to practice. The results of this study confirmed the findings of a number of other studies about the positive impact of the students’ assessment periodicity on study outcomes and study effectiveness (Herman et al., 2006; Nicol & Macfarlane-Dick, 2006; Wolf, 2007).

During the action research the results obtained from the students and teachers group discussions confirmed that the periodic assessment of students’ achievements using various assessment methods (which encourage students to develop various competences) and applying the components of periodic assessment (periodicity, feedback, and self-evaluation) could improve the effectiveness of studies. To sum up, it could be stated that during the study the statement that appropriate periodic assessment of students’ achievements positively influences the performance of studies was confirmed. The influences of assessment frequency, feedback, peer-assessment, and self-evaluation on the effectiveness of studies were highlighted.
Every study has its strong sides and limitation. For this study, the fact that only full-time bachelor students participated in the action research could be considered as limitation. Thus, the results obtained can be generalized only to this Lithuanian students' population. However, the periodic assessment of students’ achievements at the second stage of studies (master level) and in other form of studies, such as part-time, extramural studies, was not considered. That could be investigated in future research.

References


THE ASSESSMENT OF STUDIES’ EFFECTIVENESS AS A REFLECTION OF ACHIEVED COMPETENCIES IN EDUCATIONAL CONTEXT AT HIGHER UNIVERSITY EDUCATION SETTINGS USING ACTION RESEARCH

Summary

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The aim of the study was to investigate the peculiarities of the periodic assessment of students’ achievements as a factor influencing the effectiveness of studies from the point of view of acquired competencies. The study was performed at university environment, using action research and groups discussion method. The study results revealed the positive influence of the periodic assessment of the students’ achievements on the effectiveness of studies. The data obtained during the interviews of focus groups formed of the staff and students have revealed that the achievements of all the participants of focus groups have been periodically assessed during the time of their studies. The focus groups participants used various assessment methods: tests, open questions, homework, practical problem solving, essay, etc. Application of the periodic assessment of students’ achievements strengthened the motivation of learning; therefore, it increased students’ endeavour, as they put more efforts and energy into learning. Application of periodic assessment improved the study outcomes: knowledge was deeper, the understanding of the subjects was better; students showed better results in formal evaluation during examinations, as well as in applying the knowledge during the studies of other subjects and in practice.

The action research results have confirmed the statement that the periodic assessment of students’ achievements improved the effectiveness of full-time studies, when using various assessment methods that induced the development of students’ competences related to the aims of the study subjects, and by applying the components of periodic assessment: feedback, peer-assessment, and self-evaluation.
The focus groups’ (students and staff) interview data analysis supported the aforementioned statement and provided additional information about the increase in the effectiveness of studies. The following insights about the periodic assessment of student achievements have been formulated:

- The effectiveness of studies increased, because the students have been continuously involved in studies, which caused the increase in their active participation in lectures and the interest towards the study subject; the acquired knowledge was deeper because the students learnt more and increased their knowledge by doing practical tasks; the motivation towards studying increased as the staff spent more time on every student; the preparation for examinations and taking examinations became easier, because self-confidence was boosted, and stress and tension decreased.

- Negative opinions towards the periodic assessment of students’ achievements during the action research were mostly related to the fact that in the previous years of their studies such an assessment system had not been implemented. Students were not used to studies in accordance with the requirements of such a system. The other negative opinions were related to the increased workload of both the students and the staff.

- When preparing intermediate assignment tasks, it was important to point out not only the assessment criteria that corresponded to the aims of the study subject, but also the weight of every assessment criterion. When students received such a description of intermediate assignment task, they paid attention to the most important aims of the study subject; the grade evaluation of the assignment was clear for the students. The objectivity of staff evaluation of students’ achievements increased.

- The staff evaluation of student achievements was the most objective, however, peer-assessment and self-evaluation were of great significance as well. Peers provided constructive and critical remarks that lecturers were not able to notice due to various reasons. Self-evaluation developed a self-critical attitude towards students’ work and deepened the understanding of the subject. Both peer-assessment and self-evaluation increased the objectivity of evaluation.

- Feedback was an important component of the periodic assessment of students’ achievements. It should include both the evaluation by grade and the comment that induced students’ development and prevented the repetition of mistakes. It was significant to apply immediate feedback both in written and oral form.

- The staff who participated in the action research have not only improved the practice of the assessment of students’ achievements, but also upgraded their own professional competencies. It was achieved due to the organisation of regular meetings-discussions during which the theory of periodic assessment was reviewed, arising problems were discussed, and the experience gained in the periodic assessment of students’ achievements that increased the effectiveness of studies was shared.

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III. DISABILITY STUDIES
THE TYPOLOGY OF LIFE TRAJECTORIES AMONG PERSONS WITH HEARING IMPAIRMENT AND MOBILITY DISABILITIES

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Abstract
The article analyzes the sociological and psychological approaches to the understanding of the “life trajectory” phenomenon. The “life trajectory” and “way of life” notions are compared as well as categorical features which describe life trajectories were pointed out, the most important of which are: sociocultural determinism, dynamism, eventfulness, continuity, narrativity, typical nature as the evidence of the similarity between trajectories in a particular group of people within specific time and space frame. The authors have suggested a novel approach which enables to identify objective facts making up one’s life trajectory and their subjective interpretation. The empirical data allowed to recognize two variations of life trajectories that were code-named the “hypersthenic” (highly positive appraisal is prevalent) and “hyposthenic” (pessimistic appraisal of life events is prevalent) ones. It led to the conclusion about both theoretical and methodological complexity to study disabled persons’ life trajectories.

Keywords: life trajectories, way of life, adults with disabilities (disabled-since-childhood adults), the typology of life trajectories, hearing impairment, mobility disabilities.

Introduction
Constantly changing, dynamic living conditions of modern person are, on the one hand, stressors; on the other hand, they are factors of person’s sustainable development. They set down the requirements for a person as a subject of one’s life and for their ability to make a successful and effective social adaptation. It is true for disabled persons as well, especially for adults whose variants of life and their ability to build their lives efficiently despite of “life challenges” and difficult conditions due to the disability are still hardly a research object in modern psychology.

However, there are obvious contradictions between the government policy on disabled persons aimed at their integration into the society and realities of their daily lives (the peculiarities of public awareness and limited availability of cultural environment and social services). Considering life stories of persons with developmental disorders, one can observe

1 The reported study was funded by RFBR according to the research project № 17-06-00812 – The Department of Humanities
those who demonstrate great success and adaptiveness and completely fulfil their potential even if they have psychological and physical developmental disorders. It suggests there are key conditions and factors of both personal and sociocultural nature as well as specific optimal trajectories disabled persons use to lead their lives that determine effective functioning and quality of life.

**Object of the research:** life trajectories of adults with hearing impairment and mobility disabilities.

**Aim of the research:** to study the peculiarities (typology) of life trajectories among adults with hearing impairment and mobility disabilities.

**Theoretical Justification**

Different terminology such as life strategy, life plan, and way of life is used in the context of the research on personality formation and development problems.

The choice of life trajectory category enables to identify some typical, continuous (непрерывные), and predictable “trajectories” among disabled persons with dramatic individual variations with the help of crucial junctures that determine the future life vector (Khazova, Tikhonova, & Adeeva, 2017). At the theoretical level, this study involves the identification of categorical features of the “life trajectory” notion through similar concepts, in particular, with the semantically closest construct “way of life”.

The notion of life trajectory was originally sociological rather than the psychological one. Pierre Bourdieu, a French sociologist, was among the first who used it in their works. Combining educational, professional, and social trajectories, he interprets it in a broad sense as a sequence of positions an individual (or a group) takes up during their lifetime while acting in different, constantly evolving and transforming social fields. Bourdieu observes the continuity and indivisibility of some stages. The author suggests studying one’s trajectory using an autobiographical narrative and points to the importance for a person to make sense of life events and find their interrelationship and interdependence (Bourdieu, 1979; Bourdieu, 2002).

Summarizing modern sociological studies on life trajectories, it is worth mentioning some valuable ideas for our work. First, life trajectory is always set in some particular time context. Thus, while specifying this notion by means of the construct “form of life” which belongs to a particular period of life, or “chronological cross section”, some authors (Kurakin, 2017) point out that the trajectory presupposes the integration of life forms in a specific sequence, their time change, “the course of life” (Horunzhij, 2016).

Second, when acknowledging the existence of individual trajectories, most sociological studies deal with the description of particular social groups’ trajectories: those of students, pupils of residential institutions, former activists from youth organizations, urban and rural young people, and emigrants. This declares the opportunity to describe particular group’s typical lines of “life motion” (“жизненного движения”) with the help of “life trajectory” category.

Third, many authors lay emphasis upon the significance of a context, life circumstances (the social, cultural, regional, and economic ones) the group in question is under, e.g. the period of radical social changes, the replacement of political elites, the wave of emigration. This is what shapes the close similarity between life trajectories of persons who belong to these groups and creates an opportunity of their typification. For example, dealing with variants of lives among former activists from youth organizations in Poland throughout the
period of political elites’ replacement in the 1990’s, Novak (2003) identifies the types of life trajectories taking into consideration either the maintenance or termination of one’s activity – the change or maintenance of one’s value fundamentals (Novak, 2003). The study on gifted children by Dymarskaya, Novikova, Kolesnikova, & Bazina (2012) treats social factors as possible predictors of radical changes in person’s life trajectories, a complex of parameters that characterize the situation the individual is in and function as the grounds for “the increase or reduction of life chances” (Dymarskaya, Novikova, Kolesnikova, & Bazina, 2012). The works by Alifanovienė, Šapelytė, & Bėčiūtė examine the opportunities, mechanisms, and predictors of the integration of children from social risk families; the strategies of social intervention are outlined (Alifanovienė, Šapelytė, & Bėčiūtė, 2016).

Fourth, life trajectory can be dealt with through the formal measures, which describe the result of one’s development: to one’s qualification, social status, institutionally confirmed competencies and achievements, knowledge and skills (Dymarskaya, Novikova, Kolesnikova, & Bazina, 2012; Cherednichenko, 2015; Saitgalieva & Matveeva, 2016). For example, Dobrenkov & Kravchenko (2003) point out that “real life trajectory, a line of life destiny” is measured by the amount and the level of acquired statuses.

Fifth, life trajectories are associated not only with external, formal characteristics (the demographic, family, sociocultural, economic, and other ones) but with the internal, value-meaningful (ценностно-смысловые) ones: one’s beliefs, ethical and aesthetic orientations, personal traits, tastes, time orientations, and others as well as the level of subjectivity (Horunzhij, 2016; Yarskaya-Smirnova, 2002; Kapustina & Pushkova, 2017; Kuprieieva, 2015; Zmievskaya & Kuryisheva, 2015).

Finally, most authors conclude that the most valid method to explicate life trajectories is the biographical one (Novak, 2003; Cherednichenko, 2015; Yarskaya-Smirnova, 2002).

The notion of “life trajectory” in psychology is not so widely spread. The authors who do use it usually do not specify it (Bochaver, Zhilinskaya, & Khlomov, 2016). However, life trajectory is more frequently taken together with the “way of life” notion where the former is a narrower concept that relates to one area and the latter is interpreted as a set of trajectories.

The notion of “way of life” as an indication of individual and personal life dynamism was studied by Zhane and Byuler for the first time in the ontological theory of human existence by Rubinstein (2002) and the concepts of way of life by Ananyev (2001) and Loginova (1978). Way of life is understood as “a story of individual development” (Loginova, 1978), the story of character-building as a contemporary of a particular epoch, particular historical time, as a peer of particular generation (Ananyev, 2001).

The analysis of the “way of life” notion enables to detect large quantity of diverse interpretations in modern psychology: as individual’s lifetime, as an attribute of age development, as a set of life events to be analyzed.

The prominent feature of way of life is its “eventfulness” (“событийность”) which manifests itself not only in the fact that it includes a sequence of events but events as “key moments”, “junctures” determine person’s future way of life as well (Rubinstein, 2002). In this case the events of inner life – events-impressions and events-emotions – play an important role (Rubinstein, 2002; Loginova, 1978). Finally, way of life is a way to forge one’s self-identity, subjectivity (субъектность), and to develop the ability for goal-setting and creativity (жизнетворчество) (Ananyev, 2001; Rubinstein, 2002).

Thus, the notions in question have close similarity: their historical, social, cultural, and time conditionality; “eventfulness” (“событийность”), the connection with emotions,
orientations, values, goals and personal meanings (личностные смыслы); integrity, continuity (непрерывность) and sequence of stages; the existence of key moments that change person’s development direction. The methods to describe and explicate are the same – biographical method, or the method of psychological autobiography, based on direct impressions and retrospective reconstruction. However, way of life seems to be always individual while life trajectory can function as a characteristic of a group in particular time and space and demonstrate the most common line of motion (линия движения) in particular circumstances.

Therefore, the performed analysis enabled us to point out the categorical features of “life trajectory”:

1) **Sociocultural conditionality** – life trajectory takes place in a particular socio-historical and sociocultural space, time context, macro- and microenvironment that determine the group’s in question lifestyle and influence the choice of one’s life trajectory by means of this lifestyle;

2) **Dynamism** – life trajectory as a line of motion (линия движения) allows describing and putting the accent on the changes in individual’s destiny;

3) **Integrity** – life trajectory consists of events but it is not discrete; it always functions as the whole and more than just a set of events and facts, it has internal logics: just as an event can shed light on the peculiarities of some trajectory, life trajectory as the whole can simplify the understanding of some event, its sense, and its place in one’s life;

4) **Eventfulness (событийность)** – life trajectory is comprised of events – the normative and non-normative ones; the decisive and watershed ones; even the “fateful” and significant ones with no “powerful” impact; the real and possible ones which influenced one’s future life anyway;

5) **Subjectivity** – life trajectory involves subject’s selective perception of their experience. Thus, the event of life which influences one’s life trajectory and future “direction” can only be the fact of one’s biography that “passes through the prism of individual’s personal traits and acquires not only subjective meaning but subjective distortions as well” (Tikhonova & Adeeva, 2017);

6) **Retrospectivity** – life trajectory can be described only “post factum”, this is a description based on retrospective experience and one’s attitude to things that have happened. This enables to pay attention to spontaneous, unpredictable events that can deeply influence the implementation or the change of one’s life trajectory;

7) **Evaluability** (оценочность) – life trajectory always includes cognitive and emotive appraisal of subjectively meaningful events, the outcome of which is the conclusion about some “life status”, satisfaction/dissatisfaction with one’s life, subjective wellbeing/non-wellbeing within some period of time that can function as “a driving force which controls one’s behavior” (Golovej & Danilova, 2017);

8) **Connection with one’s emotions** – the accent is on the emotional significance of the events kept in individual’s mind and comprising the subjective element of their life strategy and way of life (Rubinstein, 2002);

9) **Narrativity** (meaningfulness (осмысленность) according to Kurakin (2017) – life trajectory represents a personal story – “narrative” – a peculiar means to structure one’s experience and life where every event has its “image” that blends facts with one’s emotions and one’s interpretations with evidence and expresses the personal meaning of what happened;

10) **Causality** (coherence (связность)) – life trajectory is not the total of separate life facts. This is a linked sequence of subjectively meaningful events that determine the
subsequent ones and, in its turn, is determined by a complex set of exogenous and endogenous conditions” (Tikhonova & Adeeva, 2017), we must admit that “junctures” of life trajectory has interconnection and are mutually clarifying each other with the part of the whole – human life” (Kurakin, 2017);

If we deal with group’s life trajectories, one more categorical feature is worth mentioning – typical nature as the evidence of particular “averaging”, “generality”, the similarity line of motion (линии движения) many members of a particular group have at specific time and space. In other words, their similarity “makes it possible to adequately describe these trajectories with means of some synthesizing individual, in some sense, trajectory” (Kurakin, 2017).

Participants of the research
The sample of the study consisted of 54 people who have disabilities and got the status of disabled-since-childhood persons (18 people with hearing impairment, 36 people with mobility disabilities). The age of the respondents ranges from 17 to 64 (M=37,04; SD=12,43).

Methods of the research
To conduct this study it was important to design a methodological strategy of the research that would enable to collect the information on both objective facts about the respondents’ life and subjective interpretation of the life events, the assessment of their meaningfulness, and role in the life trajectory’s formation. It could only be done using a clinical-psychological interview as a basis, adding the collection of one’s histories (as told by persons with disabilities and by means of available alternative techniques – interviews with a medical personnel and work with medical documentation), and employing the methodology “The Life Line” as modified by Vasilenko (2016) which presupposed individual form of work with each respondent. The algorithm of the conduction involved several stages: 1. making acquaintance with a respondent, 2. the record of their disability history (as told by persons with disabilities and by means of available alternative techniques – interviews with a medical personnel and work with medical documentation), the individual life, and family ones (the respondents were initially given the topic of the conversation at this stage that was based on open-ended questions; they were asked close-ended questions if there was no respondent’s enthusiasm); 3. filling in one’s “life line” – work with a graphical representation of one’s life trajectory where the graphics are clarified and the events are specified, their description, and appraisals; 4. specifying stage where the respondent was asked open-ended and close-ended questions if there were no descriptions of one’s life phases in the graphics as well, corrections were made. The procedure of the study and its substantiation are more accurately described in the article by Tikhonova & Adeeva (2017). While working with the sample of the persons with hearing impairment, the methods were adapted taking into account the peculiarities of their speech perception. The form of the tasks (they were given in a written form) and content of the questions (lexical and grammatical simplification, the avoidance of complicated phrases) were adapted. In case of any difficulties, the visual perception of the questions was backed by sign language.

Statistical analysis
Research data were calculated using 10.0 Statistica software. The differences between the groups were defined employing Multifunctional Fisher Criterion – angular conversion Fischer (φ*).
Results and Discussion

The results of clinical-psychological interview and the methodology “The Life Line” are analyzed by the parameters of the content of life events, the significance of events and the prevailing emotional assessments of events. The sample was divided into two groups at this stage where the variants of one’s life trajectories in one group diverge considerably from those in another one.

These variants are code-named the hypersthenic and hyposthenic ones. The hypersthenic variant of one’s life trajectory consists of persons with mobility disabilities (19 people, 5 of them are women, 14 are men, the average age is 37) and hearing impairment (18 people, 12 of them are women, 6 are men, the average age is 37).

The hyposthenic variant consists of persons with mobility disabilities (17 people, 9 of them are men, 8 are women, the average age is 38,4).

The respondents from the first group emphasize their independence and other people’s respect for them and seek self-sufficiency. The low percentage of the respondents (15%) speak of their childhood as a period of loneliness and mention adaptation difficulties. When describing their family situation, approximately 30% of the respondents report both parents’ apparently negative attitude to them, especially that of their father. About half of the respondents mention friendly and good relationships in their families, especially those with their mother. Not only the relationships with one’s parents but those with teachers and other children, and friendships as well are considered as the resourceful ones. Many respondents demonstrate positive reappraisal of one’s life events related to the disabilities. Many respondents speak of their lives as a rich process and identify the area of interest, which includes nature and communication. The persons mention achievements of objective significance and can assess their contribution to these achievements. Life objectives are relatively diverse; one can observe positive reappraisal of a life situation.

The respondents’ life lines in the first group are mainly positioned in the upper part of the graphics and characterized by substantial number of positively appraised events. However, each age stage has negative, tragic events (“my relatives died, my mother abandoned, my parents abandoned me”) though positive life events prevail (“I got a bike, I had a cool toy car, I was given a dog, I met a girl”). The specifics of the event appraisal lie in the predominance of highly positive appraisal (+4; +5). Negative events are equally assessed as the extremely negative (“-5” relatives’ death, parents’ abandonment) as well as the rather negative ones (“-2” the implication in a crime). Interestingly, the average event appraisal in this group is higher than that in the second one as the respondents grow older (at each subsequent life stage). The divergences at the level of average assessments are distinctly pronounced at the stage of young (4,04 and -0,14) and middle (3,81 and 2,73) ages as well as in the assessment of one’s future (3,812 and -0,375). Many positive events are associated with sports, participation and medal places in competitions of different levels, and personal life.

Let us have a closer look at some peculiarities of the respondents’ life trajectories in this group.

Infancy and early age (0-3 years old). It is characterized by low eventfulness (событийная насыщенность) and low general emotion appraisal. Approximately 43% of the respondents do not remember this age and give no appraisals of the stage. 22% of the respondents make a negative appraisal (from “-1” to “-5” scores) mentioning one negative event: “nursery school”, “hospital”, “divorce”.
Preschool age (4-7 years old). Highly positive appraisals of one’s life events are prevalent at this stage. The content of the events relates to one’s family, changes in health condition, and the relationships with friends.

Junior school age (7-11 years old). Approximately 50% of the respondents mention school enrollment as the key event and give it positive appraisal. Nevertheless, some respondents (16.7%) associate this period with negative events: “I started attending school for the deaf”.

Early adolescence (12-17 years old). Positively appraised events still prevail at this stage. Their content becomes more diverse; it includes reference to significant events and travels with one’s parents and (or) friends; hobbies and interests that had developed by that moment can be observed. Interestingly, negative events at this age are positively appraised by the respondents even in terms of the content: “I broke a window” (+5), “I fought” (+5), “I was sent to a residential school when I was 12. There I saw so many deaf children, I felt scared” (+4). Few negative events related to the necessity to change the school and the implication of a person in a crime are mentioned.

Late adolescence (17-21 years old). The significant events of this period are related to one’s school graduation, the pursuit of the studies in another educational institution, sport achievements, and changes in one’s personal life.

First maturity (21-35 years old). The key events of this period are one’s graduation from a higher educational institution, work, family foundation, the birth of the children, sport competitions.

Second maturity (35-55 years old). The appraisals decrease in their intensity and the number of events reduces at this age. They coincide with the previous stage in terms of the content. Divorces are mentioned. The expectation of particular positive changes in one’s family is observed in three cases. The narrowing of events’ content indicates a certain stereotyping.
of one’s life goals, the decrease in event appraisals suggests the reduction of one’s subjective wellbeing level comparing to the previous periods. However, one’s subjective wellbeing remains above the average.

Table 1. Events and evaluative characteristics of life trajectory in particular age periods

<table>
<thead>
<tr>
<th>Age life event</th>
<th>N</th>
<th>Examples of proving statements (notional units)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The absence of events</td>
<td>43%</td>
<td>“I do not remember”</td>
</tr>
<tr>
<td>Family relationships</td>
<td>16%</td>
<td>“I was invited to my dear ones”, “I stayed at my granny’s”, “cordiality, care”, “I got kicked out of my home”, “my parents’ divorce, my brother’s death”</td>
</tr>
<tr>
<td><strong>Preschool age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationships with people around</td>
<td>30%</td>
<td>“I started attending nursery school”, “I played with my friends”, “I strolled and played with my brother”, “good relationships with the nursery workers”, “we celebrated New Year in my nursery school”</td>
</tr>
<tr>
<td>Family</td>
<td>13.5%</td>
<td>“I remember my home”, “we went to the countryside with my parents”, “my parents and I traveled to the Caucasus”, “my toys were a bike and a car”</td>
</tr>
<tr>
<td>Changes in health condition</td>
<td>16%</td>
<td>“I fell ill”, “I had a leg operation”, “I started walking”, “I started speaking”</td>
</tr>
<tr>
<td><strong>Junior school age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School life</td>
<td>46%</td>
<td>“I came to a new school”, “I entered the first grade for the deaf”, “a good class teacher”, “the bunch of flowers for the Knowledge Day withered”, “I was mischievous at school”</td>
</tr>
<tr>
<td>Relationships with friends and classmates</td>
<td>11%</td>
<td>“my friends were good”, “good relationships at school”, “we were friends with Nikita”</td>
</tr>
<tr>
<td><strong>Early adolescence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>16%</td>
<td>“My friends were hearing, we communicated”, “I was in touch with my classmates”, “good relationships with the teachers”, “I met a girl”</td>
</tr>
<tr>
<td>Interest development</td>
<td>24%</td>
<td>“I started doing sports”, “I took three places in checker competitions”, “a dance club ‘Karusel’, “activities at All-Russia Association of the Deaf”, “I fished”</td>
</tr>
<tr>
<td>Events in the family and at school</td>
<td>49%</td>
<td>“I went on an excursion in Saint-Petersburg and Volgograd”, “Zarnitsa game”, “I dropped in on my relatives”, “my sister was born”, “I was given a dog”, “I changed my school”, “I was implicated in a crime”, “I broke a window and fought”</td>
</tr>
<tr>
<td><strong>Late adolescence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studies</td>
<td>11%</td>
<td>“I finished my school”, “I left to continue my studies”, “I lost touch with my classmates”</td>
</tr>
<tr>
<td>Job</td>
<td>8%</td>
<td>“I worked”, “I found a job”, “a job at a plywood integrated plant”</td>
</tr>
<tr>
<td>Personal life</td>
<td>24%</td>
<td>“wedding”, “I met a girl”, “gave birth to a child”, “my granddad’s gift”, “I was beaten up at boxing”</td>
</tr>
<tr>
<td>Sport achievements</td>
<td>16%</td>
<td>“I do sports”, “champion”</td>
</tr>
<tr>
<td>Travels</td>
<td>8%</td>
<td>“travels from city to city”, “a travel to Spain”</td>
</tr>
<tr>
<td><strong>Mature age 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job, studies</td>
<td>43%</td>
<td>“I work”, “I work at the plant”, “I worked in the shop”, “I assisted on the farm”, “I undertook law studies”, “I graduated from the university”</td>
</tr>
</tbody>
</table>
The most part of the respondents from the second group – the hyposthenic one – revive relatively large number of memories about their childhood and past life – the average appraisal intensity of one’s life periods is always much higher than that in the first group. The content of one’s childhood memories has an apparently negative undertone; one’s helplessness, developmental difficulties, passivity, and adaptation problems at early age are emphasized. Most respondents experienced hopes of a cure (of different lengths) and disappointment (expressed by one’s relatives as well). This indicates that the families in question have infirmity denial reactions. The respondents use positive reinterpretation very seldom and put the accent on the opportunity of personal development and attainments through sufferings and losses. Life process is poorly reflected in the respondents’ minds – they mainly focus on their past and have no clear plans of their future as it was mentioned before. Their own activity and opportunity to shape the destiny are assessed as low; passive life stance and small degree of ones’ subjectivity can be observed – the respondents speak of themselves as objects that are influenced by people around.

### Table 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family, events in personal life</td>
<td>7%</td>
</tr>
<tr>
<td>Sport and other achievements</td>
<td>16%</td>
</tr>
<tr>
<td>Job</td>
<td>11%</td>
</tr>
<tr>
<td>Family, events in personal life</td>
<td>13.5%</td>
</tr>
<tr>
<td>Sport achievements</td>
<td>5%</td>
</tr>
<tr>
<td>Plans for future</td>
<td>16%</td>
</tr>
</tbody>
</table>

The averaged life trajectory of the respondents in group 2

![Picture 2. The averaged life trajectory of the respondents in group 2](image-url)
The analysis of the appraisal figures on different life periods of the respondents from this group show that they give a rather pessimistic appraisal of their life events. They make a low appraisal of positive life events, the highest possible figures are rare but, at the same time, negative events get the lowest appraisals as well.

Infancy and early age (0-3 years old). 41% of the respondents do not remember this age and give no appraisals of this period just as in the first group. 29% of the respondents report changes in their health condition or mental development. There are no memories about one’s home and relatives in comparison with the first group (according to Fisher Criterion $\varphi=2.7982 \ p<0.001$). However, considerable changes in one’s health condition are registered ($\varphi=3.87, \ p<0.000$).

Preschool (4-7 years old) and junior school age (7-11 years old). Both positive and extremely negative events are reported. The content of the events is more tragic and influences one’s emotional condition and future life way in comparison with the first group ($\varphi=5.5454, \ p<0.000$). 47% of the respondents consider their school enrolment a significant event. Nevertheless, the second lacks the description of the relationships with one’s friends and teachers ($\varphi=3.94, \ p<0.000$), and one’s family characteristics ($\varphi=2.5568, \ p<0.000$) in comparison with the first one. One’s achievements are accentuated ($\varphi=2.4038 \ p<0.007$). The changes in one’s health condition are still important at junior school age ($\varphi=4.726, \ p<0.000$).

Early adolescence (подростковый возраст) (12-17 years old). The list of events of this period includes the respondents’ interest and hobbies as in the first group. However, it is much poorer in terms of its content and has a lower appraisal (average score is 1.62 while that in the first one is 3.03). In comparison with the first group, there are almost no characteristics of one’s interaction and communication ($\varphi=2.7982 \ p<0.001$), most attention is paid to the changes in one’s health condition ($\varphi=3.791, \ p<0.000$) and changes in one’s destiny ($\varphi=4.30, \ p<0.000$).

Late adolescence (юношеский возраст) (17-21 years old). This period is particularly negatively evaluated by the respondents (average score=-0.14). Many respondents experienced losses or found themselves in exquisite (situations involving a great degree of extraordinarity and threat to one’s life, stability, and significant relationships) situations (one’s relatives death, a quarrel with them, an illegal action, a separation from one’s family). In comparison with the first group, these respondents do not consider studies ($\varphi=2.2984, \ p<0.000$), travels ($\varphi=1.95, \ p<0.026$), and sport achievements ($\varphi=2.7982, \ p<0.001$) as significant events; more attention is focused on one’s interests ($\varphi=2.89 \ p<0.000$).

First maturity (21-35 years old). The appraisals of this period are the most alike between both groups of the respondents with mobility disabilities (average score is 2.08 and 2.73, respectively). The group of the respondents with hearing impairment make a higher appraisal of the period (average score is 4.9 and 2.73). The events of this period for all groups concern mostly one’s achievements in different fields and positive changes in one’s family and personal life. The respondents from this group most often report their sport and other achievements ($\varphi=3.94, \ p<0.000$).

Second maturity (35-55 years old). The tendency of the previous stage is not inherited. The appraisals of Second Maturity stage are relatively low (average score=-0.375). It should be mentioned that many respondents consider it current time or near future. The respondents also mention large number of losses, which are not balanced out by positive events. The respondents attach more importance on the events of their personal life, family ($\varphi=2.1692, \ p<0.015$), achievements ($\varphi=2.771, \ p<0.001$) in comparison with the first group. One’s work is not mentioned ($\varphi=2.2984, \ p<0.000$), no plans for future are outlined ($\varphi=2.7982, \ p<0.001$).
Table 2. Events and evaluative characteristics of life trajectory in particular age periods

<table>
<thead>
<tr>
<th>Age life event</th>
<th>N</th>
<th>Examples of proving statements (notional units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The absence of events</td>
<td>41%</td>
<td>“I do not remember”</td>
</tr>
<tr>
<td>Changes in health conditions</td>
<td>29%</td>
<td>“I learned how to walk and speak”, “an operation”, “I was born”</td>
</tr>
<tr>
<td>Preschool age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in destiny</td>
<td>53%</td>
<td>“I was adopted”, “my mother was sent to prison”, “I went to an orphanage”, “I fell ill”</td>
</tr>
<tr>
<td>Achievements</td>
<td>12%</td>
<td>“I learned how to read”, “a victory in a contest”</td>
</tr>
<tr>
<td>Junior school age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School life</td>
<td>65%</td>
<td>“I started attending school”, “I was not sent to school”, “I got expelled from my school”</td>
</tr>
<tr>
<td>Health condition</td>
<td>41%</td>
<td>“I suffered a trauma”, “I stopped walking”, “I was sent to a hospital”, “operations”</td>
</tr>
<tr>
<td>Changes in destiny, achievements</td>
<td>47%</td>
<td>“they gave me up, I was taken from my family”, “first love”, “sport achievements”, “I was taken from my residential school on holidays”, “a dear one died”</td>
</tr>
<tr>
<td>Early adolescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health condition</td>
<td>28%</td>
<td>“I stayed in hospital”, “I started walking with crutches”, “my health improved”, “a disease”</td>
</tr>
<tr>
<td>Interests</td>
<td>28%</td>
<td>“I developed and interest in guitar, poems”, “I learned cooking”, “I started doing sports”, “I did aqua aerobics”</td>
</tr>
<tr>
<td>Changes in destiny</td>
<td>35%</td>
<td>“I made them respect me”, “I came home from my residential school”, “I was sent to a residential school”, “a dear one died”</td>
</tr>
<tr>
<td>Late adolescence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job</td>
<td>12%</td>
<td>“I started working”</td>
</tr>
<tr>
<td>Interests</td>
<td>17%</td>
<td>“I started doing sports”, “a book lovers club”</td>
</tr>
<tr>
<td>Events of personal life</td>
<td>41%</td>
<td>“an illegal action”, “a quarrel with my father”, “my mother died”, “a movement to another place”</td>
</tr>
<tr>
<td>Mature age 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in personal life and family</td>
<td>82%</td>
<td>“I made friends for the first time (of the same sex)”, “I met my half (of an opposite sex), I got married”, “my nephew was born”, “a dear one died”</td>
</tr>
<tr>
<td>Job, studies</td>
<td>29%</td>
<td>“I got a job”, “I am studying”</td>
</tr>
<tr>
<td>Achievements</td>
<td>70%</td>
<td>“I represented the Organization of People with Disabilities in the EU”, “I learned knitting”, “the third place at the sport days, prizes”</td>
</tr>
<tr>
<td>Mature age 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in personal life</td>
<td>41%</td>
<td>“I met my half”, “a dear one died”</td>
</tr>
<tr>
<td>Achievements</td>
<td>35%</td>
<td>“I went to a sanatorium”, “I got a computer”, “Master of Sports”, “I was sent to a residential school”</td>
</tr>
</tbody>
</table>

As the table shows, the respondents experience dramatic life events almost in all age periods but their variability is lower than that in the first group.

**Conclusions**

The tendencies we identified at this stage of the study suggest the existence of two opposite variants of adults’ with disabilities life trajectories. The first one with a code name “hypersthenic” has high levels of vital forces and psychological manifestations as well as
demonstrates positive reappraisal of one’s life. The second variant with a trajectory of the “hyposthenic” type has a pessimistic attitude to both one’s past and present, poor life eventfulness, and prevalence of the event with extremely negative appraisal. The obtained results need closer examination as well they will be supplemented and specified at next stages of the study.

The challenges we faced while studying disabled persons’ life trajectories in principle are worth mentioning – the psychology of disabled adults is extremely poorly developed at both theoretical (the conceptual apparatus is underdeveloped, the absence of integrated (целостные) concepts for disabled persons’ way of life) and methodological levels (a deficiency of methodological tools that are adapted to the respondents’ in question abilities to perceive and analyze information).

References
THE TYPOLOGY OF LIFE TRAJECTORIES AMONG PERSONS WITH HEARING IMPAIRMENT AND MOBILITY DISABILITIES

Summary

Svetlana Khazova, Tatiana Adeeva, Inna Tikhonova, Natalia Shipova, Kostroma State University, Kostroma, Russia

This article provides the analysis of sociological and psychological approaches to the perception of the “life trajectory” phenomenon, the specificity of life trajectories of persons with disabilities is presented.

Object of the research: life trajectories of adults with hearing impairment and mobility disabilities.
Aim of the research: to study the peculiarities (typology) of life trajectories among adults with hearing impairment and mobility disabilities.

The method used in our work combines a clinical-psychological interview with a collection of one’s histories and enables to obtain information on both objective facts about the respondents’ life and subjective interpretation of the life events, their appraisals, and a role the events play in the life trajectory’s formation. The results are presented in graphics.

The sample was divided into two groups at this stage where the variants of one’s life trajectories in one group diverge considerably from those in another one.

These variants are code-named the hypersthenic and hyposthenic ones. The respondents’ life lines in the first group characterized by substantial amount of positively appraised events. However, each age stage has negative, tragic events though positive life events prevail. The specifics of the event appraisal lie in the predominance of highly positive appraisal. Interestingly, the average event appraisal in this group is higher than that in the second one as the respondents grow older (at each subsequent life stage). The divergences at the level of average assessments is distinctly pronounced at the stage of young and middle ages as well as in the assessment of one’s future. Many positive events are associated with sports, participation and medal places in competitions of different levels, and personal life.

The most part of the respondents from the second group – the hyposthenic one – revive a relatively large number of memories about their childhood and past life – the average appraisal intensity of one’s life periods is always much higher than that in the first group. The content of one’s childhood memories has an apparently negative undertone; one’s helplessness, developmental difficulties, passivity, and adaptation problems at early age are emphasized. The respondents use positive reinterpretation very seldom and put the accent on the opportunity of personal development and attainments through sufferings and losses. Their own activity and opportunity to shape the destiny are assessed as low; passive life stance and small degree of ones’ subjectivity can be observed – the respondents speak of themselves as objects that are influenced by people around.

The challenges we faced while studying disabled persons’ life trajectories in principle are worth mentioning – the psychology of disabled adults is extremely poorly developed at both theoretical (the conceptual apparatus is underdeveloped, the absence of integrated concepts for disabled persons’ way of life) and methodological levels (a deficiency of methodological tools that are adapted to the respondents’ in question abilities to perceive and analyze information).

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THE INFLUENCE OF SPORTS ON PARALYMPIC ATHLETES’ PERSONAL DEVELOPMENT

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Kostiuk Institute of Psychology of National Academy of Educational Sciences of Ukraine, Ukraine

Ingrida Baranauskienė
Klaipėda University, Lithuania

Oleksandr M. Shamych
Open International University of Human Development ‘Ukraine’, Kyiv, Ukraine

Abstract
One of the most effective ways of integrating people with disabilities into society and ensuring their comprehensive personal development is to engage people with disabilities into Paralympic Games. Such engagement creates the necessary conditions to socialize people with disabilities, to adapt their physical and mental states to existing living conditions, to ease negative manifestations of their psycho-emotional states, to promote their self-realization. The article presents the results of the research determining the impact of sports on Paralympic athletes’ personal development. The comparison of the indicators of psychological well-being and hardiness of Paralympic athletes with normative values, the indicators shown by students without disabilities and students with disabilities has confirmed proven clear positive influence of sports on Paralympic athletes’ personal development. In particular, Paralympic athletes achieve an optimal level of psychological well-being and a significant increase in all psychological hardness components.

Keywords: Paralympic sports, people with disabilities, self-realization, psychological factors of sports achievements.

Introduction
One of the most pressing social problems of nowadays is full integration of people with disabilities into society and their comprehensive personal development. Among the effective ways of it addressing is especially important involving people with disabilities in Paralympic sports (Daďova, 2007; Ondrušova, et. al., 2013). After all, such engagement creates the necessary conditions to socialize people with disabilities, to adapt their physical and mental states to living conditions, to ease negative manifestations of their psycho-emotional states, to promote their self-realization and personal development (Dieffenbach, 2012; Kasum, Gligorov, & Nastasić-Stošković, 2011; Martin, Malone & Hilyer, 2011).
Close interactions with healthy athletes give Paralympic ones chances to compensate consequences of their disabilities, establish new relations and friendships and increase their satisfaction with their lives (Ondrušova, & al., 2013). The humanistic sense of various sport competitions for persons with disabilities are invaluable because they allow such people to “come back to society” (Daďova, 2007). The role of camaraderie is significantly enhanced in Paralympic sports, which satisfies the Paralympic athletes’ need for autonomy and social support (Alvarez, & al., 2009; Falcao, Bloom, & Loughead, 2015; Vincer, & Loughead, 2010).

Paralympic athletes, as a rule, show a high level of internal motivation (Banack, Sabiston, & Bloom, 2011). The leading motives for sports activities of people with disabilities are: self-realization, satisfaction, rewards, support, physical development and stress reduction (Omar-Fauzee, & al., 2010), their identity strengthening, creation of a positive attitude to life, a gain in health, advanced athletic qualifications, competency and competitiveness (Huang, & Brittain, 2006).

The psychological differences between people with disabilities engaged in and not engaged in sports are: the first show higher altruism, willingness to help others, the desire for cooperation, sense of responsibility, well-wishing attitude towards others, self-esteem, independence from opinions of others, self-actualization, sociability, constructivism, purposefulness, self-confidence, life satisfaction and psychosocial adaptation (Campbell, & Jones, 1994; Greenwood, Dzewaltowski, & French, 1990; Maryasova, 2013). They also show less symptoms of depression and anxiety (Martin, Malone & Hilyer, 2011).

Paralympic athletes, in comparison with other athletes, are characterized by the following psychological properties: they accept significantly higher risks; perceive their failures and mistakes more constructively; they are more open for supervision; they also are focused mainly on the present; significantly higher estimate their quality of life and better satisfied with it; are characterized by higher vivacity and lower nervousness and depression; show a higher need for cohesiveness (Maryasova, 2013).

However, there is a lack of comparative studies on an influence of sports on Paralympic athletes’ personal development, in particular on their psychological hardiness and psychological well-being (Hanrahan, 2007; Jeffries, Gallagher, & Dunne, 2012).

**Object of the research:** psychological hardiness and psychological well-being of Paralympic athletes and students with and without disabilities.

**The aim of the research:** to determine the influence of sports on Paralympic athletes’ personal development.

**Methods of the research:** The Ryff Scales of Psychological Well-Being and S. Maddi’s Personal Hardiness test.

For statistical analysis, we used SPSS 22 programming package. The data obtained in our research correspond to the normal distribution of studied data. We used: descriptive statistics (mean, and std. deviation), independent-samples t-test, t-test for single means.

**Methodology of the research:** the influence of sports on Paralympic athletes’ personal development was determined by comparing of the indicators of psychological well-being and hardiness of Paralympic athletes with normative values, the indicators shown by students without disabilities and students with disabilities not engaged in sports.

**Participants of the research:** 1) 106 members of the Paralympic and Defilimnical teams of Ukraine in different sports (16-53 year old, 84 men and 22 women); 2) 191 students (17-25 year old, 91 students without health problems and 98 students with disabilities not engaged in sports). All of them were students of the Open International University of Human Development “Ukraine” (Kiev, Ukraine). The research was conducted during 2015-2017.
The studies were conducted with the permissions of the teams’ and universities’ management and the personal consent of the participants.

Results and Discussion

The results obtained by us with the Ryff Scales of Psychological Well-Being show that the main components of psychological well-being of the Paralympic athletes, in general, are close to the normative values (see Table 1).

Table 1. Comparison of the main components of the Paralympic athletes’ psychological well-being with the normative values

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Normative values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Paralympic athletes (n = 106)</td>
<td>Normative values</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>S</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>59,2</td>
<td>9,5</td>
</tr>
<tr>
<td>Autonomy</td>
<td>56,8</td>
<td>10,0</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>58,9</td>
<td>7,5</td>
</tr>
<tr>
<td>Personal growth</td>
<td>61,2</td>
<td>7,2</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>64,8</td>
<td>8,8</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>57,8</td>
<td>8,1</td>
</tr>
</tbody>
</table>

Similarly, the main components of the Paralympic athletes’ psychological well-being are not significantly different from values obtained in our study for the students without health problems (Table 2). There is even a certain excess of the Paralympic athletes’ results for all components.

Table 2. Comparison of the main components of the Paralympic athletes’ psychological well-being with those of the students without health problems

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Students (n = 91)</th>
<th>p ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>S</td>
<td>X</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>59,2</td>
<td>9,5</td>
<td>59,1</td>
</tr>
<tr>
<td>Autonomy</td>
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<td>10,0</td>
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</tr>
<tr>
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<td>7,5</td>
<td>55,9</td>
</tr>
<tr>
<td>Personal growth</td>
<td>61,2</td>
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<td>60,5</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>64,8</td>
<td>8,8</td>
<td>59,7</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>57,8</td>
<td>8,1</td>
<td>56,5</td>
</tr>
</tbody>
</table>

We believe that the compliance of these results for the Paralympic athletes’ psychological well-being with the population standards, revealed in our study, exists thanks to full use by people with disabilities of Paralympic sports opportunities in to achieve an acceptable level of psychological well-being for themselves. This assumption is supported by the fact that all components of psychological well-being of the Paralympic athletes are significantly higher than those of the students with disabilities not engaged in sports (Table 3).
Table 3. Comparison of the main components of the Paralympic athletes’ psychological well-being with those of the students with disabilities not engaged in sports

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Students with disabilities (n = 98)</th>
<th>p ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>S</td>
<td>X</td>
</tr>
<tr>
<td>Positive relations with others</td>
<td>59,2</td>
<td>9,5</td>
<td>54,7</td>
</tr>
<tr>
<td>Autonomy</td>
<td>56,8</td>
<td>10,0</td>
<td>53,6</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>58,9</td>
<td>7,5</td>
<td>54,1</td>
</tr>
<tr>
<td>Personal growth</td>
<td>61,2</td>
<td>7,2</td>
<td>58,2</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>64,8</td>
<td>8,8</td>
<td>56,3</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>57,8</td>
<td>8,1</td>
<td>52,9</td>
</tr>
</tbody>
</table>

The most pronounced excess in the values has been determined for four scales: “Positive relations with others” (characterizing trust in relationships with one’s entourage, caring for the welfare of others, empathy and established close relationships with others); “Environmental mastery” (ability to manage one’s entourage, to control external activities, efficient use of opportunities to meet personal needs and achieve goals); “Purpose in life” (existence of purposes in life, a sense of focusing, belief in the sense of the past and present life); “Self-acceptance” (positive attitude towards oneself, acceptance of own positive and negative qualities, positive assessment of own past).

Thus, the obtained results are consistent with the literature data presented in the introduction to this article, as well as with the results of our research (Kokun & Shamich, 2016) concerning the outstanding opportunities of Paralympic sports in promoting personal self-realization and achieving the psychological well-being by people with disabilities.

As the results of S. Maddi’s Hardiness Test show, the positive influence of engagement in sports for people with disabilities is even more pronounced as for hardiness development in comparison with the psychological well-being results. A part of hardiness indicators obtained in our research for the Paralympic athletes is significantly higher than the standard values (Table 4), and the indicators of the students without health disorders (Table 5).

Table 4. Comparison of the Paralympic athletes’ hardiness indicators with the normative values

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Normative values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>S</td>
</tr>
<tr>
<td>Commitment</td>
<td>38,03</td>
<td>8,07</td>
</tr>
<tr>
<td>Control</td>
<td>32,46</td>
<td>7,07</td>
</tr>
<tr>
<td>Challenge</td>
<td>17,05</td>
<td>5,14</td>
</tr>
<tr>
<td>Psychological hardiness</td>
<td>87,53</td>
<td>18,2</td>
</tr>
</tbody>
</table>

In particular, the obtained Paralympic athletes’ hardiness indicators are significantly higher than the standard values (with t-test for single means) for: the integral hardiness scale ($t = 3,34; p ≤ 0,001$), “Control” scale ($t = 2,90; p ≤ 0,001$) and, to the greatest extent, “Challenge” scale ($t = 4,78; p ≤ 0,001$). That is, the indicators of the studied Paralympic athletes are in line with the normative only for “Commitment” scale.
Such differences indicate that Paralympic athletes, in general, are characterized, in a
greater extent than the norm:, 1) by the belief that a struggle allows a person to influence
outcomes from things happening around them, even if this influence is not absolute and success
is not guaranteed (“Control” scale); 2) by the conviction that everything happening to a person
contributes to his/her development because of knowledge and experience, not important,
positive or negative, gained through it; by a view of life as a way of gaining experience,
by willingness to act at own risk, considering that the desire for simple comfort and safety
impoverish human life (“Challenge” scale); 3) by the integral hardiness indicator. That is,
the data about a relatively high level of Paralympic athletes’ hardiness can be considered as
sufficiently confirmed.

**Table 5.** Comparison of the Paralympic athletes’ hardiness indicators with those of the student
without health problems

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Students (n = 91)</th>
<th>p ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>S_x</td>
<td>X</td>
</tr>
<tr>
<td>Commitment</td>
<td>38,0</td>
<td>8,1</td>
<td>35,9</td>
</tr>
<tr>
<td>Control</td>
<td>32,5</td>
<td>7,1</td>
<td>30,7</td>
</tr>
<tr>
<td>Challenge</td>
<td>17,0</td>
<td>5,1</td>
<td>16,2</td>
</tr>
<tr>
<td>Psychological hardiness</td>
<td>87,5</td>
<td>18,2</td>
<td>82,8</td>
</tr>
</tbody>
</table>

This conclusion is supported by the fact that all hardiness indicators of the Paralympic
athletes surpass those of the students with disabilities even more significantly than those of the
students without health problems (Table 6).

**Table 6.** Comparison of the Paralympic athletes’ hardiness indicators with those of the student
with disabilities, not engaged in sports

<table>
<thead>
<tr>
<th>Scale</th>
<th>Paralympic athletes (n = 106)</th>
<th>Students with disabilities (n = 98)</th>
<th>p ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>S_x</td>
<td>X</td>
</tr>
<tr>
<td>Commitment</td>
<td>38,0</td>
<td>8,1</td>
<td>32,7</td>
</tr>
<tr>
<td>Control</td>
<td>32,5</td>
<td>7,1</td>
<td>28,3</td>
</tr>
<tr>
<td>Challenge</td>
<td>17,0</td>
<td>5,1</td>
<td>15,4</td>
</tr>
<tr>
<td>Psychological hardiness</td>
<td>87,5</td>
<td>18,2</td>
<td>76,4</td>
</tr>
</tbody>
</table>

The last result, in our opinion, can be explained by three interrelated reasons: 1) people
with disabilities, engaged in Paralympic sports, have even at the start of such activities a
potentially higher psychological hardiness, compared to people with disabilities not interested
in sports; 2) a “natural” sports selection leads to the fact that Paralympic athletes with an
initial low hardiness stop such activities; 3) Paralympic exercises themselves, without a doubt,
contribute to improvement of psychological hardiness of people with disabilities.
Conclusions

The performed research has empirically confirmed clear positive influence of sports on Paralympic athletes’ personal development. In particular, Paralympic athletes achieve an optimal level of psychological well-being and a significant increase in all psychological hardiness components.

The main components of Paralympic athletes’ psychological well-being are close to the normative values. These values are also not differ significantly from those of the students without health problems (there is even a certain excess of Paralympic athletes’ results for all components over the students’ values). At the same time, all components of Paralympic athletes’ psychological well-being are significantly higher than those of the students with disabilities not engaged in sports. The most pronounced excess is for four scales: “Positive relations with others”, “Environmental mastery”, “Purpose in life” and “Self-acceptance”.

The positive influence of sports on people with disabilities as for development of their psychological hardiness is even more pronounced in comparison with psychological well-being. A part of hardiness indicators obtained in our research for the Paralympic athletes is significantly higher than the standard values and the indicators of the students without health disorders. In addition, all hardiness indicators of the Paralympic athletes exceed those of the students with disabilities even more significantly than those of the students without health problems.

We believe that Paralympic athletes’ psychological hardiness is increased due to three main reasons: 1) people with disabilities, engaged in Paralympic sports, have even at the start of such activities a potentially higher psychological hardiness, compared to people with disabilities not interested in sports; 2) a “natural” sports selection leads to the fact that Paralympic athletes with an initial low hardiness stop such activities; 3) Paralympic exercises themselves, without a doubt, contribute to improvement of psychological hardiness of people with disabilities.

References

THE INFLUENCE OF SPORTS ON PARALYMPIC ATHLETES’ PERSONAL DEVELOPMENT

Summary

Oleg M. Kokun, Kostiuk Institute of Psychology of National Academy of Educational Sciences of Ukraine, Ukraine
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The article presents the results of the research determining the impact of sports on Paralympic athletes’ personal development.

The research involved: 1) 106 members of the Paralympic and Defilimnical teams of Ukraine in different sports (16-53 year old, 84 men and 22 women); 2) 191 students (17-25 year old, 91 students without health problems and 98 students with disabilities not engaged in sports). All of them were students of the Open International University of Human Development “Ukraine” (Kyiv, Ukraine).

The performed research has empirically confirmed clear positive influence of sports on Paralympic athletes’ personal development. In particular, Paralympic athletes achieve an optimal level of psychological well-being and a significant increase in all psychological hardiness components.

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STUDY ON RELATIONSHIP BETWEEN FAMILY COHESION AND ADAPTABILITY, AND QUALITY OF LIFE OF CAREGIVERS OF CHILDREN WITH ASD

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Abstract
The present study aimed at exploring the status of family cohesion, adaptability, and quality of life of caregivers of children with ASD, as well as the relationship between family cohesion and adaptability, and quality of life. One hundred and sixty-three caregivers of children with ASD from Sichuan province in China were investigated by the Chinese version of Family Adaptability and Cohesion Scale and Beach Center Family Quality of Life Scale. The results showed that: (1) Caregivers of children with ASD had higher level of family cohesion, lower level of adaptability, and medium level of quality of family life; (2) Family cohesion and quality of life were significantly correlated, and adaptability and quality of life were also significantly correlated; (3) Family cohesion and adaptability had a positive impact on quality of family life.

Keywords: caregivers of children with ASD, family cohesion, family adaptability, quality of family life.

Introduction
Autism Spectrum Disorder (ASD) is a life-long pervasive developmental disorder, which is characterized by qualitative impairments in social communication and social interaction, and the presence of restricted and repetitive behaviors or interests (APA, 2013). According to Center for Disease Control (CDC) in America, the prevalence of Autism Spectrum Disorder was 1 in 59 school-aged children. The rise in prevalence rates implies that an increasing number of families are being faced with the challenges that accompany the diagnosis of ASD (Ekas et al., 2016). Families play an irreplaceable role in educating children with ASD. They are often the earliest discoverer of the abnormal behavior of their children, and have to take responsibilities to get available interventions for their children. Besides, the children with ASD are dependent on their parents for diagnostic assessment, treatment selection and support, so parents who are mentally and physically healthy are best prepared to cope with the ramifications of the diagnosis of ASD and be supportive advocates for their children (Johnson et al., 2011; Kantor & Ludikova, 2015). However, children with ASD usually have difficulties in understanding.
social cues and facial expressions, issues expressing emotions in conventionally recognizable ways, inflexibility and discomfort with change, and difficulty adapting to new tasks and routine (Wehman et al., 2012), which means family members are stressed with long-term caring and then may experience difficulty participating in their own daily activities and social activities (Lin et al., 2011), finally displaying a variety of psychological symptoms including depression, anxiety, and pessimism (Gau et al., 2012). Therefore, it is important to consider the family environment while studying children with ASD.

Studies showed that factors such as family functioning (Baker et al., 2011) and quality of family life (Guan et al., 2015) would help family members cope with the challenges. As one dimension of family functioning, family cohesion refers to the emotional bonding that family members have toward one another, which includes the amount of time family members spend together and the involvement family members have in each other’s activities, as well as communication among family members (Ekas et al., 2016). Family adaptability is another dimension of family functioning, and it is the family’s ability to change its roles and relationships in response to stress (Lin et al., 2011). Researches examining family cohesion and adaptability have found that mothers of children with autism perceived less marital satisfaction, affection expression, family adaptability and cohesion as compared to the mothers of typically developing children (Gau et al., 2012; Higgins et al., 2005). Ekas et al. (2016) also reported that the score in family cohesion among Hispanic parents was lower than that among non-Hispanic White parents. But some other findings reported that the mothers of children with ASD had higher levels of family cohesion and lower levels of family adaptability (e.g., Rodrigue et al., 1990). Given these discrepant findings, there is a need for further research on family cohesion and adaptability of caregivers of children with ASD. Besides, quality of family life means the degree family members’ needs are satisfied, including the degree of spending time with family members, enjoying life together, and doing important things for oneself (Hu & Wang, 2012). Luo (2014) investigated 90 caregivers with autistic children in Chengdu Sichuan province and found that the total satisfaction of these caregivers was at low and middle level. Li (2016) surveyed 211 caregivers with autistic children in Shanghai and also found the satisfaction of the majority caregivers was in low and middle level. Ma (2014) reported that the score on quality of family life among 97 parents with autistic children was significantly lower than the parents with typically developing children. All the results of the studies indicated that quality of life of families of children with ASD was at unsatisfactory level.

Since family cohesion and adaptability play an important role in promoting positive experience in family life, that means family cohesion and adaptability may be a powerful predictor of quality of family life. However, less is known about the relationship in families of children with ASD. Fortunately, researchers have already studied the relationship between family cohesion and adaptability, and family quality of life among patients with diseases, and so on. For example, Lei et al. (2013) investigated 96 patients on continuous ambulatory peritoneal dialysis, finding that patients with higher family cohesion and adaptability tended to have higher scores in the quality of life. Tao et al. (2013) surveyed 57 adolescents with type 1 diabetes mellitus and also found that patients with higher family cohesion and better adaptability had higher quality of life. Wang et al. (2009) investigated 205 cases with early-stage breast cancer and found that quality of family life of enmeshed type was higher than that of connected and separated types among different types of family cohesion, and quality of family life of chaotic type was better than that of the other three types among different types of family adaptability. Rodríguez-Sánchez et al. (2011) conducted a study including 153 caregivers of
dependent relatives and reported an association between family functionality and the caregiver’s quality of life. All those researches indicated that there is a positive correlation between family cohesion and adaptability, and quality of life. Although there is a growing literature examining family cohesion and adaptability, and quality of family life, there is a paucity of research that includes caregivers having a child with ASD. Besides, despite intensive studies in western countries, no similar studies have been conducted in China. Hence, the current study attempted to explore the relationship between family cohesion and adaptability, and quality of life among Chinese caregivers having children with ASD. It is expected that higher family cohesion and adaptability would predict higher quality of family life. Specifically, the present study was designed to address three research questions: (1) What are family cohesion, adaptability, and quality of family life like for caregivers of children with ASD? (2) What is quality of family life like for caregivers with different family cohesion and adaptability types? (3) What is the relationship between family cohesion and adaptability, and quality of family life? Having a better understanding of the relationship between family cohesion and adaptability, and quality of family life will help practitioners provide more available services for families of children with ASD, and then create a better family environment for the children.

**The object of the research:** family cohesion, adaptability, and quality of family life of caregivers of children with ASD.

**The aim of the research:** to disclose the status of family cohesion, adaptability, and quality of family life of caregivers of children with ASD, and then analyze the relationship between family cohesion and adaptability, and quality of family life.

**Participants**

In the present study, a sample of 163 caregivers from Sichuan province of China parenting a child with ASD was recruited via special education schools for this study. Inclusion criteria were being the caregivers of children with a clinically diagnosis of ASD by the board-certificated child psychiatrists, 0-18 years old. The majority of the respondents were mothers (n=92, 56.4%), and the remaining were fathers (n=35, 21.5%), grandparents (n=31, 19.0%), or others (n=5, 3.1%). Participants were largely married (n=139, 85.8%), and the others were divorced or separated (n=18, 11.1%), or widowed (n=5, 3.1%). Most participants had no jobs (n=75, 46.3%), others had full time jobs (n=59, 36.4%), part time jobs (n=16, 9.9%), or were looking for jobs (n=12, 7.4%). Most participants had received a primary school degree (n=46, 28.2%), while others had a middle school (n=31, 19.0%), high school (n=27, 16.6%), college (n=26, 16.0%), university (n=28, 17.2%), or master degree (n=3, 1.8%). A majority of participants had income more than 2000 RMB per month (n=118, 72.4%), others had below 2000 RMB (n=45, 27.6%). Most participants lived in cities (n=81, 49.7%), others lived in towns (n=34, 20.9%) and villages (n=48, 29.4%). Children ranged in age from 2 to 17 years (M=9.77, SD=2.969). The gender of the children are mostly males (n=108, 66.7%), others are females (n=54, 33.3%). The severity of children’s disorder ranged in mild (n=27, 16.7%), moderate (n=59, 36.4%), severe (n=64, 39.5%), and extremely severe (n=12, 7.4%).

**Procedure**

A letter describing the purpose and procedures of the study was sent to families of children with a diagnosis of ASD in special education schools in Sichuan province. If the caregivers agreed to participate and the study criteria were met, he/she was asked to fill out the questionnaires.
Measures

The objective of the study was to gain a better understanding of the relationship between family cohesion and adaptability, and quality of family life. Participants were firstly asked to complete the demographic questions, including the gender, birthday, and the severity of the child’s disorder. Moreover, the marital status, employment status, and educational levels of the caregivers, and the family income and residence were also surveyed. In addition to this basic information, two scales were used to measure the key constructs of the study: family cohesion and adaptability, and quality of family life.

Chinese version of Family Adaptability and Cohesion Evaluation Scales (FACES-CV). Family cohesion and adaptability were measured with the scales which were developed by Olson et al. in 1982 and revised by Phillips et al. in 1991. They consist of 30 items that assess family functioning by measuring family cohesion (16 items) and family adaptability (14 items). Caregivers rated the frequency of a described behavior from 1=almost never, to 5=almost always. Family cohesion refers to the degree of emotional bonding between and among family members, which is classified as disengaged (very low), separated (low to moderate), connected (moderate to high), and enmeshed (very high). Family adaptability refers to the family’s ability to change its roles and relationships in response to stress, which is described as rigid (very low), structured (low to moderate), flexible (moderate to high), and chaotic (very high). The FACES-CV was reported to be a reliable and valid measure, in which the test-retest reliability for Cohesion and Adaptability were 0.84 and 0.91, and the coefficients of internal consistency for Cohesion and Adaptability were 0.85 and 0.73 (Phillips et al., 1998). The internal consistency of the two subscales of this scale was 0.83 and 0.85 in this study.

Chinese version of Beach Center Family Quality of Life Scale (BCFQOL). This scale, revised by Shuxian Zeng and Kai Liu, was used to measure quality of family life and consisted of 25 items across five dimensions: Family Interaction, Parenting, Emotional Well-Being, Physical/Material Well-Being and Disability-Related Support. For each item, caregivers rated their satisfaction from 1=very dissatisfied, to 5=very satisfied. Responses were summed to form a total score, and reported as a mean total score, ranging from 0 to 125. Higher scores indicated higher satisfaction with family life. The revised scale has been proved with high internal consistency (Li, 2016). In this study, the Cronbach’s alpha (a) for internal consistency of the five subscales ranged from 0.72 to 0.84.

Statistical analysis

The research data calculation was done using 18 SPSS software. Descriptive statistics was used in analyzing demographic data, family cohesion and adaptability, and quality of family life. Discrepancies scores were calculated for the items on BCFQOL in different types of family cohesion and adaptability. Pearson r correlations and stepwise linear regression were also used to examine the relationship of the study variables: family cohesion and adaptability, quality of family life.

Results

Family cohesion and adaptability

Descriptive statistics for family cohesion and adaptability of caregivers of children with ASD were reported in Table 1. The mean scores of family cohesion and adaptability were 65.56±10.186 and 45.40±8.729. Compared with the Chinese norm, the score on family
cohesion of caregivers of children with ASD was significantly higher (p<0.05), and the score on family adaptability was significantly lower (p<0.001).

**Table 1.** Descriptive statistics of family cohesion and adaptability

<table>
<thead>
<tr>
<th></th>
<th>Caregivers of children with ASD</th>
<th>Chinese norm</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>65.56±10.186</td>
<td>63.90±8.00</td>
<td>2.052*</td>
<td>0.042</td>
</tr>
<tr>
<td>Adaptability</td>
<td>45.40±8.729</td>
<td>50.90±6.20</td>
<td>-7.922***</td>
<td>0.000</td>
</tr>
</tbody>
</table>

*p<0.05, ***p<0.001

As Table 2 shows, the most frequent type of family systems was structurally connected (15.4%). On the whole, the majority of the families were mid-range types (44.9%), others were balanced types (32%) and extreme types (23.1%).

**Table 2.** Descriptive statistics of 16 types of family system

<table>
<thead>
<tr>
<th>Adaptability</th>
<th>Cohesion</th>
<th>Disengaged Frequency (%)</th>
<th>Separated Frequency (%)</th>
<th>Connected Frequency (%)</th>
<th>Enmeshed Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaotic</td>
<td>Mid-range</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>Mid-range</td>
<td>2 (1.3)</td>
</tr>
<tr>
<td>Flexible</td>
<td>Balanced</td>
<td>3 (1.9)</td>
<td>10 (6.4)</td>
<td>Balanced</td>
<td>24 (15.4)</td>
</tr>
<tr>
<td>Structured</td>
<td>Extreme</td>
<td>23 (14.7)</td>
<td>23 (14.7)</td>
<td>Mid-range</td>
<td>17 (10.9)</td>
</tr>
</tbody>
</table>

Quality of family life

Statistics in Table 3 presented that the mean score on quality of family life of caregivers of children with ASD was 3.39±0.62, which was between the general level (3 points) and the satisfaction level (4 points). The mean score on satisfaction in each dimension from high to low was in Family Interaction, Parenting, Disability-Related Support, Emotional Well-Being, and Physical/Material Well-Being.

**Table 3.** Descriptive statistics of quality of family life and its dimension

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Mean±SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Interaction</td>
<td>3.57±0.77</td>
</tr>
<tr>
<td>Parenting</td>
<td>3.48±0.72</td>
</tr>
<tr>
<td>Emotional Well-Being</td>
<td>3.26±0.76</td>
</tr>
<tr>
<td>Physical/Material Well-Being</td>
<td>3.25±0.77</td>
</tr>
<tr>
<td>Disability-Related Support</td>
<td>3.34±0.76</td>
</tr>
<tr>
<td>Total</td>
<td>3.39±0.62</td>
</tr>
</tbody>
</table>

Differences in the quality of family life with different cohesion and adaptability types

According to the scores, the types of family cohesion included disengaged, separated, connected, and enmeshed, while the types of adaptability consisted of rigid, structured, flexible, and chaotic. The differences in the quality of family life were compared among different types of family cohesion and adaptability. As shown in Table 4, there were significant differences in the scores of quality of family life in different cohesion and adaptability types (p<0.001). In
detail, the scores on quality of family life in different cohesion types ranged from high to low was enmeshed, connected, separated, and disengaged. The scores on quality of family life in different adaptability types ranged from high to low was chaotic, flexible, structured, and rigid.

**Table 4. Differences in the quality of family life with different cohesion and adaptability types**

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Type</th>
<th>Interaction</th>
<th>Parenting</th>
<th>Emotional Well-Being</th>
<th>Physical/Material Well-Being</th>
<th>Disability-Related Support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>Mean±SD</td>
<td>17.15±2.80</td>
<td>18.73±3.16</td>
<td>11.65±2.31</td>
<td>14.38±3.24</td>
<td>12.50±2.75</td>
<td>74.42±9.49</td>
</tr>
<tr>
<td>Separated</td>
<td>Mean±SD</td>
<td>20.25±3.26</td>
<td>19.34±3.08</td>
<td>12.17±2.95</td>
<td>15.33±3.25</td>
<td>12.36±2.28</td>
<td>79.20±10.53</td>
</tr>
<tr>
<td>Connected</td>
<td>Mean±SD</td>
<td>20.95±4.33</td>
<td>20.16±4.23</td>
<td>12.58±2.94</td>
<td>16.16±3.94</td>
<td>13.09±2.93</td>
<td>82.75±14.96</td>
</tr>
<tr>
<td>Enmeshed</td>
<td>Mean±SD</td>
<td>25.95±3.40</td>
<td>24.62±3.84</td>
<td>15.31±2.38</td>
<td>18.28±3.56</td>
<td>14.95±2.96</td>
<td>99.10±12.91</td>
</tr>
</tbody>
</table>

**Adaptability**

<table>
<thead>
<tr>
<th>Type</th>
<th>Interaction</th>
<th>Parenting</th>
<th>Emotional Well-Being</th>
<th>Physical/Material Well-Being</th>
<th>Disability-Related Support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rigid</td>
<td>Mean±SD</td>
<td>19.25±3.32</td>
<td>19.46±3.38</td>
<td>11.97±2.95</td>
<td>15.24±4.06</td>
<td>12.27±2.66</td>
</tr>
<tr>
<td>Structured</td>
<td>Mean±SD</td>
<td>21.80±4.61</td>
<td>20.89±4.44</td>
<td>13.09±2.84</td>
<td>16.22±3.56</td>
<td>13.87±2.65</td>
</tr>
<tr>
<td>Flexible</td>
<td>Mean±SD</td>
<td>22.50±4.69</td>
<td>21.41±4.41</td>
<td>14.19±2.88</td>
<td>17.13±3.18</td>
<td>13.88±3.15</td>
</tr>
<tr>
<td>Chaotic</td>
<td>Mean±SD</td>
<td>27.15±4.30</td>
<td>25.92±4.23</td>
<td>15.08±3.30</td>
<td>19.46±3.43</td>
<td>15.31±3.71</td>
</tr>
</tbody>
</table>

**Table 5. Correlation between family cohesion and adaptability, and quality of family life**

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Adaptability</th>
<th>Quality of family life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td>0.758**</td>
<td>1.000</td>
</tr>
<tr>
<td>Quality of family life</td>
<td>0.552***</td>
<td>0.482***</td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001

**Correlation between family cohesion and adaptability, and quality of family life**

The correlation analysis on family cohesion and adaptability, and quality of family life showed that (see Table 5) there were significant correlations between family cohesion and adaptability, and quality of family life of caregivers of children with ASD (p<0.001). Concretely, cohesion and quality of life were significantly correlated (p<0.001), and adaptability and quality of life were also significantly correlated (p<0.001). That is to say, families with higher cohesion and better adaptability would display higher quality of family life.

**Table 5. Correlation between family cohesion and adaptability, and quality of family life**

<table>
<thead>
<tr>
<th>Cohesion</th>
<th>Adaptability</th>
<th>Quality of family life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td>0.758**</td>
<td>1.000</td>
</tr>
<tr>
<td>Quality of family life</td>
<td>0.552***</td>
<td>0.482***</td>
</tr>
</tbody>
</table>

***p<0.001

To further examine the relationship between family cohesion and adaptability, and quality of family life, stepwise regression analysis was used with family cohesion and adaptability as independent variables and quality of family life as dependent variable. The result showed
that family cohesion and adaptability of the two predictor variables could explain 32% of the total variance in quality of family life (see Table 6). As for the size of their contribution to the quality of family life, family cohesion could explain 30.2% of the total variance in quality of family life, while family adaptability could explain 1.8%. According to the standardized regression coefficients, the beta of two predictor variables in the regression model were 0.394 and 0.205, showing that family cohesion and adaptability have a positive impact on the quality of family life.

Table 6. Regression analysis of family cohesion and adaptability, and quality of family life

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>R²</th>
<th>∆R²</th>
<th>F</th>
<th>∆F</th>
<th>B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohesion</td>
<td>0.550</td>
<td>0.302</td>
<td>0.302</td>
<td>65.816***</td>
<td>65.816***</td>
<td>0.594</td>
<td>0.394</td>
</tr>
<tr>
<td>Adaptability</td>
<td>0.566</td>
<td>0.320</td>
<td>0.018</td>
<td>35.526***</td>
<td>3.956*</td>
<td>0.363</td>
<td>0.205</td>
</tr>
</tbody>
</table>

*p<0.05, ***p<0.001

**Discussion**

The purpose of the current study was to explore the relationship between family cohesion and adaptability, and quality of life. Basically, the status of family cohesion and adaptability, and quality of family life were firstly examined. As regards family cohesion and adaptability, the results indicated that the score on family cohesion of caregivers of children with ASD was significantly higher than the national norm, and the score on family adaptability was significantly lower than the national norm, suggesting family cohesion is better than family adaptability. This is consistent with previous studies (e.g., Rodrigue et al., 1990; Zhang et al., 2017; Shan et al., 2016), but inconsistent with the researches of Gau et al. (2012) and Higgins et al. (2005). All their studies found that caregivers of children with ASD had lower levels of family cohesion and family adaptability. Since caregivers would experience shock, denial, sadness, anxiety, fear, anger, and finally acceptance after their children be diagnosed with one disability (Drotar et al., 1975), but there is no doubt that different caregivers show different reactions to their disabled children. For some caregivers, they still could not accept their disabled children well after many years, but for some others, the appearance of disabled children could even improve their quality of life and marital status (Heward, 2006). In this study, family members of children with ASD could communicate more with each other and the emotional bonding increased while raising their children, but the ability to change their roles and relationships in response to stress was limited. Probably it is related to appraisal styles. Reframing, one type of appraisal wherein individuals interpret a situation in a more positive light, has been associated with more positive family functioning among mothers of children with ASD (Ekas et al., 2016), because it allows caregivers to view their children more positively, which could in turn facilitate more positive feelings of emotional closeness within the family. Besides, it is worth mentioning that high family cohesion outside the healthy range may become enmeshment and is recognized as a maladaptive form of family cohesion (Higgins et al., 2005). As Olson (2011) mentioned, both of these extremes may be detrimental, and that balanced cohesion was most beneficial for families. It suggests that helping family members present a healthy form of family cohesion is needed. As to the lower adaptability, it may be strongly linked with the challenges while raising the children. Children with ASD often exhibit defects involving social interaction, language, IQ, stereotyped behavior, and restricted interest, which may, in turn, impact family members’ relationships with one another. Just as one study showed, the difficulty and pressure of raising children with ASD was bigger than for
caregivers of children with other disabilities (Guan et al., 2015). In addition, caregivers usually have to face kinds of challenges, such as smaller range of interpersonal relationships, reduction in income, changes in family structure, limited specific guidance of rehabilitation methods, and so on (Sun, 2011). Furthermore, families usually report feeling socially isolated, possibly contributing to the worse adaptability to deal with unusual situations. Moreover, the caregivers lacking of the knowledge on autism might also explain the lower adaptability of this study. Although Leo Kanner reported 11 children with ASD 75 years ago, many people still have a limited knowledge on real autism. Some greedy institutions even cheat parents of children with ASD trying useless and even harmful therapies to gain exorbitant profits, which leads to the situation that many caregivers constantly demonstrate hope and then disappointment. It suggests that we should further strengthen our work to give publicity to the knowledge on autism, guiding caregivers developing better understanding of autism and educating their children with effective interventions, which have been proved.

With respect to quality of family life, the quality of family life of caregivers of children with ASD was between general level and satisfaction level, which means that the total satisfaction of quality of family life was at medium level. It lends evidence to support prior researches that caregivers of children with ASD perceived unsatisfactory level of quality of family life (Luo, 2014; Li, 2016; Ma, 2014; Xue, 2014; Hu, 2016; Hu & Wang, 2012; Hu et al., 2016). As for each dimension, caregivers had the highest satisfaction on Family Interaction. The result is consistent with previous findings of Luo (2014), Li (2016), and Hu et al. (2012). It further shows that family members interact more with each other while raising children with ASD. However, caregivers had the lowest satisfaction on Physical/Material Well-Being (such as transport, health care, daily living expenses and so on). This finding is consistent with the study of Hu and Wang (2012), but inconsistent with some other studies showing lowest satisfaction on Disability-Related Support (Luo, 2014; Li, 2016) in families of autism. These differences could be partially associated with different places of participants. Caregivers of children with ASD are stressed with caring for their child and usually have to give up their jobs, which leads to lower income. Additionally, the welfare policies for families of children with ASD vary in different areas. So the caregivers showed different satisfaction on Physical/Material Well-Being, highlighting the need for strengthening financial support and material benefits to help families coping with challenges and stress.

Previous researches suggest that higher family functioning is related to higher quality of family life (Lei et al., 2013; Tao et al., 2013; Wang et al., 2009; Rodriguez-Sánchez et al., 2011). The current study also found that there was a positive correlation between family cohesion and adaptability, and quality of family life. Specifically, caregivers who were identified with higher cohesion and better adaptability perceived higher quality of family life than those with lower cohesion and worse adaptability, which means that family cohesion and adaptability of caregivers with children with ASD will influence quality of family life. The results of the stepwise regression analysis further showed that family cohesion and adaptability had a significant predictive power on quality of family life. These results indicated that higher family cohesion and adaptability were strongly linked with higher quality of family life. Families with higher cohesion and better adaptability could hold together to cope with the difficulties in raising children with ASD, which further benefit to enhancing quality of family life. It prompted that we should focus on family function of caregivers of children with ASD, therefore strengthening the quality of family life and then providing appropriate family environment for children with ASD. One of the effective ways is to provide more available social support services. Social support refers to the perceived or actual assistance that an individual receives
from another person or institution and can be in the form of either physical and instrumental assistance or emotional and psychological support (Boyd, 2002), which can effectively relieve the stress, upset, and anxiety of families of children with ASD, and then improve the life satisfaction (Dunn et al., 2001) as well as multiple domains of family functioning (Lovell et al., 2012). However, an investigation showed that the family internal support of children with autism was sufficient, but professional rehabilitation education information and education practice support were deficient, and the other social supports were severely deficient (Xiong et al., 2014). Thus, there is a need to provide measures of care and support that would enable families to function at an optimum level within their families, so they may experience a higher quality of family life. Specifically, psychological counseling services, educational support, economic support, and even childrearing and caregiving are strongly recommended. Helping families maintain appropriate family cohesion and adaptability, and quality of family life would finally benefit to children with ASD in the families.

**Acknowledgment**

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STUDY ON RELATIONSHIP BETWEEN FAMILY COHESION AND ADAPTABILITY, AND QUALITY OF LIFE OF CAREGIVERS OF CHILDREN WITH ASD

Summary

Xianmei Lei, Leshan Normal University, Sichuan, China

Autism Spectrum Disorder (ASD) is a life-long pervasive developmental disorder, which is characterized by qualitative impairments in social communication and social interaction, and the presence of restricted and repetitive behaviors or interests (APA, 2013). As the prevalence rates of ASD is rising, resulting in an increasing number of families are being faced with the challenges that accompany the diagnosis of ASD (Ekas, et al., 2016). Family members are stressed with long-term caring and then may experience difficulty participating in their own daily activities and social activities (Lin, et al., 2011), finally displaying a variety of psychological symptoms including depression, anxiety, and pessimism (Gau, et al., 2012). Therefore, it is important to consider the family environment while studying children with ASD.

Studies showed that factors such as family functioning (Baker, et al., 2011) and quality of family life (Guan, et al., 2015) would help family members cope with the challenges. As one dimension of family functioning, family cohesion refers to the emotional bonding that family members have toward one another, which including the amount of time family members spend together and the involvement family members have in each other’s activities, as well as communication among family members (Ekas, et al., 2016). Family adaptability is another dimension of family functioning, which is the family’s ability to change its roles and relationships in response to stress (Lin, et al., 2011). Quality of family life means the degree of family members’ needs are satisfied, including the degree of spending time with family members, enjoying life together, and doing important things for oneself (Hu & Wang, 2012). Since family cohesion and adaptability play an important role in promoting positive experience in family life, that means family cohesion and adaptability may be a powerful predictor of quality of family life. However, less is known about the relationship between family cohesion and adaptability, and family quality of life in families of children with ASD. The current study attempted to exploring family cohesion, adaptability, and quality of family life of caregivers of children with ASD. The aim of the research is to disclose the status of family cohesion, adaptability, and quality of family life of caregivers of children with ASD, and then analysis the relationship between family cohesion and adaptability, and quality of family life.

In the present study, 163 caregivers from Sichuan province of China parenting a child with ASD were investigated by the Chinese version of Family Adaptability and Cohesion Scale and Beach Center Family Quality of Life Scale. The results showed that: (1) The score on family cohesion of caregivers of children with ASD was higher than the national norm, the score on family adaptability was lower than the national norm, and the satisfaction of quality of life was between general level and satisfactory level, which means that caregivers had higher level of family cohesion, lower level of adaptability, and medium level of quality of family life; (2) Family cohesion and quality of life were significantly correlated, and adaptability and quality of life were also significantly correlated; (3) Caregivers with higher family cohesion and adaptability showed higher quality of life than the caregivers with lower family cohesion and adaptability, and results of the stepwise regression analysis further showed that family cohesion and adaptability had a significant predictive power on quality of family life. These results indicated that higher family cohesion and adaptability were strongly linked with higher quality of family life.
It prompted that we should focus on family functioning of caregivers of children with ASD, therefore strengthening the quality of family life and then providing appropriate family environment for children with ASD. One of the effective ways is to provide more available social support services, including psychological counseling services, educational support, economic support, and even childrearing, and so on. Helping families maintain appropriate family cohesion and adaptability, and quality of family life would finally benefit to the children with ASD.

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IV. PSYCHOSOCIAL REHABILITATION
EXPERIENCES OF EPILEPTIC ADULTS
WITH SEARCHING FOR AND MAINTAINING
A JOB IN THE CZECH REPUBLIC:
QUALITATIVE STUDY

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Palacký University Olomouc, Czech Republic
Marie Vysloužilová
Labour Office of the Czech Republic

Abstract
Epilepsy is the most frequent seizure disorder affecting both social and occupational
life of the patients. On the open labour market, these individuals might encounter a
number of obstacles, lack of understanding, and limitations. The objective of the
qualitative study (of an exploratory-descriptive nature) was to identify, analyse and
describe the experiences and needs in 25 adults who suffer from epilepsy concerning
their employment. The data were obtained by means of the unfinished sentences
method (total of 16 sentences) and were analysed using an interpretative content and
thematic analysis. The participants perceive epilepsy as a barrier to their occupational
self-actualization, some of the participants consider themselves as persons with health
disability. They consider the process of searching for a job a journey full of hardship
and hard-earned experience. The factors that affect getting a job are as follows: stage of
disease, employer’s requirements, but also personal efforts and luck. The participants
agree that an important aspect is positive assessment by their colleagues; they
appreciate their helpfulness, fair approach, support and motivation. They appreciate
if their colleagues do not show sympathy. One of the problematic aspects related to
employment includes fear of seizures, seizures at work, their frequency and intensity.
These and other manifestations of the disease (unrest, inattention, fatigue and lack
of concentration) raise uncertainty and fear of losing the job. A significant barrier is
a low level of awareness and the resulting impoliteness of other people. Despite the
fact that some of the participants report unpleasant feelings when talking about their
disease and consider the disclosure of this information an unpleasant necessity due to
possible help required later, being employed is an opportunity for them to work fully
and independently, achieve success, become self-reliant, self-confident, responsible and
important. These are all qualities that are associated with being employed.

Keywords: epilepsy, work experience, employing, employment and work, impact of the
disease, disease management, seizure disorder.
**Introduction to the issue of the disease and its impacts**

In the past persons with epilepsy were viewed with fear and scorn, often as someone abhorrent and despicable (Moráň, 2007; Baranowski, 2018; Smith, McKinlay, Wojewodka, & Ridsdale, 2017). Epilepsy (hereinafter referred to as ‘EPI’) is one of the most frequent neurological diseases, often with lifelong persistence and with impacts on many life, social and occupational roles and activities. It affects the physical, mental and social status of the patient (Vojtěch, 2000; Smith, McKinlay, Wojewodka, & Ridsdale, 2017). It is a seizure disorder, in which the course and frequency of seizures vary individually (Baker, Eccles, & Caswell, 2018). When appropriate compensation and disease management is applied, these persons live and work as healthy people (Preiss & Kučerová, 2006; O’Rourke & O’Brien, 2017). However, there are also patients who despite all modern approaches cannot prevent possible seizures. EPI is present in all age groups. In some persons this disease occurs in old age, although there have been no symptoms of the disease before (Brno Epilepsy Center, 2009b). These seizures represent a separate issue dominated by organic brain damage with a predominance of symptomatic seizures (Komárek, 1997). Various forms of EPI bring about various manifestations and implications. **However, a typical personality profile of a patient is not defined** (Dragašek & Drímalová, 2005) – a significant irreversible change of premorbid personality takes place (Hovorka & Herman, 2001; Procházka, 2010). Despite this fact, a frequent sign is a certain sensitivity to external stimuli, emotional instability, increased rigidity, and fatigability. Seizures of various nature might be associated with changes in perception, behaviour, and often with consciousness disorders. The area of the psyche can be affected by primary changes caused by EPI and secondary implications (for example side effects of drug treatment affecting both the mental and somatic areas) (Lim, Wo, Wong, Tan, 2013). Significant implications are also in the social area depending on the type and frequency of seizures (Michnová, Valouchová, & Liška, 2010; Baker, Eccles, & Caswell, 2018; Smith, McKinlay, Wojewodka, & Ridsdale, 2017). An important role is also played by the stage of life in which EPI occurs, age, social position, family background, comorbidities, etc. (Azuma & Akechi, 2014). Mental changes are more likely to take place if EPI occurs in childhood or adolescence (Brázdil, Hadač, Marusič et al., 2011). In recent years the treatment of EPI has developed immensely; new antiepileptic drugs are available, and we have better knowledge of their desirable and undesirable effects (Baranowski, 2018). **Lifestyle in seizure disorders** is an official term and includes a regular regimen of being asleep and being awake, no alcohol, and no extreme physical or mental strain (Moráň, 2007). If possible, a person with EPI should try to lead a usual life. An important aspect is reasonable activity, regular intake of liquids, abstinence, regular sleep (Vojtěch, 2000). Excessive care and bans are not appropriate, the same applies to doing nothing and idleness (Moráň 2007). In some persons idleness might cause an increased number of seizures just as fatigue (Fialová, 2011; Baranowski, 2018). In the interest of safety, patients should have with them basic information about their disease, treatment, contact address, telephone numbers of family members, telephone number of their attending physician (Vojtěch, 2000). “Persons who in case of seizure have a tendency to leave or flee away need a mobile phone – this can help locate them if they are disoriented” (Pfeiffer, 2007, p. 290). At their discretion, they may communicate information about their disease to their superiors or colleagues. Sleep deprivation might provoke seizures and therefore, afternoon sleep is not recommended in cases of a clear association with sleep (Waberžinek & Krajičková, 2006), and monophasic sleep is required (Seidl, 2008; Novotná, Zichová, & Nováková, 2008; Brázdil, 2009).
Job selection and occupational limitations in epileptic persons

Job selection is affected by a number of circumstances. It needs to be considered whether seizures can be controlled by drugs, at what time of day seizures occur, etc. The overall implications of EPI are individual (Heczková & Hutař, 2012; O’Rourke & O’Brien, 2017; Malmgren & Edelvik, 2017). Employees with a seizure disorder do not require any adjustments to their working environment in order to do their job properly or improve their performance (Majkowska-Zwolińska, Jędrzejczak, & Owczarek, 2012). It is not necessary to remove structural barriers, provide for special compensatory aids, employers need not ask the Labour Office for funding to adjust the working environment. Regarding the fact that employees with EPI need a regular regimen, they must not be employed in shifts. In order to prevent injury as a result of seizures, it is important to inform the closest co-workers about the principles of providing assistance in case of seizures (Job Opportunities for Disabled, 2011). Unsuitable positions for epileptic persons are those that require mechanical work, for example, operating machines in factories, using a chainsaw, cashiers in shops, etc. Mechanical work might increase the risk of seizure because the brain is used insufficiently. Fatal injuries could occur when operating machines or mechanical lines. Similarly, working with animals could result in a job-related injury. Intellectual activity is suitable for persons with EPI. A significant aspect is the type of EPI and frequency of seizures that affect attention, memory, etc. (Heczková & Hutař, 2012; Smith, McKinlay, Wojewodka, & Ridsdale, 2017). For persons with EPI it might be difficult to concentrate, and they might suffer from attention disorders. They might have problems with memorizing and recalling information; in the area of cognitive deficits this is a frequent symptom reported by patients with EPI (Preiss & Kučerová, 2006; Baker, Eccles, & Caswell, 2018). Generally, these persons might appear rigid, slow and less spontaneous. These difficulties are reflected in occupational or academic performance and might have an effect on social adaptation and performance. Even today there are irrational myths according to which EPI is sometimes associated with intellectual disability (Michnová, Valouchová, & Liška, 2010; Trimble, 1991; Vágnerová, 2002). A more serious effect on cognitive abilities is rather exceptional. This may include secondary EPI, for example after an injury causing organic damage. Both employers and employees need to know that EPI is not communicable and that it is not an intellectual disorder (Mandáková, Michnová, Kolářová, Kreškóciová, Krnáčová, Stoupová, Marusič, & Zárubová, 2014). Persons with elementary education could become (under certain conditions) gardeners or warehouse workers, possibly also cleaners, chambermaids, masseurs, gatekeepers. Persons with vocational education could become receptionists, shop assistants, decorators, photographers, letter carriers, clockmakers, goldsmiths, bag makers, dressmakers or confectioners (without using machines). Persons with EPI with secondary education can work in administration, post offices, or banks. Suitable positions also include invoice clerks, librarians, archivists, office workers, accountants, graphic designers, HR officers, etc. Graduates from higher vocational schools and universities have fewer limitations; they can, for example, become teachers, educators, physicians, or nurses. However, the risk of causing damage to other people or themselves needs to be carefully considered. Unsuitable jobs include working with electricity, chemical substances, belt conveyors, or sources of radiant heat. Other unsuitable jobs include lifeguard, diver, rescuer, professional driver, policeman, soldier, or fire-fighter. Heavy physical work is also unsuitable, for example work in mines or metallurgy (Valouchová, Michnová, Barabašová, & Liška, 2012).

In the Czech Republic applicable limitations are stipulated by the law. Limitations applicable to persons with EPI relate to working at height. According to Government Decree
No. 362/2005 Coll., on detailed requirements regarding safety and protection of health at workplaces with a risk of falling from a height or into a depth, Section 3, Sub-section 1, Clause b), the employer is obliged to prevent employees from falling from a height or into a depth at all workplaces and access roads located at least 1.5 m above the surrounding terrain or if there is free depth exceeding 1.5 m. EPI may have an impact on medical fitness to drive motor vehicles. This fitness in persons with EPI is governed by Act No. 361/2000 Coll. on road traffic as last amended and Implementing Decree No. 277/2004 Coll. on medical fitness to drive motor vehicles as last amended. These regulations are much less stringent than previous ones. Driving a motor vehicle for personal purposes is allowed after a period of at least one year without seizures. However, the person’s neurologist may extend this period as needed. For professional drivers the length of seizure-free period is longer, and the conditions are much stricter. The fitness to drive motor vehicles in an employment relationship can be confirmed after a single seizure provided that no medication was applied. Moreover, the person needs to have a normal neurological finding, normal EEG and needs to be at least 5 years after the last seizure. In case of epilepsy treatment, the seizure-free period shall be extended to 10 years after its completion. The permission to drive a motor vehicle shall be issued by a neurologist; in controversial cases an epilepsy specialist may be consulted. Another area in which persons with EPI are limited is holding a gun licence. The issuance of a gun licence in the Czech Republic is governed by Act No. 119/2002 Coll. on firearms and ammunition, as last amended, and Decree No. 493/2002 Coll., on the assessment of medical fitness for the purposes of issuing or extending the validity of a gun licence and on the content of the first aid kit held by a shooting range operator, as last amended. A gun licence can be issued to a person who meets the provisions stipulated in Section 18, Sub-section 1 of Act No. 119/2002 Coll. Medical fitness shall be assessed by the general practitioner where the person is registered. The assessment shall be based on the results of medical examination and psychological or other examination. In matters related to EPI, the statement concerning medical fitness shall be issued by a neurologist. A patient with the disease cannot become holder of a gun licence for hunting purposes or to perform a job which includes protection of life, health or property. This limitation applies to jobs in armed forces, police, fire brigades, and driving a motor vehicle (Trimble, 1991; Smith, McKinlay, Wojewodka, & Ridsdale, 2017). Another limitation relates to working near sources of radiant heat and high voltage, open fire, open rotating machines, conveyor belts, or drills. EPI seizures may also be triggered by disruption of the sleep regimen; therefore, working in a three-shift operation needs to be considered individually (Brno Epilepsy Center, 2009a). A person suffering from seizures and consciousness disorders should not work in positions where responsibility is taken for other people. The issue of jobs suitable for epileptic persons is very important. As a general rule, these persons should not be involved in activities, where a seizure could result in an injury to themselves or other people in the surroundings. A general principle that should be followed is that the occupational risk should not exceed risks encountered in usual life (Ambler, 2006). Since 1 August 2014 it has again been possible in the Czech Republic to apply for a status of a person with health disability at the respective office of the Social Security Administration. The status of a person with health disability shall be demonstrated by a certificate or decision of the respective Social Security Authority (Section 67, Sub-section 5, Clause b) of Act No. 435/2004 Coll. on employment, as last amended). The renewal of the status of a person with health disability is an opportunity for persons with EPI who have not been given disability pension. As a result, they can apply for jobs intended for persons with health disability. These jobs are supported by the state by
means of contributions. Employers can apply for these contributions at the respective Labour Office of the Czech Republic. In the group of persons with health disability persons with epilepsy form a special group. EPI manifestations are not stable such as in the case of sensory, physical or intellectual disability. The period between seizures is relatively free of difficulties (Mandáková et al., 2014).

**Prejudices, stigmatization and social aspects in the area of employment of epileptic persons**

Persons with EPI searching for a job encounter a number of problems. These problems relate to qualification, insufficient information (where and how to search for a job), and a lack of occupational and social competences. There are also prejudices among employers, patients, or their colleagues at work. Some employers a priori expect that typical features of employees with EPI (as with other categories of disability) is a slow work pace, inability to achieve adequate work performance, or reduced quality of work. They are also concerned that persons with disability will be more often on a sick leave. Epileptic patients are often considered as persons who cannot or do not want to work. They are frequently rejected even before they can prove their abilities and skills. These facts lead to the development of prejudices against employers. Persons with disability believe that they will not be employed due to their disability. This is discouraging and might lead to a loss of interest in applying for a job (Fialová, Opařilová, & Procházková, 2012; Majkowska-Zwolińska, Jędrzejczak, & Owczarek, 2012). A ‘health handicap’ causes many prejudices and concerns. Distrust of persons with health disability usually takes place in the context of employment. Employers are often unable to imagine what kind of work such person could do (Heczková & Hutař, 2012; Majkowska-Zwolińska, Jędrzejczak, & Owczarek, 2012). According to Vágnerová (2002), a secondary consequence of the disease (as a result of social prejudices) is withdrawal and reclusion. Brázdil et al. (2011) also state that persons with EPI are subject to social prejudice and have undeveloped interpersonal relationships. EPI belongs among conspicuous and to some degree even stigmatizing chronic diseases. Even today in some people the disease causes distrust, aversion and rejection. Persons with EPI are believed to have various negative qualities and these prejudices largely affect the attitudes to these persons. Persons with EPI might perceive the negative attitudes as social discrimination (Baker, Eccles, & Caswell, 2018; Smith, McKinlay, Wojewodka, & Ridsdale, 2017; Lim, Wo, Wong, & Tan, 2013). For epileptic persons the reactions of other people who do not understand the nature of the disease might be annoying and might lead to neurotic reactions and feelings of uncertainty or even inferiority (Vágnerová, 2002). Other reasons include distorted perception of persons with EPI or insufficient or no knowledge about EPI (Michnová, Valouchová, & Liška 2010). A huge problem for persons with EPI is their possible stigmatization (Smith, McKinlay, Wojewodka, & Ridsdale, 2017; Baker, Eccles, & Caswell, 2018; Brabcová, Beran, & Miňhová, 2011; Ticháčková & Pidman, 2004; Trimble, 1985; Trimble, 1991; Scambler, 1987). This is a frequent psychosocial factor that affects the lives of persons with this chronic disease (and their life satisfaction and subsequently their quality of life) (Baranowski, 2018). It is strongly discriminating for persons with EPI that seizures are mostly unexpected. This long-term adverse health condition prevents their equal position on the open labour market (O’Rourke & O’Brien, 2017). Constant fear of a seizure might cause problems both in their occupational and private life (Michnová, Valouchová, & Liška, 2010; Baranowski, 2018). Concerns about a seizure are even reported by persons who have not had a seizure for over a year or even more years. These concerns may undermine their self-confidence and self-respect and can negatively affect their activities or their work.
EXPERIENCES OF EPILEPTIC ADULTS WITH SEARCHING FOR AND MAINTAINING A JOB IN THE CZECH REPUBLIC: QUALITATIVE STUDY
Jan Chrastina, Marie Vysloužilová

Not only persons with EPI have concerns about possible seizures but also people around the client (Brázdil et al., 2011). EPI has numerous implications for occupational life (Wada, Kawata, Murakami, Kamata, Zhu, Mizuno, Okada, & Kaneko, 2001) and normal social functioning (Brázdil et al., 2011; Vágnerová, 2002; Dolanský, 2000; Azuma & Akechi, 2014). Many patients fear that if they disclose their ‘disease’, they will discourage a potential employer during the very first meeting (job interview). However, on a general level, concealing the disease might lead to other problems. Disclosing the disease should be neither overestimated nor underestimated. It should be done in the right way at the right time. It is advisable not to speak about EPI itself but rather about the consequences. It is recommended to be even-tempered, natural, and ready to correct possible disinformation (Trimble, 1991). The responsibility to inform about the disease is not stipulated by law in the Czech Republic. Provided that EPI does not affect work performance and a possible seizure does not pose a threat to anybody, it is not absolutely necessary to inform the employer. It is true however that concerns about an unexpected seizure at work when the employer is not informed might become a stressful circumstance. If EPI has an effect on work performance and a possible seizure poses a threat to the patient or other people, the employer should be informed. During the first part of a job interview, it is recommended to highlight one’s strengths, as the first impression is often decisive. If the employer does not ask about the diagnosis earlier, it is advisable to bring up this issue in the second half of the interview (Valouchová et al., 2012).

When entering the labour market, persons with EPI might encounter various obstacles. These undoubtedly include seizures and their frequency (Baranowski, 2018; Smith, McKinlay, Wojewodka, & Ridsdale, 2017; O’Rourke & O’Brien, 2017; Azuma & Akechi, 2014). The side effects of the medication might cause limitations in movement coordination, pronunciation disorders, vertigo, fatigue, drowsiness, and attention disorders (O’Rourke & O’Brien, 2017; Azuma & Akechi, 2014; Malmgren & Edelvik, 2017). As a result of cognitive disorders, epileptic persons might have problems learning and remembering new things, there might also be communication problems (Baker, Eccles, & Caswell, 2018). A low level or different qualification together with insufficient social skills (competences) may induce feelings of social isolation. It is also difficult for persons with EPI to be able to explain the disease correctly, overcome shame and speak about the disease, and be able to correct any prejudices, half-truths and concerns on the part of the employer. Another obstacle is when patients succumb to the feeling of insufficient control of their own life (Mandáková et al., 2014; Smith, McKinlay, Wojewodka, & Ridsdale, 2017).

Objective of the research, research problem and research question of the qualitative study

The objective of the qualitative study was to identify and describe how EPI affects the activities in the area of employment. The aim of the study can be contextualized as identification, analysis and description of the experience and needs of Czech persons with EPI concerning their employment. The following research problem was defined: in the context of the Czech socio-cultural environment, the presence of EPI has multiple effects on occupational life; it limits job opportunities on the labour market and negatively affects the process of getting/maintaining a job. The following research question was defined: What experiences and needs do persons with EPI have in selected occupational processes and aspects in the context of the Czech Republic?
Sample and methods  
With respect to the research problem defined, a qualitative approach was selected to achieve the research objective (description of the experiences of epileptic persons with searching for, getting and maintaining jobs). An exploratory-descriptive type of research was selected; therefore, the research sample was established randomly, but intentional (purposive) sampling was applied, i.e. those participants were selected that met the following predefined criteria: (a) Adult person with EPI, who has been employed for a minimum of 6 months; (b) Characteristics in terms of gender, education, nationality, duration and type of EPI seizures were not specified (these were not input variables based on literary search and analysis). The criterion of employment of at least 6 months was defined purposefully – the reason was an effort to achieve maximum possible objectiveness of the responses, and to minimize negative perceptions related to a short period of employment and adaptation issues. The researchers contacted the Czech Epilepsy Association, which runs E Clubs that join people with similar interests, experiences and worries. The contact person of E Club Olomouc (the city where the researchers’ university is located) was asked if members of the Club could join the research study. Detailed requirements concerning their participation in the research were communicated via email and in personal meetings. The purpose of the rather generally defined sampling criteria was to recruit the required number of participants and to assess their responses in a comprehensive way. The research sample included 25 participants – 17 women and 8 men (the requirement for theoretical saturation was met). The youngest participant was 21 years old, the oldest was 53 years old – the average age of the sample was 34.76 years. The participants were recruited based on the recommendation of the contact person and other recommendations. As a result, the sample included participants from various locations in the Czech Republic (snowball technique).

After considering all aspects, particularly any negative effects (for example, difficult availability in terms of time and for geographical reasons, fatigue due to travel on the part of both participants and researchers, being unfamiliar with the environment and its possible effects on the course of the interview resulting in various limitations), the projective method of unfinished sentences (in an electronic form) was used. In the Czech Republic, there were no searched studies that would apply the method of unfinished sentences in the given topic. This method has many alternatives, all of which are based on the same principle: completing an unfinished sentence by the tested/interviewed person (Svoboda, 2010; Šípek, 2000). This is an approach with little structuring that allows an almost unlimited number of possible responses (Šípek, 2000). The electronic form did not limit the respondents in terms of time. They were allowed to complete the form comfortably at home while absolute anonymity was maintained. The respondents were given sufficient time and space to think about the topics without shame and nervousness.

A battery of 16 unfinished sentences (Figure 1) was developed in accordance with the research objective and the research question. The respondents were required to complete all unfinished sentences in order to collect a complete body of data for a subsequent analysis (the requirement to complete all unfinished sentences could also be considered a limitation provided that theoretical saturation was not achieved). The sentences contain specific semantic dimensions and attempt to capture the respondents’ experiences in the process of searching for, getting and maintaining a job. The battery of sentences was designed in a way to cover the issue in selected areas with a maximum possible degree of authenticity. The unfinished sentences were then classified on the timeline into the following three thematic areas based on the...
key indicators: (1) Link to the disease (unfinished sentence 1, 2, 4 and 5); (2) Experiences of epileptic persons with searching for a job (unfinished sentence 3 and 6 to 9); (3) Experiences with performance of the job (unfinished sentence 10 to 16).

1. I think that epilepsy...
2. As a person with health disability...
3. Getting a job...
4. I think that the opportunity to work...
5. I have always wanted...
6. I think that searching for a job was...
7. During the interview I considered important...
8. To speak about my disease during the interview was...
9. In searching for a job I appreciated...
10. At work I feel...
11. Involvement in the team of colleagues...
12. To speak about my disease at work...
13. A possible seizure at work...
14. What helps me most is...
15. I enjoy...
16. What I consider problematic is...

**Fig. 1. Battery of unfinished sentences**

An important criterion in the process of completing the sentences was clarity. The pilot study performed in cooperation with a team of employees of the Labour Office of the Czech Republic helped identify any unclear formulations of unfinished sentences. Based on the pilot verification, the past tense in some sentences was transformed into the present tense (better evocation of the current state and emphasis on perception) and some sentences were shortened (to ensure a higher degree of openness and subjectiveness). To achieve better clarity, to facilitate data handling, and to decrease the risk of potential loss or unavailability of online data, all data were converted into tables and printed. To preserve authenticity, the texts were not subject to any corrections (linguistic, formal, stylistic, content) – verbatim transcriptions were used. The data were analysed by means of **coding and an interpretative content and thematic analysis**. During the first stage, all sentences were read. Of the incoming 29 responses, 4 were excluded due to non-compliance with the predetermined criteria. The coding procedure was performed manually (paper and pencil approach). The printed data were provided with code names or notes. This was followed by systematic categorization to produce a hierarchic system of codes – categorizations – topics. At first, the data were assigned with various codes. After that similar codes were grouped and individual categories created (Švaříček & Šeďová, et al., 2007). For the purposes of data assessment, the method of content and thematic analysis and description separately for each unfinished sentence was used. Eventually, the body of coded material was analysed by means of the laying the cards method (arrangement of categories developed by open coding into patterns or lines). This resulted in a text, the content of which reflects the categories.

**Results and discussion**

The following chapter presents the three areas on the timeline mentioned above – (a) Area 1 deals with the link to the disease; (b) Area 2 addresses experiences with searching for a job; and (c) Area 3 focuses on experiences with the performance of the job. These three areas form a time frame of the entire research study – the aim was to capture the issue of employment of epileptic persons in an as much as possible phenomenological and chronological paradigm. The three areas were developed in order to obtain the most precise and comprehensive picture.
Area 1 – Link to the disease

The first thematic area focused on epileptic persons and their view of ‘their own disease’ in relation to their job and employment. The content of unfinished sentences 1, 2, 4 and 5 focused on the perception of the disease, oneself as a person with health disability, significance of having a job, and professional aspirations. The codes used in these categories were as follows: disease, difficulties, limitations, stigma, prejudice, injustice, part of life and belonging, gratitude, self-actualization, desire for a change of profession and desire for career success. The respondents agree on the perception of their own disease as a complication and obstacle, as a restrictive and limiting factor in self-actualization in their job. Epilepsy is generally referred to as a ‘...liveable disease...', a chronic disease, and ‘...a disease stigmatized by the society...’. This statement is fully consistent with the conclusions formulated by Czech authors Bártlová (2002), Vágnerová (2002), Michnová, Valouchová, & Liška (2010), Brabcová, Beran, & Mihňová (2011), Ticháčková & Pidrman (2004), as well as foreign authors Trimble (1991; 1985), Scambler (1987), Baker, Eccles, & Caswell (2018) and Sung, Muller, Jones, & Chan (2014). However, in the perception of oneself as a person with health disability more diverse responses were obtained. Some participants feel a sense of belonging to this group, some of them do not identify with the status of a person with health disability (‘...in fact I do not consider myself...’). The statements clearly suggest the respondents’ awareness of the complications that their health disability brings for the employers, and insufficient politeness and prejudices on the part of others. The fact that health disability causes numerous prejudices among employers is mentioned for example by Fialová, Opařilová, & Procházková (2012) and Heczková & Hutař (2012). Social prejudices are reported by Vágnerová (2002) and Brázdil et al. (2011). The statements concerning the significance of having a job suggest that for persons with EPI having a job is as important as it is for other people. The participants suggested financial independence (Baker, Eccles, & Caswell, 2018), coping with their economic situation, freedom and self-actualization (Smith, McKinlay, Wojewodka, & Ridsdale, 2017; Sung, Muller, Jones, & Chan, 2014), personal and social benefits. A large part concerned the social significance of ‘being employed’. There were many statements concerning an important part of life, contact with people, gratitude and a gift, ‘...a medicine that helps...’. The opinions of the participants concerning their professional aspirations vary; there are both achievable wishes as well as impossible dreams. The statements very strongly emphasise the issue of occupational limitations of epileptic persons and their desire for work, which is inaccessible due to their disease. Some participants wished to change their job, others wished a job in the field of their expertise or a career success. These authentic statements of epileptic persons concerning their occupational limitations are consistent with scientific literature, see, for example, Heczková & Hutař (2012), Valouchová et al. (2012), Seidl (2015), Trimble (1991), Ambler (2006) and Baker, Eccles, & Caswell (2018).

Area 2 – Experiences with searching for a job

The second thematic area focused on the experiences of epileptic persons with searching for a job. The content of unfinished sentences 3, 6, 7, 8 and 9 focus on the semantic dimensions relating to how difficult it is to find a job. The participants shared their experiences and perceptions concerning a job interview, what they considered important about a job interview of experiences, perceptions and needs of epileptic persons in the process of searching for a job and employment.
and how they felt about disclosing their diagnosis. The codes used in the categories were as follows: perception of difficulty, stage of the disease, luck, personal challenge, personal efforts, personal presentation, limiting factors, disclosure of the diagnosis, tortuous path, attitude and helpfulness of the employer.

The participants consider the **process of searching for a job** a journey full of hardship and hard-earned experience. On an imaginary scale of difficulty of searching for a job, most of the respondents suggested difficulty, intricacy, knottiness and almost impossibility. The factors that affect getting a job are as follows: stage of the disease, employer’s requirements, but also personal efforts and luck. According to the respondents, **personal presentation** is a very important part of a job interview: to emphasize ‘...one’s own knowledge and skills...’, work-related qualities, and knowledge and awareness of new issues, and also, to be honest, self-confident, and to try to show oneself to best advantage (Smith, McKinlay, Wojewodka, & Ridsdale, 2017). During a job interview, the participants believe that another important aspect is the attitude of the employer, the employer’s perspective without prejudice, and a degree of openness in order to harmonize the employer’s requirements with the employee’s possibilities.

The responses also include an aspect, which the participants consider very important – **disclosure of the diagnosis during a job interview**. The responses vary – in terms of both experiences and opinions about disclosing one’s health status. The importance of disclosing the diagnosis is suggested by the respondents’ comments concerning the significance of this information, necessity and naturalness, a good thing to do: ‘...although it was very stressful for me...’. They believe it is important to explain their health status and the manifestations of the disease in order for the employer ‘... to know how to help me in case of a seizure...’. Some of the participants prefer to conceal their health status or disclose it after they are employed, and a degree of trust is established. However, some of the respondents suggest that it is **not recommended to disclose the diagnosis**. The reason is a negative response of the employer to such disclosure, breaking into the participants’ privacy, shame or emotional stress (Baker, Eccles, & Caswell, 2018). These phenomena are explained by Trimble (1991) and Valouchová et al. (2012): there is no clear answer as to whether the diagnosis should be disclosed or not. Personal consideration of all aspects is essential. In any case, disclosure should be done in the right way at the right time. It is recommended not to talk about EPI itself, but rather about its consequences, to be well-tempered and natural.

It is also interesting to look at the statements concerning **support in searching for a job**. The main aspect is the employer’s willingness to adjust the working hours, allow home office or accept the participants’ health status (‘...that the employer hired me as I am...’). Slašťanová & Durajová (2012) claim that most persons with health disability are able to work if appropriate conditions are provided. The participants also appreciate social support (Baker, Eccles, & Caswell, 2018; Shallcross et al., 2015) provided by their family and friends, or the possibility to use professional (social) counselling services. In this context, Dolansky (2002) and Sung, Muller, Jones, Chan (2014) highlight the fact that counselling for persons with EPI should always be individualized and should respect the specific abilities and needs of clients/applicants.

**Area 3 – Experiences with the performance of the job**

The third thematic area described the experiences of epileptic persons gained directly in the working environment. Unfinished sentences 10, 11, 12, 13, 14, 15 and 16 included semantic dimensions that focused on the persons’ experiences and perceptions in the workplace, reactions
of their co-workers to their disease, dealing with seizures, and on what helped them most in overcoming these difficulties. The codes used in the categories were as follows: influence of co-workers, helpfulness of the employer, work satisfaction, being happy to be employed, satisfaction, acceptance by co-workers, gradual adaptation, instructions given to co-workers, reaction of the environment, frequency and intensity of seizures, manifestations of the disease, attributes of the environment.

The participants’ responses are dominated by positive assessment by co-workers. They agree that an important aspect is positive assessment by their colleagues; they appreciate their helpfulness, fair approach, support and motivation. They also appreciate their interest, praise and encouragement. Among their colleagues they feel safe, respected, useful and busy. They appreciate if their colleagues do not show sympathy. Their feelings of belonging to the group of co-workers correspond with the statements concerning their feelings at work. The participants jointly suggest feelings at work, work satisfaction, joy of work, ease and satisfaction at work.

For the participants the joy of being employed means to work fully and independently and to achieve success (‘...I do what a healthy man can do...’; ‘...I see that they are happy with my work...’). In accordance with the results of the present study, Slašťanová & Durajová (2012) and Majkowska-Zwolińska, Jędrzejczak, & Owczarek (2012) reported increased feelings of self-reliance, self-confidence, responsibility and importance, which the status of an employed person brings. The respondents believe that helpfulness of co-workers and the employer helps overcome their difficulties. Similarly to previous responses, acceptance by co-workers is believed to be positive and considered very important. The participants reported easy acceptance without any complications and problems. According to them, gradual and peaceful acceptance is dependent on personality qualities (‘...I am cheerful and sincere...’), corporate culture, tolerance on the part of co-workers, and awareness about the disease. However, in the area of co-workers’ awareness the responses differ. Some of them reported discomfort when talking about their disease. They consider disclosure of this information an unpleasant necessity in order to receive help later and think carefully who this information should be disclosed to (‘...it depends who to and at what occasion...’). The participants suggest that they can easily speak about their disease among co-workers and consider this communication a piece of usual and rational information that raises awareness and gives advice to the team of co-workers so that they are aware of the risks associated with their disease. Such working environment provides a peaceful and safe environment, in which they can work fully and share experiences. Job Opportunities for Disabled (2011) and Majkowska-Zwolińska, Jędrzejczak, & Owczarek (2012) explain the importance of informing close co-workers about the principles of providing support in case of a seizure to prevent a possible injury. One of the problematic aspects related to employment includes fear of seizures, seizures at work, their frequency (Smith, McKinlay, Wojewodka, & Ridsdale, 2017; O’Rourke & O’Brien, 2017; Majkowska-Zwolińska, Jędrzejczak, & Owczarek, 2012) and intensity (Baranowski, 2018). These and other manifestations of the disease (for example unrest, inattention, fatigue and lack of concentration) raise uncertainty and fear of losing the job. An association between higher unemployment of epileptic persons and number of seizures was suggested by Marinas, Elices, Gil-Nagel, Salas-Puig, Sánchez, Carreño, Villanueva, Rosendo, Porcel, & Serratosa (2011). For epileptic persons seizures are always uncomfortable and stressful; they believe this could be solved by rest and good awareness of their colleagues. The participants believe that awareness about the disease is important but neglected. According to the participants, a significant barrier is a low level of awareness and the resulting impoliteness of other...
people. What they consider problematic is ‘...that it is little known about epilepsy...’; ‘...when people do not know what the other person feels and are unable to empathise...’. As Vágnerová (2002) emphasizes, the reactions of other people who do not understand the principle of the disease may become uncomfortable for epileptic persons and may neurotise them and induce feelings of uncertainty and inferiority. The need to develop awareness among the majority society about EPI is also emphasised by Michnová, Valouchová, & Liška (2010).

**Recommendations for practice**

The experiences described above make up a mosaic of impacts of the disease on occupational life. Based on the information gathered, the authors are aware of a low level of public awareness and awareness among employers about this seizure disorder. One of the recommendations focuses on the **possibilities of improving and increasing awareness about this disease**. The results of the study can be used to extend the information services provided by the Labour Office of the Czech Republic – the partner for employers and those who are unemployed. On the website of the Labour Office, employers can find information leaflets and practical recommendations concerning the employment of persons with health disability. In this respect, it would be desirable to use leaflets and handbooks aimed at seizure disorders and their effects on job performance. The development and availability of such leaflets could lead to a better understanding of the disease and a decrease in employers’ concerns about employing epileptic persons. Awareness about the disease in the Czech Republic is raised especially by the Czech Epilepsy Association, with which the researchers closely collaborated in the performance of the research. The research outcomes could be used by the employees of the association as a basis for providing professional social counselling, thereby strengthening the comprehensive perspective of the needs of epileptic persons during the process of getting and maintaining their job. In the provision of counselling services, it is always necessary to respect an individual approach and pace, to work with specific needs and wishes of epileptic persons, and to search for adequate and highly individualized solutions. It is important to understand these needs and wishes, know the persons’ attitudes to their own disease, and their ideas about their careers. These counselling services are provided not only to epileptic persons but also to employers and other subjects interested in the issue. Another recommendation for the clients is to use the services provided by the Labour Office in the Czech Republic as much as possible. Specifically, it is recommended to use the services of Job Clubs, which is a counselling programme designed to motivate the participants to succeed on the labour market. The participants’ statements suggest a degree of uncertainty, concerns and stress when they are supposed to speak about their disease during a job interview. The Job Club can help people learn to present themselves, prepare for a job interview, learn to cope with stress, increase self-confidence, acquire interpersonal communication skills, and consult their concerns with an expert (coach, therapist, psychologist, counsellor). Originally, the Job Club was intended especially for job seekers who receive increased care by the Labour Office in accordance with the provisions of Section 33 of Act No. 435/2004 Coll., on employment, as last amended. At present, the Job Club is intended for all job seekers – all they need to do is ask the Labour Office to be included in the programme.

**Ethical aspects and limitations of the study**

Throughout the course of the study ethical aspects were ensured and observed. In accordance with the principle of confidentiality and privacy, the data do not contain any
information that could be used to identify the participants. The completion of the questionnaire was anonymous and voluntary, by completing and sending the questionnaire the participants gave their active informed consent. Emotional safety of the participants was also ensured – their statements concerning emotionally sensitive issues were given at their discretion, the participants were provided with sufficient time, the questionnaires were completed in a calm, safe and familiar environment. **Limitations on the part of the researchers:** the authors used the re-coding technique consisting in repeated coding of the same text (Švaříček, Šeďová et al., 2007), which helped eliminate subjective distortion during data analysis. In this context, the term ‘subjective’ is used as a synonym of less accurate, biased and erroneous. In order to avoid distortion of the results, the analysis included all data including those whose content did not fully correspond with the primary objective of the research. **Limitations on the part of the research sample:** despite careful selection of the participants and their experiences, the data could have been affected by possible internal influences such as changes in perception, cognitive function disorders, mood swings, fatigue, etc. The authors of the study also acknowledge a possible influence of social desirability (as a result of which people might present themselves in a different (better) way than they really are). **Methodological limitations:** the data required were obtained by means of the unfinished sentences method, which includes personal assessment. Subjective perception of the content of the responses is clarified to the researchers by the participants by means of face-to-face techniques, which regarding the organization of the online research study were impossible. In case of uncertainties in the responses, the researchers read through all responses of a specific individual in order to achieve a better understanding of the context and to avoid any misinterpretations (story frames were developed).

**Conclusion**

This qualitative research study shows that to present a comprehensive picture of the occupational experiences of epileptic persons in the Czech Republic is as difficult as to present a typical profile of an epileptic person. The participants have personal experiences with their job and getting their job, which are affected by a number of factors. The data collected suggest a high degree of compliance with professional literature. The researchers consider this (a) a fact that reflects the quality of the data obtained by means of the present qualitative research; (b) a finding that confirms the facts available in professional literature; (c) evidence of high quality and comprehensive approach to epileptic persons in the process of searching for and maintaining a job in the Czech Republic.

The experiences of epileptic persons in this area vary just as the manifestations of this serious disease. Despite this fact, the responses suggest a certain agreement in several areas: (a) The ‘employed’ status provides the clients with internal satisfaction and strengthens their independence; (b) In relation to themselves, it is difficult for epileptic persons to disclose the information about their disease to a potential employer; (c) In relation to other people, the clients suggest an insufficient awareness about epilepsy, doubts, and a degree of bias. The factors that support the success of the target group on the labour market include the following: true awareness among employers about this disease and the ability of the clients to speak about it in an open and peaceful way. On the other hand, the results suggest that insufficient information, misunderstanding and prejudice decrease the chance of getting and maintaining a job. Finally, the question that emerges is which further research direction should be taken. It would be interesting to analyse this issue from the perspective of employers (qualitative study) and compare the data (mixed retrospective research design). These outcomes could
bring a new dimension of the issue and at the same time support better understanding of the relationship between epileptic persons and employers – all this with an emphasis on life satisfaction and quality of life among epileptic persons (quantitative study).

The specificity of this disease lies in its unpredictability and manifestations that other people often do not understand and misinterpret. The authors believe that this publication will promote the chances of epileptic persons in the area of employment, perhaps in the context of supporting their independence.

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References


Nařízení vlády č. 362/2005 Sb., o bližších požadavcích na bezpečnost a ochranu zdraví při práci na pracovištích s nebezpečím pádu z výšky nebo do hloubky, ve znění pozdějších předpisů [Government Decree No. 362/2005 Coll., On detailed requirements regarding safety and protection of health at workplaces with a risk of falling from a height or into a depth, as last amended].


EXPERIENCES OF EPILEPTIC ADULTS WITH SEARCHING FOR AND MAINTAINING A JOB IN THE CZECH REPUBLIC: QUALITATIVE STUDY

Summary

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The intention of the qualitative study was to identify and describe how EPI affects the activities in the area of employment. The objective of the publication was contextualized as identification, analysis and description of the experiences and needs of persons with EPI concerning their employment. The following research problem was defined: the presence of EPI has multiple effects on occupational life; it limits job opportunities on the labour market and negatively affects the process of getting/maintaining a
The following research question was defined: what experiences and needs do persons with EPI have in selected occupational processes and aspects in the context of the Czech Republic? The exploratory-descriptive qualitative study involved a total of 25 adults with epilepsy (17 women, 8 men) from various locations in the Czech Republic (snowball technique). Data collection was performed by means of 16 unfinished sentences focusing on the link to the disease, experiences with searching for a job, and performance of the job. The findings of the present study make up a mosaic of impacts of the disease on occupational life. The results suggest insufficient or biased awareness of employers and society. It appears desirable to broaden the services of specialized social counselling services and the information provided by the Labour Office of the Czech Republic; it is always necessary to respect an individual approach and pace, to work with specific needs and wishes of epileptic persons, and to search for adequate and highly individualized solutions. It is important to understand these needs and wishes, know the persons’ attitudes to their own disease, and their ideas about their careers. The data collected suggest compliance with professional literature. The researchers consider this: (a) A fact that reflects the quality of the data obtained by means of the present qualitative research; (b) A finding that confirms the facts available in professional literature; (c) Evidence of high quality and comprehensive approach to epileptic persons in the process of searching for and maintaining a job in the Czech Republic.

The experiences of epileptic persons with this issue vary; however, the following can be stated: (a) The ‘employed’ status provides the clients with internal satisfaction and strengthens their independence; (b) In relation to themselves, it is difficult for epileptic persons to disclose the information about their disease to a potential employer; (c) In relation to other people, the clients suggest an insufficient awareness about epilepsy, doubts, and a degree of bias; (d) The factors that support the success of the target group on the labour market include the following: true awareness among employers about this disease and the ability of the clients to speak about it in an open and peaceful way; on the other hand, insufficient information, misunderstanding and prejudice decrease the chance of getting and maintaining a job.

The results of the present qualitative study bring a new dimension of the issue and at the same time support better understanding of the relationship between epileptic persons and employers – all this with an emphasis on follow-up research of life satisfaction and quality of life among epileptic persons.

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PSYCHOLOGICAL WELL-BEING OF ELDERLY PEOPLE: THE SOCIAL FACTORS

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Abstract

This paper presents the social factors of psychological well-being in the elderly. Psychological well-being is a personality phenomenon, which forms during the human activity in the system of real relationships with surrounding objects. Personal, cognitive, emotional, social, and other factors determine psychological well-being in the elderly. It was found that the level of psychological well-being is bigger for seniors who do not feel lonely and have enough opportunities for communication, who take part in a social life and live with relatives. Specifics of everyday activity in older age are not related to psychological well-being substantially.

Keywords: psychological well-being, seniors, communication, desolation, activity.

Introduction

Personal development can be characterized by qualitative and quantitative properties, changes throughout life, which provide various impact toward social adaptability of the person. When it comes to the elderly, it is typical to mention the reduction of adaptive human capabilities and activation of destructive processes. Special facilities and features are needed to neutralize the impact of these destructive factors and ensure a harmonious, optimal life activity for the seniors. The psychological well-being is one of such personal complexes. A number of conditions and factors, which can vary in the elderly, is crucial. Therefore, it is very important to research such conditions and factors for the advanced age.

Psychological well-being

Psychological well-being is a very complex personal phenomenon. It forms as a result of human activity in the system of real relationships with surrounding objects. Psychological well-being can be described as a feeling of life satisfaction, the quality of life, personal self-fulfilment, creation of objective and subjective values. There is a number of aspects, such as evaluative well-being (or life satisfaction), hedonic well-being (feelings of happiness, sadness, etc.), and eudemonic well-being (sense of purpose and meaning of life) (Steptoe, Deaton, & Stone, 2015). This well-being is associated with the phenomena of self-actualization, personal growth and fulfilment. It is also connected to the person’s emotional assessment of her/himself.
and his/her own life. Psychological well-being is important in human development in the late age. The shaping of the well-being is determined by personal, cognitive, communicative and other psychological and non-psychological factors.

**Personal factors of psychological well-being**

Self-esteem, self-acceptance, and self-perception determine the achievement of psychological well-being of a person. According to Kozmina (2013), students with higher well-being experience the support, appreciation and respect from others. The self-confidence is higher and the level of internal conflict is lower for them, they are open for new experiences and interested in self-cognition, and they actualize their potential in a more effective way. Subjective age of a senior person is related to his/her psychological well-being as a part of self-perception. According to Mel’ohin (2016), those who identify themselves with a younger age (positive cognitive illusion of age) are more flourishing and happier in the elderly.

There is a direct link between psychological well-being and individual self-regulation, and a strong connection between self-regulation and the resource and result aspects of well-being (Oleksandrov, 2009).

Personal potential can be described as the cause of psychological well-being (Olephir, 2012). It allows a person to enjoy stable internal criteria and guidelines in his or her life, to support the stability of semantic orientations, as well as to act effectively in different environments.

Psychological well-being is determined by the self-actualization of a person, his or her ability to enjoy the integrity of life and share the existential values, celebrate world’s richness and diversity and appreciate his or her dignity and ability (Belousova & Rakhymharaeva, 2011; Kostenko, 2005). As Bel’sky (2010) mentioned, those seniors who perform meaningful activities that are valid for themselves and for others have higher level of psychological well-being. These people possess their professional identity.

**Cognitive factors of psychological well-being**

The levels of psychological well-being and life satisfaction are determined by the general intelligence of a person. The higher level of cognitive functioning the person has, the more life opportunities she or he has, which brings more life and self-satisfaction. Psychological well-being of seniors is associated with crystallized intelligence more than with fluid one (see Siedlecki (2008) about the decrease of the influence of fluid intelligence on the life satisfaction).

**Emotional factors of psychological well-being**

The stability of the emotional system is a significant reason for one’s psychological well-being. Such well-being is caused by one’s emotional balance, emotional comfort and peace of mind (Belousova, 2011; Bel’sky, 2010). Depression, neuroticism, and hopelessness bring problems for well-being (Korniyenko, 2014).

Self-compassion refers to a kind and nurturing attitude toward oneself in a situation that poses a threat toward one’s adequacy, as well as perceiving imperfection as a part of being human. It is positively and clearly related to psychological well-being of seniors analyzed (Homan, 2016).

**Social issues as the factors of psychological well-being**

The abilities of a person to support trusting constructive relationships with others, and to use adaptive behavior strategies for communication are the factors important for psychological

Strong social relations and family support in personal care are very important in the subjective well-being of seniors in Lithuania (Vaznioniene, 2014).

Some psychological studies have a focus on well-being of seniors in nursing homes. The positive attitude of living conditions and health, as well as such characteristics as higher education, inclusion in desirable activities, close relationships with significant others are the factors of their psychological well-being (Kostenko, 2005). There are some differences in food preferences and diet satisfaction between those living independently and those living in social welfare institutions (Hartman-Petrycka, Lebiedowska, & Blońska-Fajfrowska, 2015).

The higher level of person’s psychological (subjective) well-being can be caused by higher level of his or her extraversion (McCrae & Costa, 1991).

The level of adaptability to social environment conditions is a significant factor for one’s psychological well-being. This is very important for those who relocated, as well as for the seniors (Korniyenko, 2014). Those with psychological well-being are socially adaptive, they are able to act depending on the actual social request; while in seniors their activity is not decreased and their lifestyle does not have major changes (Melekhin, 2015; Pavlotskaya, 2014).

There is a negative relation between psychological well-being and a level of communication control. Well-being allows a person to feel free with others, to trust them and to have self-confidence (Pavlotskaya, 2014). The role of social relationships for seniors’ well-being was shown by Shankar, Rafnsson, and Steptoe (2015). They described the relations between isolation and desolation, and hedonistic evaluative well-being.

Seniors with an active lifestyle, and those who, despite various difficulties and disappointments, have chances for steady development in old age, have higher level of psychological well-being and life satisfaction. For those people life satisfaction is determined by the conviction that they act for the realization of their own life plan, which is meaningful and, therefore, is a good choice of all life alternatives, and the result of their efforts (Ermolayeva, 2002). Andrews and Withey (1976) analyzed social indicators of perceived quality of life. They classified the indicators of two types, “objective” and “subjective”. The first ones are factored of various types of issues (crime rates, population densities); the second ones are based on personal perceptions, responses and feelings.

**Life satisfaction or dissatisfaction in old age**

Ermolayeva (2002) distinguishes factors that determine life satisfaction or dissatisfaction for the elderly. The first group of factors is related to the meaning of one’s life for others and its assessment by the seniors, the existence of a life aim, and a time perspective to connect present, past and future time. These factors are manifested via the realization of a life aim, the system of interests, the reflection upon the meaning of one’s life. The second group of factors is related to the assessment of one’s external and internal conditions. This brings a complex experience of life dissatisfaction, which is a sum of anxiety about health and appearance deterioration, the lack of material resources, the actual absence of physical and moral support, and the actual isolation. Thus, the gain in health does not make an elderly person more satisfied with his or her life, in general.
Psychological well-being of senior men and women

In our earlier research we have proved that the seniors of all genders have an equal level of psychological well-being. The level is decreasing in this period of life, unlike the previous age stages. For seniors the level of psychological well-being is low or below the average (Kovalenko, 2017). This indicates that one’s mental functioning gets worse while ageing. The directions of development are not clear for the seniors; they are not satisfied with their life and personality, they do not accept themselves.

There is a relation between one’s psychological well-being and some modalities of self-attitude at different stages of senescence. Psychological well-being of a person aged 60-65 is determined by his or her self-esteem, self-confidence and positive self-perception. Assertiveness is the main regulator of psychological well-being for women and men aged 66-69, while their self-esteem and the lack of internal conflict are also important (Partyko, 2016).

Other factors of psychological well-being

The researchers found the relation between the psychological well-being and one’s goals, comprehension, life strategy, life self-acceptance, the sovereignty of one’s psychological space, core values, social acknowledgement in socially significant activities, self-confidence, etc. (Arshava & Nosenko, 2012; Bel’sky, 2010; Bocharova, 2005; Pavlotskaya, 2014).

Psychological well-being and health have a strong relation for older ages (Steptoe, Deaton, & Stone, 2015). This relation becomes stronger in old age, due to the scale of chronic diseases. Well-being as body satisfaction was researched by Sabik and Cole (2017) for the European-American and African-American senior women. It was found that the European-American women are more vulnerable to the negative impacts of the ageing process to the body.

The relations between one’s psychological well-being and such objective settings as the state of physical and psychosomatic health (Ryff, 1989), genetic characteristics (Argyle, 2001; Lykken & Tellegen, 1996), external attractiveness (Arshava & Nosenko, 2012) were researched. One’s psychological well-being relates to the external circumstances of his or her life, such as level of income, education, status (Bradburn, 1969; Diener, Diener, and Diener, 1995; Kasser, 2002; Kostenko, 2005), age and gender (Argyle, 2001; Diener, Diener, & Diener, 1995; Ryff, 1989; Shevelenkova & Fesenko, 2005), cultural affiliation and geodemographic environment, climate (Lynch, 2016). Higher psychological well-being and happier life are typical for those seniors who work in a specialty (Bel’sky, 2010). Health, care giving, desolation, and smoking are relatively stronger predictors of emotional well-being that refers to the emotional quality of an individual’s everyday experience (Kahneman & Deaton, 2010).

According to the results of recent researches, the development of one’s psychological well-being is determined by a number of factors, namely, social, economic, political, religious, and psychological factors (in particular, personal, cognitive factors and communicative personality features). Social and socio-psychological personal features are the important factors of psychological well-being in the elderly.

Research object. Factors of one’s psychological well-being.


The aim of the research is to discover the social and socio-psychological factors of psychological well-being of elderly people, such as feeling of desolation, daily activity, opportunity to communicate with friends, social life activity, living conditions.
Research participants. The study analyzed 325 persons aged from 57 to 86 years, average age is 67.2 years. All of them are residents of Poltava region. Some participants were single and lived alone (61 persons); 230 participants lived with their relatives (wife or husband, children, grandchildren, sisters, parents); 34 participants did not indicate this issue. 85 participants mentioned that they have relationships with relatives, friends and neighbors; 240 participants did not mention communication and relationships with others while analyzing their day. 118 people are active in social life (they engage in charity and volunteering, attend various workshops, seminars, meetings, as well as various groups of territorial social service centers, participate in chorus, engage in politics or local government, vote in elections etc.); 207 participants are not socially active. The average level of participants’ desolation is 1.02 (from -2 to +2). Among the participants 67 persons assessed the level of their desolation below zero, 245 participants assessed it above zero, and 13 persons did not assess it. The average level of the actual communication capability is 0.76 (from -2 to +2). 84 participants stated that their capability is not sufficient, 228 participants stated that they have enough capability to communicate, and 13 participants did not answer.

Research method. The adapted Ukrainian version of “The Scales of Psychological Well-Being” (SPWB) questionnaire by Ryff was used. The 84-question version adapted for the Ukrainian language by Karskanova (2011) was used. The scale consists of 6 dimensions (indexes): positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, self-acceptance. It has been designed as self-report scales to assess individual’s well-being at a particular moment in time within each of these 6 dimensions. Responses are totaled for each of the six categories (about half of the responses are reverse scored, which is indicated on the master copy of the test). For each category a high score indicates that the respondent has a mastery of that area in his or her life. Conversely, a low score shows that the respondent struggles to feel comfortable with that particular concept.

The data about respondents’ age, living conditions, features of daily activity, social activity in public life, level of desolation, and level of the actual communication capability were also recorded. For each position it was important to divide the respondents into two groups and to compare the well-being features of the groups. Those who live alone (first group) and those who live with relatives (second group) were identified. Those who have daily relationships (first group) and those who have other daily activities (second group) were identified. Those who take part in social life (first group) and those who are not active in social life (second group) were identified. The respondents had to evaluate their level of desolation using a 4-point scale: “1” for “low” (“lonely”), “2” for “below average”, “3” for “above average”, “4” for “high” (“not lonely”). Those who marked “1” or “2” formed the first group, and respondents with “3” or “4” formed the second group. The respondents had to evaluate their real capability/opportunity to communicate with friends using a 4-point scale: “1” for “low” (“very few opportunities”), “2” for “below average”, “3” for “above average”, “4” for “high” (“a lot of opportunities”). The respondents who marked “1” or “2” formed the first group, and those who marked “3” or “4” formed the second group.

Research data were processed with the mathematical statistics: descriptive statistics (mean value, std. deviation), Mann-Whitney U test and Student’s t-test. All calculations were performed in the SPSS.20.
Results of the research

Feeling of desolation. The means for the 6 indexes of psychological well-being and its total score for the respondents with different levels of desolation were compared. The data are presented in Table 1.

Table 1. The psychological well-being of respondents with different levels of desolation (n=312)

<table>
<thead>
<tr>
<th>Index</th>
<th>1st group (lonely)</th>
<th>2nd group (not lonely)</th>
<th>t, α=0.05, crit. value=1.97</th>
<th>U, α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive relations</td>
<td>52.18</td>
<td>55.84</td>
<td>2.790</td>
<td>10.080,500</td>
</tr>
<tr>
<td>Autonomy</td>
<td>51.79</td>
<td>53.08</td>
<td>1.078</td>
<td>8.847,500</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>50.71</td>
<td>54.49</td>
<td>3.219</td>
<td>10.080,000</td>
</tr>
<tr>
<td>Personal growth</td>
<td>49.68</td>
<td>53.62</td>
<td>3.336</td>
<td>10.448,500</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>51.13</td>
<td>55.65</td>
<td>3.470</td>
<td>10.126,500</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>50.74</td>
<td>55.59</td>
<td>3.500</td>
<td>10.501,000</td>
</tr>
<tr>
<td>Total score</td>
<td>306.22</td>
<td>328.25</td>
<td>3.741</td>
<td>10.581,500</td>
</tr>
</tbody>
</table>

According to the results presented above, it is possible to confirm that seniors with lower level of desolation (X̄pr=55.84) have more positive relations with others than the seniors with higher level of desolation (X̄pr=52.18). There is no significant difference in autonomy of those with higher (X̄a=51.79) and those with lower (X̄a=53.08) levels of desolation. Seniors with lower level of desolation (X̄e=54.49) are better in environmental mastery than those with higher level of desolation (X̄e=50.71). Personal growth and self-acceptance is higher for the first group of respondents (X̄pg=53.62; X̄s=55.59; X̄pl=55.65; X̄t=328.25), who have more purpose in life and higher total score of psychological well-being, than for the second group of respondents (X̄pg=49.68; X̄s=50.74; X̄pl=51.13; X̄t=306.22).

Daily activity. The means for the 6 indexes of psychological well-being and its total score for the respondents who have daily relationships and those who have other daily activities were compared. The data are presented in Table 2.
Table 2. The psychological well-being of respondents with different daily activities (n=325)

<table>
<thead>
<tr>
<th>Index</th>
<th>1st group (relationships)</th>
<th>2nd group (other activity)</th>
<th>t, α=0.05, crit. value=1.97</th>
<th>U, α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive relations</td>
<td>55.46</td>
<td>54.76</td>
<td>0.580</td>
<td>9.794,500</td>
</tr>
<tr>
<td>Autonomy</td>
<td>52.69</td>
<td>52.79</td>
<td>0.091</td>
<td>10.339,500</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>53.86</td>
<td>53.57</td>
<td>0.271</td>
<td>9.833,000</td>
</tr>
<tr>
<td>Personal growth</td>
<td>53.82</td>
<td>52.35</td>
<td>1.362</td>
<td>8.965,500</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>56.40</td>
<td>53.73</td>
<td>2.245</td>
<td>8.488,000</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>55.93</td>
<td>53.92</td>
<td>1.590</td>
<td>8.914,000</td>
</tr>
<tr>
<td>Total score</td>
<td>328.16</td>
<td>321.12</td>
<td>1.307</td>
<td>8.999,500</td>
</tr>
</tbody>
</table>

According to the results presented above, there is no significant difference in positive relations, autonomy, environmental mastery, personal growth, self-acceptance, and total score of psychological well-being of those seniors who have daily relationships (X̅pr = 55.46; X̅a = 52.69; X̅e = 53.86; X̅pg = 53.82; X̅s = 55.93; X̅t = 328.16) and those who perform other daily activities (X̅pt = 54.76; X̅a = 52.79; X̅e = 53.57; X̅pg = 52.35; X̅s = 53.92; X̅t = 321.12). More purpose in life is typical for those elderly who practice the relationships on a daily basis (X̅pl = 56.40) than for those who perform other daily activities (X̅pl = 53.73).

The actual opportunity to communicate with friends. The means for the 6 indexes of psychological well-being and its total score for the respondents with different communication capabilities were compared. The data are presented in Table 3.

Table 3. The psychological well-being of respondents with different level of actual opportunity to communicate with friends (n=312)

<table>
<thead>
<tr>
<th>Index</th>
<th>1st group (fewer opport.)</th>
<th>2nd group (more opport.)</th>
<th>t, α=0.05, crit. value=1.97</th>
<th>U, α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive relations</td>
<td>51.71</td>
<td>56.30</td>
<td>3.804</td>
<td>12.204,500</td>
</tr>
<tr>
<td>Autonomy</td>
<td>51.96</td>
<td>53.09</td>
<td>1.034</td>
<td>10.339,000</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>50.38</td>
<td>54.89</td>
<td>4.193</td>
<td>12.648,500</td>
</tr>
<tr>
<td>Personal growth</td>
<td>49.51</td>
<td>53.98</td>
<td>4.118</td>
<td>12.510,000</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>50.96</td>
<td>56.05</td>
<td>4.253</td>
<td>12.350,000</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>50.86</td>
<td>55.91</td>
<td>3.945</td>
<td>12.148,500</td>
</tr>
<tr>
<td>Total score</td>
<td>305.38</td>
<td>330.22</td>
<td>4.598</td>
<td>12.425,000</td>
</tr>
</tbody>
</table>
According to the results presented above, there is no significant difference for the autonomy of the elderly with higher ($X_a=53.09$) and the elderly with lower ($X_a=51.96$) levels of the opportunity to communicate with friends. However, it has been found that the elderly who have more opportunities to communicate with friends ($X_{pr}=56.30$) also have more positive relations with others than those with fewer opportunities ($X_{pr}=51.71$). The results of the first group of respondents ($X_e=54.89; X_{pg}=53.98; X_s=55.91; X_{pl}=56.05; X_t=330.22$) are higher for environmental mastery, personal growth, self-acceptance; these respondents have more purpose in life and higher total score of psychological well-being than the second group ($X_e=50.38; X_{pg}=49.51; X_s=50.86; X_{pl}=50.96; X_t=305.38$).

**Activity in social life.** The means for the 6 indexes of psychological well-being and its total score for respondents with different levels of social life activity were compared. The data are presented in Table 4.

### Table 4. The psychological well-being of respondents with different levels of social life activity (n=325)

<table>
<thead>
<tr>
<th>Index</th>
<th>1st group (active)</th>
<th>2nd group (not active)</th>
<th>Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive relations</td>
<td>58.45</td>
<td>53.06</td>
<td>t, α=0.05, crit. value=1.97</td>
</tr>
<tr>
<td>Autonomy</td>
<td>53.89</td>
<td>52.15</td>
<td>5.031</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>56.34</td>
<td>52.19</td>
<td>1.800</td>
</tr>
<tr>
<td>Personal growth</td>
<td>55.04</td>
<td>51.50</td>
<td>4.290</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>57.96</td>
<td>52.55</td>
<td>3.594</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>57.46</td>
<td>52.84</td>
<td>5.043</td>
</tr>
<tr>
<td>Total score</td>
<td>339.13</td>
<td>314.29</td>
<td>5.156</td>
</tr>
</tbody>
</table>

According to the results above, there is no significant difference in the autonomy of socially active ($X_a=53.89$) and socially inactive ($X_a=52.15$) seniors. More positive relations with others, more purpose in life, and higher total score of psychological well-being ($X_{pr}=58.45; X_{pl}=57.96; X_t=339.13$) are more typical for those who are more active than for inactive seniors ($X_{pr}=53.06; X_{pl}=52.55; X_t=314.29$). The first group of respondents ($X_e=56.34; X_{pg}=55.04; X_s=57.46$) also has higher levels of environmental mastery, personal growth, and self-acceptance than the second group of respondents ($X_e=52.19; X_{pg}=51.50; X_s=52.84$).

**Living conditions.** The means for the 6 indexes of psychological well-being and its total score for respondents with different living conditions (those who live with relatives or alone) were compared. The data are presented in Table 5.
Table 5. The psychological well-being of respondents with different living conditions (n=291)

<table>
<thead>
<tr>
<th>Index</th>
<th>1st group (with relatives)</th>
<th>2nd group (alone)</th>
<th>t, α=0.05, crit. value=1.97</th>
<th>U, α=0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive relations</td>
<td>55.99</td>
<td>52.37</td>
<td>2.576</td>
<td>8.607,500</td>
</tr>
<tr>
<td>Autonomy</td>
<td>53.32</td>
<td>51.95</td>
<td>1.096</td>
<td>7.840,000</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>54.17</td>
<td>52.00</td>
<td>1.700</td>
<td>7.747,500</td>
</tr>
<tr>
<td>Personal growth</td>
<td>53.65</td>
<td>50.00</td>
<td>2.869</td>
<td>8.346,500</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>55.57</td>
<td>52.60</td>
<td>2.104</td>
<td>8.072,500</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>55.44</td>
<td>51.70</td>
<td>2.515</td>
<td>8.458,500</td>
</tr>
<tr>
<td>Total score</td>
<td>328.14</td>
<td>310.62</td>
<td>2.750</td>
<td>8.730,500</td>
</tr>
</tbody>
</table>

According to the results presented above, there is no significant difference for autonomy and environmental mastery of those living with relatives ($X_a=53.32; X_e=54.17$) and respondents living alone ($X_a=51.95; X_e=52.00$). More positive relations with others, more purpose in life, and higher total score of psychological well-being ($X_{pr}=55.99; X_{pl}=55.57; X_t=328.14$) are more typical for the elderly who live with relatives than for those who live alone ($X_{pr}=52.37; X_{pl}=52.60; X_e=310.62$). The results of the first group of respondents ($X_{pg}=53.65; X_s=55.44$) are also higher for personal growth and self-acceptance than the results of the second group of respondents ($X_{pg}=50.00; X_s=51.70$).

The obtained data were compared for the respondents with different living conditions, features of daily and social activities, levels of desolation and the actual opportunity to communicate with friends across the scales. It was found that the socially active elderly have the highest results across the scales. The elderly with low opportunities to communicate with friends have the lowest results of positive relations, environmental mastery, personal growth, purpose in life scales, as well as total scores. The lonely elderly people have the lowest scores on the indicators of autonomy and self-acceptance.

Discussion on the results of the research

Psychological well-being in the elderly is not definitely related to the features of one’s daily activity. However, the understanding of present and past life is higher for those who spend their time in communication and caring for others. Such comprehension and understanding of aims is mainly possible due to the process of direct communication with relatives, friends and acquaintances.

Those seniors who do not feel lonely and have enough opportunities to communicate with other people and be involved in social life have higher level of psychological well-being, when compared with lonely, lacking in communication and socially inactive seniors.

It can be attributed to the fact that seniors with a higher level of psychological well-being have more trusting relationships with others. They are more interested in them, they also accept positive and negative aspects of their own personality. They use the circumstances
to improve their lives in a more effective way. They have certain aims to rule their lives, they are more open to new experiences and strive to fulfill their capacities. Generally, seniors who do not feel lonely, have enough opportunities to communicate with others and are involved in social life are more positive about their life and appreciate it more. These factors are associated with interpersonal communication. Communication is important for seniors, it allows a person to solve life demands and predetermines one’s positive functioning (Kovalenko, 2016). The ability to meet their own standards in behavior regulations is not related to the feeling of desolation, the ability to communicate with others, or to the participation in social life for this age.

Higher psychological well-being is typical to those seniors who live with their families, and not to those who live alone. Such well-being is determined by a number of factors, such as higher ability to compromise and express sympathy and compassion toward others; a personal sense of growing and comprehension of different stages of one’s life; more positive attitude toward different sides of one’s personality. The abilities to oppose social pressure and to influence everyday life do not correlate with the type of one’s residence in the elderly.

According to the study results, the elderly have a low level of psychological well-being. It can be determined by their personal and age-related psychological factors. Namely, the difficulties in the expression of positive emotions; preoccupation in shortcomings; weakening of the internal locus of control; deterioration of self-esteem and the lack of proper ways to compensate it; decrease of self-confidence and increased feeling of unfitness; self-doubts toward the abilities to change anything; lack of opportunities to demonstrate the abilities; loss of interest in life and lack of life satisfaction; focus on a narrow social space; desire to change one’s own life together with the reluctance of real actions; negative attitude to the internal changes, etc.

A low level of psychological well-being of the seniors is a result of different social factors, such as retirement and loss of employment. Another factor is isolation from friends and relatives, as well as from social environment. The state of health, timeframe and will of other people, as well as objective circumstances (such as distance) do not allow a senior person to communicate and be comfortable with others. The income status of the majority of seniors prevents them from life satisfaction and life fulfilment. They are also really concerned about the political situation in Ukraine and globally.

Conclusion

Psychological well-being in the elderly is the complex personal phenomenon that is formed in the process of life activity and in the system of real relationships with others. Among its aspects, life satisfaction, feelings of happiness and meaning of life should be mentioned. For the seniors psychological well-being is determined by a number of factors, such as personal (subjective age, self-regulation, self-realization, etc.), cognitive (general intelligence, etc.), emotional (depression, neuroticism, self-compassion, etc.), social factors (constructive relationships, level of adaptability to social environment, isolation, etc.), and others.

It has been revealed that a low level of psychological well-being is typical in the elderly. Well-being is not definitely related to the features of one’s daily activity: it does not matter whether the seniors have the relationships on a daily basis or not. However, the relationships provide the persons with an opportunity to have purpose in life. Seniors who do not feel lonely, have enough opportunities to communicate with others and are socially active have higher level of psychological well-being. However, the levels of feeling desolation, opportunity to
communicate with friends, social activity are not related to their autonomy and independence. Higher psychological well-being is typical for those seniors who do not live alone. However, the same persons also have problems with their autonomy and in managing environmental factors and everyday activities. Those seniors who are socially active have the highest level of psychological well-being. The lowest level of well-being is typical for lonely seniors and those whose real opportunities to communicate with friends are low. Therefore, social and psychological services can reduce the feeling of desolation of seniors, improve their communication and promote social activity.

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**PSYCHOLOGICAL WELL-BEING OF ELDERLY PEOPLE: THE SOCIAL FACTORS**

*Summary*

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This paper presents the social factors of psychological well-being in the elderly. Psychological well-being is a personality phenomenon. It forms during the human activity in the system of real relationships with surrounding objects. There is a number of aspects, such as evaluative well-being, hedonic well-being, and eudemonic well-being. Psychological well-being is important in human development in the late age. The shaping of the well-being is determined by personal, cognitive, communicative and other psychological and non-psychological factors.

The article presents the results of an empirical research aimed at discovering the social and socio-psychological factors of psychological well-being of elderly people, such as feeling of desolation, daily activity, opportunity to communicate with friends, social life activity, living conditions.

The study analyzed 325 persons aged from 57 to 86 years, average age is 67.2 years. All of them are residents of Poltava region. Some participants lived alone (61 persons); 230 participants lived with their relatives; 34 participants did not indicate this issue. 85 participants mentioned that they have relationships with other people; 240 participants did not mention communication and relationships with others while analyzing their day. 118 people are active in social life; 207 participants are not socially active. Among the participants, 67 persons assessed the level of their desolation below zero, 245 participants assessed it above zero, and 13 persons did not assess it. 84 participants stated that their capability is not sufficient, 228 participants stated that they have enough capability to communicate, and 13 participants did not answer. The adapted Ukrainian version of “The Scales of Psychological Well-Being” (SPWB) questionnaire by Ryff was used in the study. The data about respondents’ age, living conditions, features of daily activity, social activity in public life, level of desolation, and level of the actual communication capability were also recorded. Research data were processed with the mathematical statistics: descriptive statistics, Mann-Whitney U test and Student’s t-test.
The study has showed that psychological well-being in the elderly is not definitely related to the features of one’s daily activity. However, the understanding of present and past life is higher for those who spend their time in communication and caring for others. Such comprehension and understanding of aims is mainly possible due to the process of direct communication with relatives, friends and acquaintances.

Those seniors who do not feel lonely and have enough opportunities to communicate with other people and be involved in social life have higher level of psychological well-being, when compared with lonely, lacking in communication and socially inactive seniors.

It can be attributed to the fact that seniors with a higher level of psychological well-being have more trusting relationships with others. They are more interested in them, they also accept positive and negative aspects of their own personality. They use the circumstances to improve their lives in a more effective way. They have certain aims to rule their lives, they are more open to new experiences and strive to fulfill their capacities. Generally, seniors who do not feel lonely, have enough opportunities to communicate with others and are involved in social life are more positive about their life and appreciate it more. These factors are associated with the interpersonal communication. The communication is important for seniors, it allows a person to solve life demands and predetermines one’s positive functioning. The ability to meet their own standards in behavior regulations is not related to the feeling of desolation, the ability to communicate with others, or to the participation in social life for this age.

Higher psychological well-being is typical to those seniors who live with their families, and not to those who live alone. Such well-being is determined by a number of factors, such as higher ability to compromise and express sympathy and compassion toward others; a personal sense of growing and comprehension of different stages of one’s life; more positive attitude toward different sides of one’s personality. The abilities to oppose social pressure and to influence everyday life do not correlate with the type of one’s residence in the elderly.

The elderly have a low level of psychological well-being. It can be determined by their personal and age-related psychological factors, namely, the difficulties in the expression of positive emotions; preoccupation in shortcomings; weakening of the internal locus of control, etc. A low level of psychological well-being of the seniors is a result of different social factors, such as retirement and loss of employment. Other factors are isolation from friends and social environment, the state of health, timeframe and will of other people, the income status, etc.

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The article presents the results of the first stage of the Latvia-Lithuania cross-border project “Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups” (POZCOPING), in which, based on the adolescents’ self-report and using the methodology (Adolescent Coping Scale) developed by Freidenberg and Lewis, stress-causing problems and the use and helpfulness of stress coping strategies of adolescents in Latvia were identified and analysed.

Keywords: adolescents, stress, stress coping strategies, distress.

Introduction
School is an environment where an adolescent’s personality is shaped, a place where they face many difficulties, which can lead to deep emotional traumas. It can take different forms in behaviour – closing off from others or open aggressive behaviour, which in turn indicates an adolescent’s increased stress level.

Adolescence is a significant growth and development stage, which marks a period of transition from childhood to adulthood. It is one of the most important stages in every person’s life, when rapid changes both physically and psychologically take place (Srivastava & Kiran, 2015). In psychology adolescence staging is not uniform; the staging is based on just one criterion: puberty, psychosexual development, or changes in primary activity and interests. These processes significantly affect adolescents’ development. Adolescents’ nervous system has specific functional features, which reflect in increased excitability, hyperactivity, emotional lability. Psychologists explain it with a shift of cortical and subcortical activity balance, activation of subcortical activity in puberty. As a result, inhibition processes in the brain become slower, while more active processes are triggered (Goloveij & Rybalko, 2006). In Latvia Elkonin’s (2007) adolescence staging is used more often: younger adolescent (aged 11-14) and older adolescent (aged 15-17), which is based on the changes of primary activity and interests. Each of the stages has its own conditions that create the adolescents’ self-image and ability to trust someone else (capability of intimacy). These processes are complex and contradictory.
Stress is a major source of many issues in adolescence, and it can be caused by low self-esteem, insufficient stress management and problem-solving skills that consequently can cause many psychological problems, for instance, depression, anxiety, emotional outbreaks, high-risk behaviour, school leaving, running away from home, suicidal thoughts (Srivastava & Kiran, 2015; Bauwens & Hourcade, 1992).

In this age both serious troubles, difficulties and simple insults can be the cause of stress. One of the psychological peculiarities of an adolescent is that any moral trauma becomes large-scale. An adolescent lives with an increased stress level due to physiological, psychological, social changes.

The aim of the article is to present the results of the first stage of the Latvia-Lithuania cross-border project “Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups” (POZCOPING) on stress-causing problems, the use and helpfulness of stress coping strategies of adolescents in Latvia.

The aim of the article is to analyze adolescents’ stress-causing problems, strategies for stress coping used in their solution and their effectiveness depending on the profile of respondents (gender and age), as well as to identify the resources for the improvement of positive, productive and long-term stress management strategies and stress reduction by using adolescents’ self-report.

**Literature Review**

Stress is an individual’s indirectly assessed response of interaction between a personality and the world around (Lazarus & Folkman, 1984). This response is a product of cognitive processes, mind-set, situation assessment, awareness of one’s own resources, existence and adequate choice of stress management types and strategies.

Although studies on stress have been carried out for a long time, awareness of it has changed over time, and nowadays the cognitive aspect is decisive. Selje (2011) defined it as a body’s response to an external stimulus. The concept of stress as a transactional process emphasizes the relation between the objective stressor and the resulting tension. Within the context of this concept, stress can be divided into the following categories:

- stress related to threatening situations (stressors);
- stress as an individual’s subjective interpretation of threatening situations (threats);
- stress as an emotional state, caused by threatening situations (Škuškovnika, Tiltiņa-Kapele, & Dudkina, 2014).

Particular importance is given to cognitive stress assessment. Stress is not just facing an objective stimulus; the decisive factor is an individual’s assessment of stress. Stress is being studied as a result of the subjective assessment of an irritant (stressor) with a special focus on two cognitive processes: assessment and coping. Assessment means identification of a value or a quality of something, while coping is making behavioural and cognitive efforts for meeting external and internal needs (Lazarus & Avervill, 1972).

The term “coping” first appeared in the psychological literature in 1962. Murphy (1962) used this term to describe how children overcome developmental crisis. This term is defined as an attempt to solve a certain problem.

Lazarus and Folkman (1984) use this term to describe intentional stress coping strategies. Coping is triggered when the complexity of tasks exceeds the energy output of normal reactions; new options are required as the usual adaptation is insufficient. Coping is
an action taken by an individual to overcome stress. This term includes cognitive, emotional and behavioural strategies, which are used for meeting daily life demands. Thus, the function of coping is to destroy the connection of stress between a personality and a surrounding environment, to control emotional stress.

A person begins to form stress coping strategies very early, along with the development of cognitive processes, particularly, reasoning. Certain strategies are already formed in adolescence and used by an adolescent for coping with stress. These strategies are formed during observation of parents, other adults, in other words, by learning indirectly. Bandura (1986) and his colleagues, developing social learning theory, claimed that behaviour is a result of interaction between cognitive processes and an impact of the surrounding environment. People learn behaviour by observing, reading or even hearing about the behaviour of other people. Social learning theory is also referred to as observational learning, as in this case the focus is on the significance of modelling and imitation of other people’s behaviour, attitude and emotional reaction. Behaviour modelling process constitutes of separate components: paying attention, retention of the observed, reproduction and motivation. Any behaviour is caused by something, but a person can control his/her behaviour, is able to take creative decisions due to reasoning. Changing behaviour is possible by changing perception of the surrounding and learning new behaviour models.

Stress is vital for human survival and is a natural protective reaction of human body, which helps to avoid life threatening situations. Although reasonable stress level is assessed positively, the impact of distress or negative stress increases, which can cause not only emotional, but also physiological changes in the body and contribute to the development of illnesses. Moreover, during prolonged distress, body’s recovery, which is a significant prerequisite for health, deactivates.

An experimental research (Lee et al., 2017) confirmed that the resources available to adolescents affect the choice of stress management strategy – resilient adolescents simultaneously used not only problem-oriented but also emotion-oriented stress coping strategies, a competent group mostly used problem solving, while a struggling group mostly used emotion-oriented strategies; the adolescents of vulnerable group used neither problem-oriented, nor emotion-oriented strategies.

Vygotsky (1982), writing about adolescence, determined several adolescents’ dominants of interests: an egocentric dominant – interest in himself/herself, his/her own personality; a distance dominant – thoughts, wishes related to future, which are more important than the current life; an effort dominant – a wish to overcome difficulties, to prove to himself/herself and others, which sometimes turns into stubbornness, obstinacy, protest; a romantic dominant – striving for the unknown, risky, adventurous. These dominants of interests can cause stress, increase it and direct towards selection of a certain stress management strategy.

Adolescents’ stress may be indicated by various physiological symptoms, for instance, frequent common colds, complaints about frequent abdominal pains or headaches, changes in eating habits – loss of appetite, overeating, as well as sleep disorders, increased tiredness and frequent urination. Adolescents’ stress may also be indicated by such behaviour signs as frequent mood swings, rage issues and different socialization issues, including emotional changes – apathy, persistent annoyance, sadness, as well as reduced cognitive abilities, which cause an inability to acquire and perceive learning material, difficulties to make decisions. In addition, adolescents are no longer able to cope with responsibilities, which they were able to fulfil previously.
In adolescence all impacts experienced previously in emotional, cognitive and social sphere appear. The greater mistakes were made in preceding development periods, the more difficult are the relationships with an adolescent in this period. Adolescents’ behaviour and emotional disorders reflect all flaws of society and family like a mirror (Goloveij & Rybalko, 2006). Rapid changes in physical, cognitive, emotional and psychological development and their acceptance and overcoming can cause stress, as an adolescent develops personality and identity, personal values are shaped, desire for autonomy appears (Schraml et al., 2011). Adolescents live in contradictions. They can simultaneously have a desire for self-assertion, independence, and lack of faith in themselves, a desire to be together with those who are similar and the need to be alone; they can be abrupt, rude and easily offended, or shy, which is often the reason for such ways of self-assertion as bravado, ease, lack of discipline, conflicts with adults, spitefulness and negativity.

Stress occurs most frequently in daily interaction with people around: misunderstanding in relationships with peers or family, learning achievements, building or losing friendships, financial and social status, etc. It is highlighted in the literature (Roets & Lewis, 2002) that adults do not always pay attention to adolescents’ stress and insufficiently assess possible negative consequences, if an adolescent does not learn to solve problems. Without learning positive strategies for stress mitigation, adolescents might start to use alcohol, drugs, while prolonged stress can cause serious health problems, such as high blood pressure, cardiac disease (Roets & Lewis, 2002; Ames et al., 2005).

Dragunova (1973), studying adolescent growth, divide it into several types. One of the types is imitation of adults’ appearance. Such imitation is not always positive, as the decisive factor is to become an adult quickly and easily. Stress situations are also solved based on the adult model – by smoking, using alcohol, having easy and fun lifestyle. An adolescent observes such coping strategies in adult society, yet not all adolescents, observing such behaviour, imitate it. It is related to cognitive and moral development of an adolescent. Social learning mechanism – imitation – is not a simple copying. An adolescent is an active being, affecting the surrounding environment and being affected by the surrounding environment. An adolescent chooses what he/she will imitate, based on his/her comprehension of the situation, of himself/herself, a future vision.

Research Methodology

In the first research stage the adolescents of Latgale region were offered to participate in the survey. 371 adolescents aged 11 to 17 – 162 boys and 208 girls – made use of this opportunity.

The research procedure was performed in accordance with the requirements of the LR normative acts – the Physical Data Processing Law on the Data Processing for Scientific Research Purposes in the Official Publication (Physical Person Data Processing Law, 2018) and the Law of Psychologists on Integrity as a Basic Principle of the Psychologist’s Professional Activity, Respecting and Promoting Integrity in the Scientific and Academic Action of Psychology (Law of Psychologists, 2017).

The consent of the parents and the adolescents was obtained for the survey. Based on Curtis’ (2015) study, adolescents were divided into two groups according to their age: 11-13 years (younger adolescent, primary activity – communication) and 14-17-year old adolescents (primary activity – learning – professional activity). 175 or 47.2 % of the adolescents were in the younger group, the others were in the 2nd group.
The long form of the Adolescent Coping Scale Second Edition (ACS-2) translated into the Latvian language was used for the survey. The translation was agreed with an expert – a psychologist – and before starting the survey, it was tried on a small group of 14 adolescents.

In the survey, the adolescents were invited to do the following:
1) name a problem that creates stress;
2) assess 60 statements which indicate the use of problem/stress coping strategies (how often these are used) and their effectiveness (how often a particular behaviour helps).

The results on the use and effectiveness of the following strategies were summarized:
• Social support – tendency to discuss problems with others and include the support into overcoming the problem.
• Work hard and achieve – obligations, determination (for success), and diligence.
• Worry – concern about the future in general or, more specifically, concern about future happiness.
• Wishful thinking – hoping for a positive outcome.
• Social action – allowing others to find out what creates concern and including support, for example, collecting signatures or organizing such activities as meetings or campaigns.
• Self-blame – an individual believes that they are to blame for causing problems or concerns.
• Keeping to yourself – an individual avoids others and wishes to keep their concerns to themselves.
• Seeking spiritual support – prayer and belief in the help of a spiritual leader or God.
• Focusing on the positive – a positive and cheerful view on life, focusing on the good things in the individual’s life.
• Seeking professional help – turning to a professional adviser, such as a teacher or a counsellor.
• Relaxing diversions – rest in general (does not include sports). This implies leisure activities such as watching TV, reading, and painting.
• Physical recreation – doing sports and keeping yourself in shape.
• Venting your anger – an attempt to feel better by damaging objects or insulting others.
• Humour – entertaining others.
• Not overcoming – individual is unable to overcome the problem, and psychosomatic symptoms appear.
• Accepting best effort – recognizing that you have done your best and there is nothing else left to do.
• Ignoring the problem – intentional blocking of the problem and stepping away from it, accepting that there is no way of overcoming it.
• Investing into close friendship – engaging in especially close relationships.
• Focusing on solving the problem – solving the problem systematically, exploring it, reviewing different aspects and possibilities.
• Tension reduction – an attempt to feel better by venting, crying, yelling, consuming alcohol, cigarettes, or drugs.

Mixed method approach was applied in data processing, ensuring triangulation. The responses to an open question regarding the stress-causing problem were coded, based on the developed code system including respondents’ codes, profile codes and content codes, using the qualitative data processing program AQUAD in order to obtain secondary research data.

The assessment of stress coping strategy use and effectiveness was performed in accordance with the methodology designed by the Australian Council for Educational
Research, obtaining a total number of points for each strategy and calculating the adjusted result. The coding of the adjusted result for the statements chosen by the adolescents for the assessment of the Use and Effectiveness is based on the interpretation of adjusted results offered in the methodology (see Table 1) using the Likert scale as well as using the Mann-Whitney U test programmes for quantitative data processing in the SPSS environment, the statistical significance of the differences was determined according to the respondents’ profile.

Table 1. Adjusted Result Interpretation

<table>
<thead>
<tr>
<th>Adjusted Result Interval</th>
<th>20-30</th>
<th>31-49</th>
<th>50-70</th>
<th>71-89</th>
<th>90-100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td>Very Often</td>
</tr>
</tbody>
</table>

The data was processed using SPSS 22.0 software. At the beginning of the data processing, Cronbach’s alpha coefficient for testing internal consistency was calculated, and the result obtained (α=.830) testifies to good internal consistency.

Research Results

The following adolescents’ problem groups were identified as a result of an open question analysis.

1) learning process, mentioning both concerns about achievements in a certain subject, year-end examinations, and academic achievements in general;
2) achievements in other fields, which are indirectly related to the learning process (for instance, participation in concerts, results of sports competitions, etc.);
3) relationships with peers;
4) issues in family (health, finances, etc.) and mutual relationships between family members;
5) health;
6) appearance;
7) future opportunities;
8) fear of punishments;
9) other (answers, which are mentioned once or do not fit in any of the previously mentioned groups).

Adolescents named both one and several problems that concern them. In the responses of the adolescents, problems related to learning convincingly predominate (mentioned in 263 or 70.9 % of cases). The other problem groups are mentioned less often (see Figure 1). It is possible that such result is affected by the fact that the survey has been carried out in a school environment under the guidance of school support staff (in volunteer status within the project). Considering that no differences based on the age were identified in adolescents’ indicated problems (p>0.05), it can be concluded that the indicated problems are topical to all age groups. The obtained results regarding academic achievements as a source of stress are similar to the results of the researches in other countries (Chiang, 1995; Zimmer-Gembeck & Skinner, 2008). The problem had long been known, as in the research carried out in the USA in the last century it was concluded that 42 % of adolescents worry about studies every day, the rest of the participants – at least once a week (de Anda et al., 1997). This is an alarming statistic, as academic stress significantly affects adolescents’ quality of sleep, causing a number of health issues (Yan, 2018; Matthews et al., 2016).
Physiological development progresses faster in girls than in boys. The changes in the body create impulsivity, mood swings, and arguments with other people. The study published in 2016 by Stanford University Medical Center (Stanford University Medical Center, 2016) on the effect of traumatic stress on boys and girls (aged 9-17) states that the part of the brain responsible for emotions and actions (receives signals from the body, emotionally reacts and sympathizes), reacts faster and stronger in girls.

Problems in relationships with peers concern girls more (Mean Rank 193.42) than boys (Mean Rank 176.54), the difference (p=.026) is significant.

Depending on the adolescents’ group, a significant difference (p=.024) in problem identification was found in the adolescents’ assessments of concern about future opportunities: adolescents aged 14 to 17 think and worry about future opportunities more (Mean Rank 193.13) than adolescents aged 11 to 13 (Mean Rank 178.02). This difference describes the adolescents’ development. For the older adolescents, the remoteness dominant (Vygotsky, 1982) is current, thoughts about life in the future are stronger than present life.

Research results regarding the adolescents’ frequency of use of stress coping strategies show that such stress coping strategies as Relaxing Diversions, Wishful Thinking, as well as Work Hard and Achieve are used among the adolescents most frequently, while Seek Professional Help, Social Action and Tension Reduction are used less frequently. Relatively frequently stress is kept to oneself.

As a result of the Mann-Whitney U test, in the assessments of the stress coping strategy use of the adolescents involved in the study, statistically significant differences were found depending on the age group of the respondents. The responses of the adolescents involved in the study indicate that adolescents aged 11 to 13 more often choose the strategies Seeking Spiritual Support (p=.004) and Social Support (p=.025). This means that the younger adolescent in difficult moments still acts as a child, seeking help from someone who might be able to help. Whereas adolescents aged 14 to 17 more often prefer the strategies Venting your Anger (p=.007), Tension Reduction (p=.002), and Not Overcoming (p=.013). With the increasing understanding of oneself increases the desire to be self-sufficient, independent, to solve problems like an adult. However, psychological instability creates behavioural extremes: open, expressive display of negative emotions or shutting oneself off, supressing, withholding emotions.
As a result of the Mann-Whitney U test, statistically significant differences were also found for the use of 14 strategies depending on the respondent’s gender (see Table 2). These differences reflect the behaviour models formed in society for women and men. As a result of socialization and upbringing, the adolescent has acquired this gender-stereotypical behaviour and applies it in their everyday life.

Table 2. Differences According to Adolescents’ Gender in Responses on the Use of Stress Coping Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>p</th>
<th>Mean</th>
<th>Std.D</th>
<th>Mean Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support</td>
<td>.047</td>
<td>3.256</td>
<td>.8679</td>
<td>174.36</td>
</tr>
<tr>
<td>Work Hard and Achieve</td>
<td>.006</td>
<td>3.337</td>
<td>.7220</td>
<td>201.74</td>
</tr>
<tr>
<td>Worry</td>
<td>.000</td>
<td>3.364</td>
<td>.9269</td>
<td>161.63</td>
</tr>
<tr>
<td>Wishful Thinking</td>
<td>.033</td>
<td>3.367</td>
<td>.9839</td>
<td>161.63</td>
</tr>
<tr>
<td>Self-blame</td>
<td>.001</td>
<td>2.868</td>
<td>1.0787</td>
<td>173.66</td>
</tr>
<tr>
<td>Seeking Spiritual Support</td>
<td>.012</td>
<td>1.660</td>
<td>1.1975</td>
<td>166.56</td>
</tr>
<tr>
<td>Focusing on the Positive</td>
<td>.001</td>
<td>3.186</td>
<td>.8513</td>
<td>205.49</td>
</tr>
<tr>
<td>Relaxing Diversions</td>
<td>.006</td>
<td>3.531</td>
<td>.9478</td>
<td>202.22</td>
</tr>
<tr>
<td>Physical Recreation</td>
<td>.000</td>
<td>3.323</td>
<td>1.0944</td>
<td>215.47</td>
</tr>
<tr>
<td>Humour</td>
<td>.001</td>
<td>3.329</td>
<td>.9724</td>
<td>205.84</td>
</tr>
<tr>
<td>Not Overcoming</td>
<td>.000</td>
<td>2.267</td>
<td>.8801</td>
<td>164.89</td>
</tr>
<tr>
<td>Investing into Close Friendship</td>
<td>.013</td>
<td>3.019</td>
<td>.9312</td>
<td>200.77</td>
</tr>
<tr>
<td>Focusing on Solving the Problem</td>
<td>.014</td>
<td>3.186</td>
<td>.7729</td>
<td>200.12</td>
</tr>
<tr>
<td>Tension Reduction</td>
<td>.000</td>
<td>1.701</td>
<td>.9209</td>
<td>159.43</td>
</tr>
</tbody>
</table>

The data obtained in the research show that Latvian adolescents use more than one strategy. Similar data are reflected in other studies as well (Donaldson & Prinstein, et al., 2000). Such researchers’ recognized strategies as Hard Work or Problem-Solving (Frydenberg & Lewis, 2004), Physical Activity (Donaldson & Prinstein et al., 2000), as well as such less effective strategy as Self-Blame are used for problem mitigation. Differences based on the age allow assuming that, with age, most of adolescents develop their coping skills, frequently using productive long-term stress coping strategies.

The adolescents’ choice of a stress coping strategy depends on the context. In school or home environment, adolescents use such stress coping strategies as Active Solution, as well as Search for Information, Emotion and Social Support more frequently rather than regarding health, where more frequently not only Active Solution, but also Concealing the Problem and Passivity is used; adolescents use the last two stress coping strategies in school environment less frequently. Overall, regardless of the context, most frequently used stress coping strategies are Active Solution and Emotion, less frequently used – Behavioural Avoidance and Passivity. The aforementioned strategies are used in situations, when adolescents believe that they have less freedom to act and they are dependent on the adults’ decisions (Morales Rodríguez et al., 2016).

Researches show that the adolescents’ level of stress related to parents is significantly higher than the level of stress related to peers, but they work on stress related to parents less actively if compared to stress related to peers (Persike & Seiffge-Krenke, 2016).

The adolescents assess Social Support, Physical Recreation, Relaxing Diversions and Humour as the most helpful stress coping strategies, while the less helpful strategies, in their opinion, are Tension Reduction, Social Action and Act Up.
As a result of the Mann-Whitney U test, statistically significant differences were found depending on the age group of the respondents in the assessment of the stress coping strategy effectiveness. Adolescents aged 11 to 13 consider the following strategies to be effective: Seeking Spiritual Support \((p = .001)\) and Focusing on the Positive \((p = .045)\). Whereas 14 to 17 years old adolescents in the assessment of stress coping strategy effectiveness prefer the strategies Tension Reduction \((p = .008)\) and Venting your Anger \((p = .038)\). In the effectiveness assessment, as well as in the use data, the differences indicate the differences in development of the adolescents. The older adolescents believe in themselves more, have better self-control and desire to be free from external control. This increases sensitivity, susceptibility to negative influence, thus under high tension adolescents are still unable to regulate their emotions and vent on those who happen to be nearby at the moment.

As a result of the Mann-Whitney U test, statistically significant differences were found depending on the gender of the respondents in the responses on the effectiveness of 7 stress coping strategies (see Table 3). These seven strategies again reflect the typical male problem solving behaviour accepted in society. In all the cases, with the exception of the strategy Tension Reduction, the mean rank is higher for boys. Hormones are what determines the functioning of the sense organs, regulates language and speech. These differences in boys and girls create differences in the action motivation and understanding of situations, emotional reactions; the styles of memorizing information and skill acquisition approaches are different. Boys are usually oriented at dynamic processes, problem solving, proving their ability. Girls in stress situations reduce tension by crying, speaking about the problem with someone close.

**Table 3. Differences According to Adolescents’ Gender in Responses on the Effectiveness of Stress Coping Strategies**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>p</th>
<th>Mean</th>
<th>Std.D</th>
<th>Mean Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hard and Achieve</td>
<td>.001</td>
<td>3.213</td>
<td>.8386</td>
<td>206.41</td>
</tr>
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Criticism of stagnation in the conceptualization and methods in the newest studies (Compas et al., 2017) as well as the research results obtained justify the necessity for the design of a new methodology and approbation for the development of adolescent stress coping skills, which is planned at the next stage of the project. Based on the results of the 1st stage of the study, within the framework of the project, a methodology for promoting positive stress coping strategies in adolescents will be designed and tested in an experimental study, their dynamics and tendencies will be analysed in the future studies.

Since for adolescents the choice of stress coping strategies is affected by cultural and regional differences (Persike & Seiffge-Krenke, 2016), in the next comparative study results in Latvia and Lithuania will be analysed.
Conclusions

- The large proportion of problems related to the education system, the school environment and the academic achievement assessment system among adolescents justify the necessity to turn to interdisciplinary studies in this field, in the future involving psychology, education, healthcare, welfare and other specialists in longitudinal comparative studies after the implementation of the new competency-based education content model, which will ensure greater integration of academic subjects, allowing academic subject teachers to give more attention to the development of transversal skills, and will also change the assessment system, stressing both the process and the result of the teaching process.

- Most often adolescents use the positive stress coping strategies (relaxing diversions, work hard and achieve, humour, physical recreation, social support, etc.) and consider these the most effective, however not all possible resources are used in stress management, and the range of stress coping strategies the adolescents possess is relatively limited. Adolescents, progressing into further stages of development and accumulating experience, develop their increasing abstract thinking and self-reflection skills, and these skills allow more effective control of stress perception and regulation of subsequent actions, allowing to use a greater variety of and more effective problem solutions (Hess et al., 2017).

- Since one of the most effective active problem solving strategies is related to high adaptation and psychological fitness (Morales-Rodriguez et al., 2012; Seiff-Krenke et al., 2012), but teachers admit that they find it difficult to work with adolescents at the individual, personal level (Rou et al., 2016), more attention should be given in school to the issues of adaptation, communication, creation of trusting relationships, providing support for increasing the psychological capital of adolescents as an effective stress management resource (Gautam & Pradhan, 2018).

This article has been produced with the financial assistance of the European Union and presents the results of the Interreg V-A Latvia-Lithuania Programme 2014-2020 Project “Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups, POZCOPING, No. LLI-163”. The contents of the article are the sole responsibility of the project partner Rezekne Academy of Technologies and can under no circumstances be regarded as reflecting the position of the European Union.

References


Compas, B. E., Jaser, S. S., Bettis, A. H., Kelly, H. Watson, K. H., Gruhn, M. A., Dunbar, J. F., Williams, E.,


Coping and Problem Solving Ability among School Going Adolescents. *Journal of Psychosocial Research, 10*(2), 199-209.


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**ADOLESCENTS’ SELF-REPORT ON USE AND HELPFULNESS OF STRESS COPING STRATEGIES**

**Summary**

*Rita Orska, Tamara Pigozne, Svetlana Usca*

*Rezekne Academy of Technologies, Latvia*

The article presents the results of the first stage of the Latvia-Lithuania cross-border project “Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups” (POZCOPING), in which, based on the adolescents’ self-report and using the methodology (Adolescent Coping Scale) developed by Freidenberg and Lewis, stress-causing problems and the use and helpfulness of stress coping strategies of adolescents’ in Latvia were identified and analysed.

The aim of the research: to analyse the adolescents’ stress-causing problems in Latvia and the use and helpfulness of stress coping strategies identified within the Latvia-Lithuania cross-border project “Developing of Social Psychological Support Service System through Implementation of Method of Positive Coping Strategies and Enhancement of Social Inclusion for People in Vulnerable Groups” (POZCOPING).

371 adolescents aged 11 to 17 years participated in the survey. The Long Form of the Adolescent Coping Scale – Second Edition (ACS-2) has been applied for the questionnaire. A mixed method approach was used in data processing, ensuring triangulation. The responses to an open question regarding the stress-causing problem were coded, based on the developed code system including respondents’ codes, profile codes and content codes, using the qualitative data processing program AQUAD in order to obtain secondary research data. While the assessment of the use and helpfulness of stress coping strategies has been carried out in accordance with the methodology developed by the Australian Council for Educational Research, using Likert Scale, as well as the Mann-Whitney U test for quantitative data processing in the SPSS environment, the statistical significance of differences based on the respondents’ profile were identified.

The problems related to the learning process prevail convincingly among the identified problems (mentioned in 263 cases or by 70.9% of adolescents). This is an alarming statistic, as academic stress...
significantly affects adolescents’ quality of sleep, causing a number of health problems (Yan, 2018; Matthews et al., 2016).

The responses regarding the use of the selected stress coping strategies show that Latvian adolescents use more than one strategy. Such stress coping strategies as Relaxing Diversions (Mean 3.531), Wishful Thinking (Mean 3.567), as well as Worry (Mean Rank 3.364) and Work Hard and Achieve (Mean 3.337) are predominant, while less frequently used strategies are Seeking Professional Help (Mean 1.660), Social Action (1.650) and Tension Reduction (Mean 1.701). Relatively frequently stress is kept to oneself (Mean 3.326). Social Support (Mean 3.296), Physical Recreation (Mean 3.372), Relaxing Diversions (Mean 3.270) and Humour (Mean 3.226) are assessed by the adolescents as the most helpful stress coping strategies, while the less helpful strategies, in their opinion, are Tension Reduction (Mean 1.755) and Social Action (Mean 1.784).

It is concluded that not all possible resources are used in stress management, and the range of stress management strategies managed by adolescents is rather limited. The obtained results justify the necessity to develop and approbate a new methodology for the development of adolescents’ stress management skills.

The number of problems related to the educational system, school environment and the system of academic achievements’ assessment identified among the adolescents urges to address this issue in interdisciplinary studies in this field, where specialists in the field of psychology, education, health, welfare, etc. would seek for a solution. It would therefore be advisable to carry out a longitudinal comparative study after the implementation of a new competence-based educational content model, which will ensure a greater integration of school subjects, allowing subject teachers to pay more attention to the development of transversal skills, and will change the assessment system, focusing on both the result of the learning process and the process itself.

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