THE CONNECTION OF THE RESULTS OF SELF-ASSESSMENT OF THE QUALITY OF SOCIAL SERVICES IN SOCIAL SERVICE FACILITIES FOR SENIORS IN SLOVAKIA WITH THE ESTIMATION OF THEIR RECIPIENTS' SUBJECTIVE PERCEPTION OF THE QUALITY OF THEIR OWN LIFE

[a]BOHUSLAV KUZYŠIN, [b]MAROŠ ŠIP, [c]ANTONIA HELTON

University of Prešov in Prešov, Faculty of Orthodox Theology, Masarykova 15, 080 01 Prešov, Slovakia
email: [a]bohuslav.kuzysin@unipo.sk, [b]maros.sip@unipo.sk, [c]antonia.helton@smail.unipo.sk

This study is one of the results of the scientific research project "The impact of the implementation of the conditions of the quality of social services and their evaluation in the ZSS for seniors on the quality of life of their recipients". (VEGA 1/0339/22)

Abstract: This study was devoted to the comparison of the results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of their own life of their recipients. It came to the conclusion that there is a statistically significant effect between the investigated variables. In social service facilities for seniors, which achieved a higher score in the internal (own) evaluation of the implementation of the conditions of the quality of social services, seniors declared a higher point evaluation of the subjective perception of the quality of their own life. The only component in which we did not notice significant differences in the mentioned contexts was the component of close relationships.

Keywords: Quality, social services, quality of life, senior, evaluation, comparison

1 Introduction

The quality of social services for seniors is a key factor affecting their quality of life. With the increasing number of elderly people, it is essential to ensure that these services are provided at the highest level, taking into account the biological, psychological and social needs of seniors. It is important that the recipients themselves are included in the processes of determining the quality of social services. The following study dealt with the comparison of these two factors (1. self-assessment of the quality of the social service and 2. estimation of the subjective perception of the quality of one's life) in facilities for seniors.

1.1 Quality of social services

Matoušek (2011) defines the quality of the social service through the possibilities of guaranteeing verification according to predefined – best measurable – parameters. Brichtová and Repková (2014), referring to the research team of the study *Contracting for Quality* implemented within *European Social Network* state that in public services, especially in long-term care services, quality cannot be perceived only as a question of internal quality management at the given service provider or only as a relationship between the financing and providing parties, but as a systemic issue. Within the system, the relationships between actors occupying different roles (legislative and regulatory authorities; providers; those who assess service needs and plan their provision; benefactors) and how their relationships lead to quality assurance and its improvement towards increasing the quality of life of the recipients of services are examined.

We can define the quality of social services as a set of properties and signs of certain activities that relate to the fulfillment of defined requirements. We could define the quality measure as a positive difference to the given standards. The definition of the quality of social services is an important aspect, because through measurement it can directly lead to improvement. "*If something cannot be measured, it cannot be purposefully and effectively improved. If we don't know how to measure improvement, then it's an art and not a science or a technical profession."* (Horecký – Lusková, 2019, p. 8).

1.2 Quality of life of seniors

The term quality of life itself was not originally a scientific term, despite the fact that it was relatively sporadically mentioned in several socioeconomic works in the past. It came into general awareness only in the 1960s as a metaphorical term that summed up the socio-political goals of the American political establishment. It was only later that it began to be elaborated upon more thoroughly and entered the terminology of several fields. Its definition naturally varies according to how many distict disciplines work with this term (Mareš, 2014).
It follows from the above that the term quality of life is used in many areas of life. It can include characteristics of internal and external influences (psychological state, questions of the meaning of life and values, personal well-being, satisfaction, but also physical condition, natural environment, etc.) (Dragomirecká - Prajsová, 2009).

In the field of research, 1974 was a breakthrough year, when the magazine was founded *Social Indicators Research*, later also *The Journal of Happiness Studies* and the periodical *Applied Research in Quality of Life.* Under the management of the *European Foundation for the Improvement of Living and Working Conditions* the *European Quality of Life Surveys* (EQLS) was implemented. It is a multidimensional tool, which in 2003-2016 contained a set of factors that contribute to respondents' overall life satisfaction, as well as indicators of economic growth and living standards (e.g. GDP per person or income) and overall life satisfaction. Due to the specific population groups, the World Health Organization measurement techniques are mainly used.

The World Health Organization set up a working group which, after negotiations, finally reached a consensus and proposed a definition that emphasizes above all the quality of life of the individual: "*This is an individual perception of his position in the life of an individual, in the context of the culture and value system in which he lives; expresses the individual's relationship to his own goals, expected values and interests... includes his somatic health, psychological state, level of independence, social relationships, individual's beliefs, faith - all in relation to the main characteristics of the environment. Quality of life expresses a subjective evaluation that takes place in a certain cultural, social and environmental context... quality of life is not the same as the terms "state of health", "life satisfaction", "mental state" or "wellbeing". It is primarily a multidimensional concept* (WHO, 1996)."

Quality of life is a multi-layered concept that includes physical, psychological, social and environmental aspects (Uher, 2014):

1. Social factors play a significant role in determining the quality of life of seniors. These factors include social isolation, which is often associated with negative effects on mental health. On the contrary, engagement in public affairs and participation in various activation programs can significantly contribute to a sense of belonging and meaning in life.
2. Physical health is one of the key determinants of quality of life. Regular physical activity and healthy eating habits are essential for maintaining good physical health. Prevention and management of chronic diseases is also important for seniors, which can significantly affect their daily life and ability to be active.
3. Psychological aspects such as a sense of wellbeing, life satisfaction and the ability to manage stress are equally important for the quality of life of seniors.
4. The environment in which seniors live has a significant impact on their quality of life. Research shows that seniors living at home often have a higher quality of life compared to those living in social service facilities.

Several authors have different views on the possibilities of measuring the quality of life. If, for example, Dragomirecká (2013) perceives such possibilities as important for monitoring the effectiveness of various types of social services, such as Repková (2016) states that in this case it is a normative rather than a scientific concept, in which the quality of life is defined more operationally.

We include the most widely used quantitative tools for determining the subjective assessment of the quality of life of seniors *WHOQOL-OLD*, which was created under the auspices of the international working group of the World Health Organization - *WHOQOL* (*World Health Organization Quality of Life*), which started its activity in the 1990s. *WHOQOL* created several questionnaires for measuring the quality of life, which can be used especially with adults. A 100-item instrument was constructed (*WHOQOL-100*), which examines 6 domains (physical health, mental health, independence, social relationships, social and physical environment, spirituality), and these are further divided into 24 subdomains. Later, a shortened 26-item version of this questionnaire was created – *WHOQOL-BREF*. Due to questions about the validity of the questions used on the older population, a task force was initiated *WHO* work on the module *WHOQOL-OLD*. First, focus groups were conducted with seniors, family members, nurses and other professionals working in geriatric facilities. Based on the content analysis of these interviews, 40 items were created. Subsequently, pilot testing was carried out with 7,401 people over 60 years of age, for the purpose of modifying the instrument based on its psychometric properties. This was followed by field testing with more than 5,500 respondents. The result of the analysis of data obtained from international testing is the module *WHOQOL-OLD* with 24 items divided into 6 areas/domains, each of which consists of 4 items (Kačmarová, 2013).

2 Methodology

The primary method of collecting empirical data was a battery of questionnaires composed of a questionnaire of one's own provenance and a questionnaire integrating domains 1. independence, 2. fulfillment, 3. social involvement and 4. close relationships from the WHOQOL-OLD research tool (Dragomirecká – Prajsová, 2009). Due to the lack of use of the comprehensive research tool WHOQOL-OLD and the related WHOQOL-BREEF, we speak of "estimation of the subjective perception of the quality of life of seniors". The choice of the mentioned domains was related to the economy and efficiency of the method. The content, as well as the formal side and linguistic correctness of the questionnaire items, were monitored. The questionnaire of its own provenance was addressed to an employee who is familiar with the processes of evaluating the quality of the service provided in the given facility. It consisted of 11 items and space for additions. Five questions focused on the characteristics of the subject. The others were devoted to the results of an external or own assessment of the implementation of the quality of services provided. In this study, we will focus on those questionnaire items of our own provenance, which are devoted to the estimation of our own assessment of the implementation of the quality of services provided. Complex results will be part of a separate monograph.

The battery of questionnaires was physically sent to those facilities of social services for seniors that agreed to participate in the research in advance and in writing (by e-mail).
For statistical evaluation, we used SPSS software.

2.1 Research objective and hypothesis

In accordance with the research problem, we defined the goal and the hypothesis derived from it.

Research goal: To analyze the connection between the results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for the elderly and the estimation of the subjective perception of the quality of life of their recipients.

Research hypothesis: In a social service facility for the elderly that achieves a higher score in the internal (own) assessment of the implementation of the conditions of the quality of social services, seniors will declare a higher point assessment of the subjective perception of the quality of their own life than in a social service facility for the seniors that in the internal (own) assessment of the implementation of the conditions of the quality of social services, it will achieve a lower score.

2.2 Structure of respondents

Considering the complexity of the research, we differentiate the structure of the respondents into two different, but in the context of the set goals, inseparable sets. One is the facilities of social services for seniors in the analyzed complexity and depending on the monitored variables (according to the instructions, only an employee who is familiar with the processes of evaluating the quality of the service provided in the given facility always provided information) and the other is their recipients.

From the total number of social service facilities for seniors participating in the research, we were able to include six out of ten participating respondents in the analyses. Three facilities belonged to the Košice self-governing region, and one each participated from the Trnava, Banská Bystrica, and Žilina self-governing regions. In terms of sectoral distribution, we have identified a homogeneous distribution. Three respondents belonged to the public and three to the non-public sector. All respondents provided services for more than seven years.

Each facility of social services for seniors was represented by exactly 20 recipients. 120 respondents - seniors - participated in the research estimating their subjective perception of the quality of their own life. 34.17% of the respondents were men and 65.83% were women.

3 Results

We asked all social service facilities for seniors that participated in the research to try to implement a self-evaluation of the implementation of social service quality conditions on a scale from 0% to 100%, where 100% understandable meant the highest possible quality of implementation. We also asked these respondents to carry out a partial self-assessment in the following areas: 1. the area of compliance with basic human rights and freedoms (human rights, freedoms, social status, relationships, recipient's family, etc.), 2. the area of procedural conditions (vision, mission, procedures applied in the facility, etc.), 3. area of personnel conditions (qualification prerequisites of employees, their number, competences, further education, system of supervision, etc.), 4. area of operating conditions (material equipment, lighting and thermal comfort, equipment of social devices, etc.).

Tab. 1 Results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for seniors participating in the research

Average	Median	Min.	Max.	p
87%	92,5%	53%	100%	17,58%

Tab. 2 Results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for seniors participating in research in individual areas

Basic human rights and freedoms	93%
Procedural conditions	93,3%
Staff conditions	91,16%
Operating conditions	82,83%

In the last correlation, we were interested in the relationship between the self-assessment of the implementation of the conditions of the quality of social services of social service facilities for seniors participating in the research and the estimation of the subjective perception of the quality of their own life of their recipients. We divided the facilities on the basis

of the identified median of self-assessment results - up to 92.5% and above 92.5% and compared with the comprehensive score of the results of the estimation of subjective perception of the quality of life, as well as with its individual components.

Recipients of social service facilities for seniors participating in the research, who reached 92.5% in the self-assessment, achieved an average score of 50.58 points in the estimation of the subjective perception of the quality of their own life. Recipients of social service facilities for seniors participating in the research, who scored above 92.5% in the self-assessment, scored an average of 60 points in the same estimate.

Tab. 3 Comparison of the results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of their own life of their recipients

Up to 92,5%	Above 92.5%
50,58	55,62

n=120; p=0,02; t= -2,16

Tab. 4 Comparison of the results of the internal (own) evaluations of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of their own life of their recipients in the component - independence

Subjects up to 92.5%	Subjects above 92,5%	t	P
12,97	14,42	-2,10	0,02

Tab. 5 Comparison of the results of the internal (own) evaluation of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of their own life of their recipients in the component - fulfillment

Subjects up to 92.5%	Subjects above 92,5%	t	P
12,68	13,85	-1,88	0,031

Tab. 6 Comparison of the results of the internal (own) evaluations of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of life of their recipients in the component - social involvement

Subjects up to 92.5%	Subjects above 92.5%	t	P
11,93	14,02	-3,18	0,0009

Tab. 7 Comparison of the results of the internal (own) evaluations of the implementation of social service quality conditions in social service facilities for seniors with an estimate of the subjective perception of the quality of their own life of their recipients in the component - close relationships

Subjects up to 92.5%	Subjects above 92.5%	t	P
13,33	14,52	-1,58	0,058

We state verification of the hypothesis. In the social service facility for the elderly, which achieved a higher score in the internal (own) assessment of the implementation of the conditions of the quality of social services, the seniors declared a higher point assessment of the subjective perception of the quality of their own life, than in the social service facility for the elderly, which in the internal (own) assessment implementation of social service quality conditions achieved a lower score. The only component in which we did not notice significant differences in the mentioned contexts was the component of close relationships. Conversely, the highest differences were identified in the social engagement component.

4 Discussion and conclusion

Aware of the limitations of the processed research, we note that we have identified several valuable findings. The average internal (own) assessment of the conditions of the quality of social services provided in social service facilities for seniors was 93%. We remind you that the estimate was made by competent persons (director, quality manager, social worker or other authorized worker). This estimate expresses a certain degree of self-reflection, which is always based on the perspective of the competent person in question. From their perspective, this is an estimate of the real state of preparedness, which, however, may not correspond at all to the perspective of the external evaluation.

Research by Mátel and Kuzyšin (2020), which analyzed the perspective of 437 workers who represented one social entity, or one type of social service provided by a social entity, states such a subjective estimate at 63.66% on average. The authors interpreted this situation through the identification of subjective and objective barriers in readiness for the assessment of the quality of social services. Four categories were included among the subjective barriers: 1. employees, 2. time options, 3. uncertainty and 4. team and management. In the employees category, occupational stereotyping was communicated - stubbornness of employees, negative attitude towards changes, and hesitance. The second most numerous category pointed to time options and staff workload. The category "uncertainty" integrated the elements of apprehension about the correct preparation of the relevant documentation and fear of approaching this activity. The last category identified by them reflected on the issue of team cooperation and management systems. Mátel and Kuzyšin (2020) included the following as objective barriers in readiness for the assessment of the quality of social services: 1. bureaucratic complexity, 2. financing, 3. methodical management, 4. legislation, 5. operating conditions. Bureaucratic burden was identified as the most frequently occurring category related to administrative overload and administrative burden for staff who work directly with the client, which has a direct impact on the lack of time for direct work with beneficiaries. The issue of financing social services was reflected in the contexts they monitored, as the second strongest category of objective barriers, in which the long-term economic undersizing of social services was a clear content dominant. Methodological leadership and uniform methodological support was mostly associated with the expectation of document unification and establishing standard procedures. In the case of legislation, respondents' suggestions were aimed at emphasizing the quality of laws, their inconsistency with practice, frequent amendments and complex terminology. Operating conditions were linked to spatial conditions (older buildings) and lack of funds.

The identified median self-assessment of service quality in social service facilities for seniors was 92.5%. Beneficiaries who were provided with the service in the facility, which reached 92.5%, achieved an average score of 50.58 points in the estimation of the subjective perception of the quality of their own life. Recipients of social service facilities for seniors participating in the research, who scored above 92.5% in the self-assessment, scored an average of 60 points in the same estimate. The only component in which we did not notice significant differences in the mentioned contexts was the component of close relationships. Conversely, the highest differences were identified in the social engagement component. We are not aware of the facts about the implementation of similarly oriented research. We can see certain signs in the research of Kohútová (2018), who compared the quality of life and environment with the satisfaction of seniors with the facility's services. She stated that the quality of life in the functioning of the senses, independence, fulfillment, close relationships, attitudes towards death and the overall quality of life is not related to the senior's satisfaction with the facility's services. The only statistically significant positive relationship at a moderately strong level was recorded in the domain of social involvement - the more satisfied a senior is with services, the higher his or her quality of life in social involvement is.

The quality of social services for seniors is a critical component of ensuring a dignified, active and satisfied life in old age. The

importance of quality services becomes even more important in the context of demographic changes and increasing average life expectancy. It is a challenge that requires a systematic approach, the cooperation of all stakeholders and a constant effort to improve.

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