

ORIGINAL ARTICLE

TRAINING OF SOCIAL WORK BACHELORS TO APPLY TECHNOLOGIES OF MEDICAL SOCIAL WORK

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ABSTRACT

The aim: To develop, substantiate and experimentally test the model of social workers' training to apply medical social work technologies in the professional activities.

Materials and methods: Mixed methods design was applied. The experimental work was conducted in stages: 1) pilot study of social work curriculum of Ukrainian universities directed on the readiness formation to apply technologies of medical social work; 2) model developing with targeted, content, functional-procedural, analytical-resultative components; 3) pedagogical experiment on the learning procedure provision to students. At various stages, the study involved 48 teachers from 7 Ukrainian universities, 229 social work bachelors, 43 practical social workers.

Results: indicated that the implemented training positively leveled up in the experimental group the students' readiness formed to apply technologies of medical social work. The number of students with high level – increased by 28.9%; with sufficient level – increased by 33.4%; with average level – increased by 8.9%; with low level – decreased by 71.1%.

Conclusions: The obtained results confirmed the efficacy of the modified program on social workers' training to apply medical social work technologies in the professional activities.

KEY WORDS: medical social work; readiness; technology

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INTRODUCTION

We share the view of Prokhorova [1], that problems of different population groups caused by crisis life situations can find the most adequate solution only on the basis of coordinated cooperation of all social institutions, providing to an individual, group or community a complex of interrelated measures: medical-social, social-economic, social-psychological, legal, etc. Medical social work (Med-SW) is considered as a branch of social work and at the same time an important component of social medicine with a pronounced applied character [2].

Readiness to apply technologies of medical social work (TMedSW) is a component of professional competence of social work bachelors (BSW) in Ukraine [3]. Martynenko [4] claims that use of TMedSW involves the use of technologies of diagnostics; prevention; therapy; counseling; medical-social rehabilitation, patronage, expertise, assistance, etc. Under TMedSW we understand: methods, techniques, impacts aimed at eliminating / compensating of life activity restrictions; human health support / promotion through medical-social care institutions. We understand the readiness of BSW to apply TMedSW in the professional activity as a stable personal formation with integrated knowledge and skills to provide the effective solution of issues related to restoration, preservation and strengthening of population health. This article studies the aspect of BSW being professionally ready to apply TMedSW. The study rationale rests on assumption that there is an objective society need

for social workers ready to apply TMedSW and insufficient level of readiness caused by the lack of scientifically sound training system.

THE AIM

The research aim is to develop, substantiate and experimentally test the model of professional training of BSW to apply TMedSW.

MATERIALS AND METHODS

We applied in our research a mixed methods design that is the class of research where researchers mix or combine quantitative and qualitative research techniques, methods, approaches, concepts or experiments into a single study, providing a comprehensive analysis of the phenomenon under study. We carried out the experiment in stages: 1) conducted the preliminary analysis of BSW training in Ukrainian universities directed on the formation of readiness to apply TMedSW (April 2013 – June 2013); 2) developed the model of BSW training to apply TMedSW (July 2013 – August 2013); 3) drew up the programme of pedagogical experiment; selected control group (CG) and experimental group (EG); carried out pedagogical experiment on providing learning procedure aimed at leveling up the readiness to apply TMedSW; defined in graduates the level of readiness formed, thus tested the effectiveness of

the proposed training model; processed the data obtained (September 2013 – August 2018). At various stages, the study involved 48 teachers from 7 Ukrainian universities, 229 BSW, 43 practical social workers.

RESULTS

At the *first stage* of our experimental work we analysed the Ukrainian universities curriculum aimed to form the readiness to apply TMedSW: Carpathian Institute of Entrepreneurship of “Open International University of Human Development “Ukraine”; Cherkasy National University; Luhansk T. Shevchenko National University; Lviv Polytechnic National University; National University “Kyiv-Mohyla Academy”; Ternopil V. Hnatiuk National Pedagogical University; Uzhhorod National University. During the pilot study we collected data from 136 BSW and 43 practical social workers. Based on questionnaires, 64.19 % of students reported that they were introduced to some aspects of TMedSW. According to self-assessment, 70.2 % of them considered their level of readiness to apply TMedSW low and average. 74.8 % of practical social workers mentioned that they used TMedSW in their professional activities. 65.2 % of them confirmed that they lacked proper practice in TMedSW. Thus, the pilot study data substantiated the need to improve the training of BSW to apply TMedSW.

Generalising the research on readiness structure for a certain type of activity and MedSW specificity, we provided the components of BSW professional readiness to apply TMedSW:

(1) Theoretical – characterised by knowledge: health-oriented (organisation and provision of patronage, medical-social care; prevention of disability; hygiene education, etc.); socially-oriented (social protection of rights on medical-social care; informing on its procedure; social skills training, etc.); integral (assessment of client’s social status; implementation of preventive measures to support health at individual, group and community levels; medical-social expertise; medical-social rehabilitation; social work in psychiatry, oncology, geriatrics, other areas of clinical medicine; organising of therapeutic groups of self- / mutual assistance; development of medical-social assistance programmes; ensuring the multi-team interaction in solving of clients’ problems, etc.);

(2) Practical – characterised by practical abilities and skills. Honcharenko [5] provided types of skills that form the basis of technological activity in MedSW: (i) research, analytical, reflexive, communicative – to justify TMedSW (identify and study the social problem; collect and analyse information; analyse available resources; select and justify the need for particular technology and its end result); (ii) targeting, projecting, forecasting – to develop or adjust TMedSW (monitor social processes dynamics; develop forecasts of technology application results; determine indicators and criteria for technology effectiveness; determine actions algorithm; justify means and methods of goal achieving; expertise and verify technology adequacy; evaluate, control, adjust its stages); (iii) organisational, ad-

ministrative, evaluative-analytical, evaluative-controlling – to implement TMedSW (plan and organise activities; interact within medical-social structures; test the technology and monitor its impact on predefined indicators; control its application and formulate conclusions; present the results of technology applied).

(3) Emotional-volitional – involves the development of abilities to: maintain internal balance and emotional recovery; communicate with clients; recognise clients’ emotional state, etc. Thus, the desire to assist and empathise people becomes the activity purpose. Insufficiently formed emotional sphere develops a neglectful attitude towards an individual.

(4) Motivational – characterised by subjective indicators of activity, including needs, interests, attitudes, values, ideals, other professional motives. Thus, professional training of BSW is directed from fulfillment of tasks into professional motivation for solving client’s social problems.

At the *second stage* we developed the model of BSW training to apply TMedSW (Table 1). It reflected its elements integrity, demonstrated their function and interaction, provided its scientific-practical justification through the implementation of pedagogical conditions (Table 1 near here).

(1) Content model component defined a set of courses that made up theoretical and practical training of BSW. Based on our goal, we introduced into curriculum a special course – “Social medicine”. It formed knowledge and skills to comprehensively: assess the population health in relation to factors, impacting it; select, justify and apply MedSW; conduct medical-social expertise in health care institutions.

(2) Targeted model component provided a procedure for determining the goal – training of BSW to apply TMedSW. It performed two methodological functions: acted as an integrator of actions in the system “goal – means of achievement – result of a specific activity”; assumed the functioning of activity determinants: needs, interests, incentives, motives.

(3) Functional-procedural model component provided was based on principles [6], scientific approaches and functions [7], positively influencing the dynamics of BSW training.

(4) Technological model component included: forms, means and methods of BSW teaching to apply TMedSW: method of project-based learning (formed knowledge and ability to identify a problem and ways to solve it, evaluate and analyse the result of teamwork and individual actions); case method (organised joint research activities; actualised self-realisation motives; encouraged the desire for independent goal choice); business game (developed skills of social interaction and collegiality, ability to manage and subordinate).

(5) Analytical-resultative model component provided for the defining of criteria, indicators and levels of BSW readiness to apply TMedSW after Basov et al. [8]. Accordingly, in the Table 2 we presented the characteristics of levels of BSW readiness to apply TMedSW (Table 2 near here).

At the *third stage* of our experimental work the CG consisted of 48 BSW from Carpathian Institute of Entre-

Table 1. Model of training of BSW to apply TMedSW.

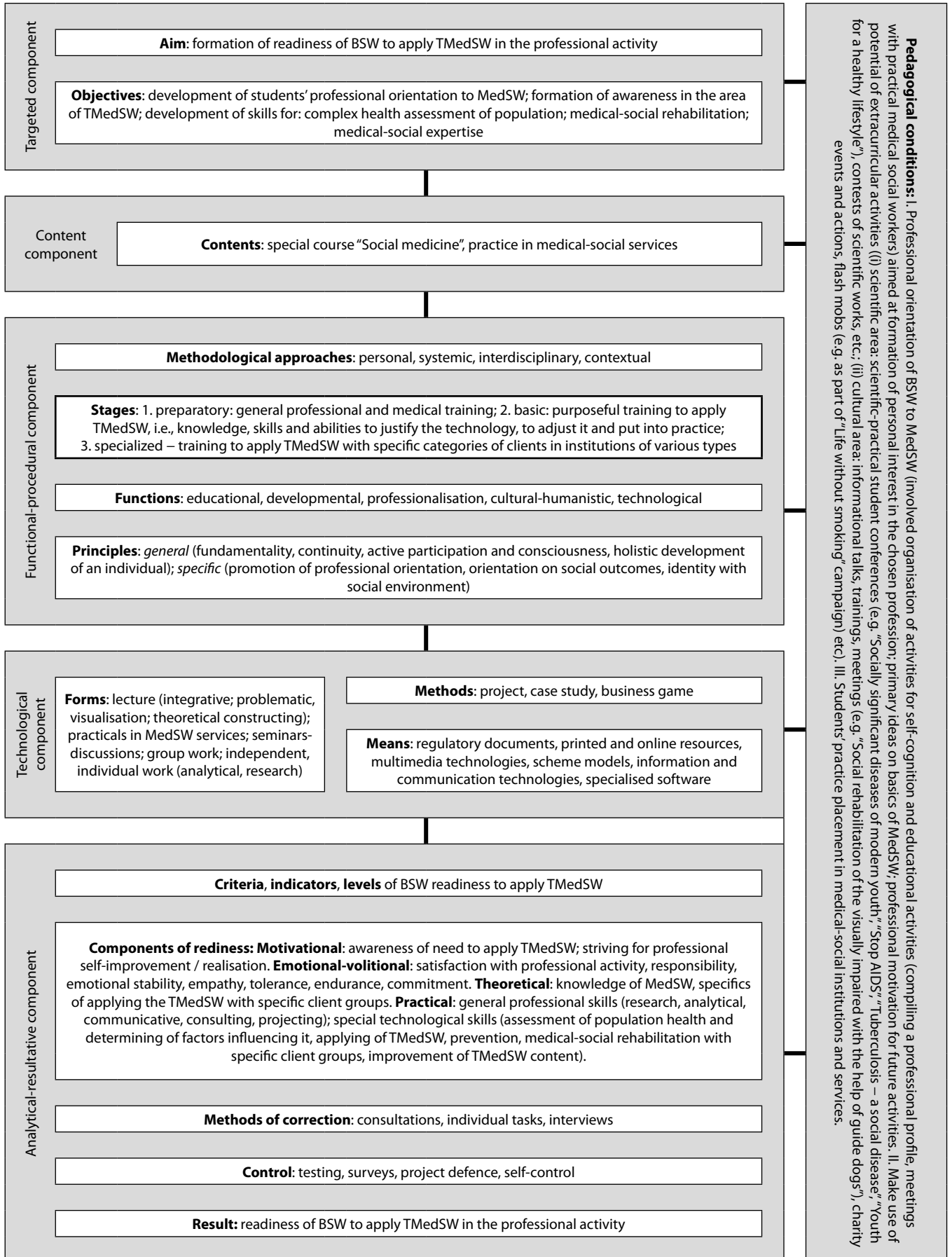


Table 2. Criteria, indicators and levels of BSW readiness to apply TMedSW.

Criteria	Indicator	Levels			
		Low	Average	Sufficient	High
Theoretical	Formed system of knowledge on: technological approach essence; specifics of MedSW as a type of professional activity; basic and special technologies; specifics of TMedSW. Developed professional thinking.	Display of relatively low level of knowledge on general social work technologies, on MedSW, on TMedSW. Activity results are unstable, being not fully aimed at obtaining theoretical knowledge.	Display of standard level of knowledge of MedSW and TMedSW. Activity is characterised by formally correct techniques, but the interest in solving of professional tasks is absent. BSW are aware of importance of theoretical training, but work on themselves unsystematically.	Display of sufficient activity on mastering knowledge of theory, methods, general technologies and TMedSW. BSW acquired sufficient knowledge to substantiate the nature and limits of TMedSW, to choose criteria to apply particular TMedSW. BSW recognize the importance of self-education.	BSW acquired knowledge on general and specific technologies, MedSW, TMedSW, their application and justification. BSW follow ethical standards and principles. BSW display constant self-improvement. Work productivity is very high. Display of advanced professional thinking and skills.
Practical	Formed general professional skills (research, analytical, communicative, consulting, projecting, etc.) and special TMedSW (application of TMedSW in medical-social services; working out of suggestions to improve the content of TMedSW).	Display of low level of skills to apply TMedSW. BSW can diagnose client's health related problems, but cannot model its development. BSW cannot justify the need for the application of particular TMedSW, cannot work out suggestions for improving its content.	Display of certain skills to apply TMedSW. BSW can analyse client's health related problems, but cannot model ways to solve them. Activity is characterised by an awareness of the need to apply TMedSW, to improve professional skills, but it is not systematical.	Display of general professional and certain skills of TMedSW. BSW can model situations based on social diagnostics, substantiate the need to apply TMedSW with specific clients. The ability to work out suggestions to improve TMedSW content is unstable. No integration of skills observed.	Display of general professional skills and special technological skills of MedSW, the ability to apply TMedSW. BSW can diagnose medical-social problems, justify the need to apply TMedSW. BSW can work out suggestions to improve TMedSW content with specific clients. Ongoing creative search calls for the need to improve professional skills.
Emotional-volitional	Display of satisfaction with professional activity. Work on qualities of responsibility, emotional stability, empathy, tolerance, endurance, commitment.	Display of irresponsibility and dissatisfaction with professional activity, uncertainty in the applying of TMedSW.	Display of moderate satisfaction with professional activity. BSW experience self-doubt when working with clients. The client's emotional state remain beyond students' interests. Display of sporadic stability and responsibility.	Display of satisfaction in TMedSW application. Partial display of responsibility and stability. Self-confidence causes passion for work. Emotional state is displayed in an adequate behaviour. Failures negatively affect activities.	Display of maximum satisfaction with professional activity. Display of high work productivity, independence, and responsibility. Self-confidence causes admiration for work. Display of comfort behaviour when interacting with clients. High level of personal responsibility causes confidence to apply TMedSW.
Motivational	Awareness of the need to apply TMedSW as a component of professional activity. Striving for professional self-improvement, self-realisation in the activity performed.	Display of no interest in TMedSW, no striving for professional self-improvement and personal self-realisation.	Display of little interest in TMedSW as well as rare striving for self-expression, self-realisation.	Display of sufficiently expressed interest in TMedSW. Motives for activity effectiveness dominate. Display of striving for self-expression, self-realisation	Display of strong interest in TMedSW. BSW actively develop professionally important qualities, strive for the fullest self-improvement and self-realisation.

Table 3. Author questionnaire to check the formed students' motivation.

I. When speaking of MedSW, you are ... interested in:	Very	Rather	Rather not	Not at all
1. ability to communicate with clients				
2. opportunity to provide medical-social assistance to clients, their relatives				
3. crucial role of a social worker in the implementation of TMSW				
4. high degree of responsibility of a social worker				
5. complexity of the process of TMSW application				
6. need to constantly improve knowledge, skills and abilities				
7. need for high dedication				
8. opportunity to maximise the demonstration of abilities				
9. ability to study a client in relationship with the environment				
10. opportunity to cooperate with specialists in social and medical fields				
11. opportunity to improve personal qualities				
12. opportunity to see the results of personal work				
II. You spend ... time on the following activities:	Much	Rather much	Rather not much	No at all
1. reading professional literature				
2. performing research work				
3. self-education				
4. volunteering				
5. participation in cultural events				

Table 4. Author questionnaire to identify the level of satisfaction with the future profession.

Are you satisfied with your:	Yes	Do not know	No
1. profession			
2. professional training in general			
3. theoretical training			
4. practical training			
5. organisational skills			
6. level of knowledge of medical social work			
7. level of skills to apply TMSW in the work with different categories of clients			
8. curriculum for training of FSW for MSW			

Recommendations for processing: answer "yes" – +1 point, "do not know" – 0 points, "no" – – 1 point. The degree of satisfaction with the profession: high – 8-7 points scored; average – 6-5 points scored; sufficient – 4-3 points scored; low – 2-0 points scored.

preneurship of "Open International University of Human Development "Ukraine" and students were trained under traditional system. EG consisted of 45 BSW from Uzhhorod National University, trained after developed structural-functional model.

To define the level of formed *motivational component* of readiness we used: (i) questionnaire "Motivation of professional activity" by Rean modification [9]; (ii) author questionnaire on formed students' motivation developed, presented in Table 3 (Table 3 near here).

To define the level of formed *emotional-volitional component* of readiness we used: (i) questionnaire "Study of empathic tendencies level" by Yusupov [9]; (ii) questionnaire "Multidimensional-functional analysis of

responsibility" by Pryadein [9]; (iii) author questionnaire on satisfaction level with future profession, presented in Table 4 (Table 4 near here).

To define the level of formed *theoretical component* of readiness we used: (i) prognostic method of compiling the elements of professional profile of a medical social worker with indicative questions: personal / professionally significant qualities of a social worker to apply TMedSW; social worker' knowledge to successfully carry out MedSW; (ii) methods of testing and indicative questions, provided in Table 5 (Table 5 near here).

To define the level of formed *practical component* of readiness we used: (i) method of expert assessments based on the results of performed practical tasks and projects

Table 5. Indicative tests.

Question	Choose correct answer
1. Medical-social consequences of alcoholism:	a) impact on human health; b) high risk of injury; c) family breakup; d) effects on reproductive function; e) antisocial behaviour.
2. MedSW is:	a) a type of multidisciplinary professional activity of medical, psychological, pedagogical and socio-legal nature, aimed at restoring, maintaining and strengthening of human health; b) professional activities on organising assistance to people and groups in difficult life situations; c) a science with the purpose to achieve the highest possible level of health and adaptation of people with physical and mental pathology.
3. The purpose of MedSW is to:	a) develop ways of formation, preservation and strengthening of health; b) support those who due to state of health and other reasons cannot fully provide for themselves; c) achieve the highest possible level of health and adaptation of people with physical and mental pathology.
4. Principles of MedSW include:	a) ecosystem; b) individuality; c) continuity.
5. Directions of MedSW:	a) preventive, psychological and pedagogical; b) pathogenetic, legal; c) preventive, pathogenetic.

Table 6. Author questionnaire on self-assessment of formed general professional and technological skills.

Nº	Ability to:	Issues covered	Circle
1	listen to	presentation of material with / without visual aids used	1 2 3 4
		evaluate personal answer	1 2 3 4
2	work with material	formulate questions to illustrated facts or phenomena	1 2 3 4
		schematise the text, present it in tables, diagrams	1 2 3 4
3	work with information	systematise, summarise, analyse information	1 2 3 4
		prepare speeches, reports	1 2 3 4
4	operate knowledge	make generalisations on the basis of facts	1 2 3 4
		express personal position on facts and phenomena	1 2 3 4
		compare new information with known facts	1 2 3 4
5	demonstrate creative independence	in solving of practical problems	1 2 3 4
		in conducting of research based on documents, observations, experiments	1 2 3 4
6	apply knowledge at practice	analyse, compare, generalise, draw conclusions based on facts	1 2 3 4
		formulate a hypothesis and tests it during a research	1 2 3 4
		conduct research with the involvement of additional information	1 2 3 4
7	apply specific TMedSW	transfer previously acquired knowledge to the study of new facts and phenomena	1 2 3 4
		apply technologies of expertise and counseling on MedSW	1 2 3 4
		use diagnostic / evaluation tools adequate to complexity level of client's problem	1 2 3 4
		assess the readiness and motivate a client to take action to change life situation	1 2 3 4
		cooperate with professional groups to improve the quality of MedSW services	1 2 3 4
		use ethical and legal norms in work with MedSW clients	1 2 3 4
		identify, systematise and summarise empirical data in the field of MedSW	1 2 3 4
		plan client' rehabilitation, guided by systematic approach to social assistance	1 2 3 4
		take measures to preserve physical, mental, reproductive health of clients	1 2 3 4
		monitor, analyse and evaluate the results of interaction with a client	1 2 3 4
develop and implement social programmes for MedSW clients	1 2 3 4		
promote the principles of healthy lifestyle in society	1 2 3 4		

Recommendations for processing: 4 – ability is formed at high level; 3 – sufficient; 2 – average; 1 – low.

on specific topics – TMedSW with: alcohol addicted; drug addicted; mentally disturbed; cancer affected; clients with infectious diseases; disabled, etc. Experts-educators

assessed the quality of projects on grounds: the problem relevance, substantiation of technology, formulation of its goals, content of explanatory note, presentation and

Table 7. Dynamics in levels of rediness formed of BSW to apply TMedSW by components during the experimental work.

Group	At the beginning of experiment								At the end of experiment							
	High		Sufficient		Average		Low		High		Sufficient		Average		Low	
	prs.	%	prs.	%	prs.	%	prs.	%	prs.	%	prs.	%	prs.	%	prs.	%
Theoretical component																
CG	0	0	0	0	4	8.3	44	91.7	5	10.4	7	14.6	12	25	24	50
EG	0	0	0	0	7	15.6	38	84.4	12	26.7	15	33.3	12	26.7	6	13.3
Practical component																
CG	0	0	0	0	5	10.4	43	89.6	6	12.5	10	20.8	12	25	20	41.7
EG	0	0	0	0	2	4.4	43	95.6	14	31.1	15	33.3	12	26.7	4	8.9
Motivation component																
CG	1	2.1	3	6.3	17	35.4	27	56.3	6	12.5	11	22.9	24	50	7	14.6
EG	0	0	2	4.4	15	33.3	28	62.2	13	28.9	19	42.2	10	22.2	3	6.7
Emotional-volitional component																
CG	0	0	4	8.3	5	10.4	39	81.3	4	8.3	5	10.4	15	31.3	24	50
EG	0	0	2	4.4	5	11.1	38	84.4	9	20	14	31.1	16	35.6	6	13.3

defence; (ii) author questionnaire on self-assessment of formed general professional and technological skills, presented in Table 6 (Table 6 near here).

The indicator of individual level of readiness (R) of the i-th student was calculated by the formula: $R_i = TH_i + P_i + M_i + EV_i$, (1), where TH_i , P_i , M_i , EV_i – normalised values of the corresponding theoretical, practical, motivational, emotional-volitional components. Determining the level of readiness to apply TMedSW was assessed on the following scale (maximum 4 points): high – 3-4 points; sufficient – 2-3; average 0 – 1-2; low – 0-1. The dynamics in the levels formed by components is presented in Table 7 (Table 7 near here).

DISCUSSION

The conducted study emphasize, that social workers in the health care system are an unused reserve of preventive medicine, as MedSW involves not only the restoration of health, but also its preservation and strengthening. Modern problems of population groups, caused by crisis life situations, can find the most adequate solution only on the basis of coordinated cooperation of all social institutions, including MedSW, which provides a set of interrelated measures for social-economic, social-psychological, legal, medical-social assistance. In the current situation of aggravation of environmental, economic, social-cultural problems of Ukrainian society, MedSW becomes increasingly important in social practice, reflecting society changes, associated with the ever-increasing demand for the provision to population of various forms of social protection. The study results are in line with Korinchevska [10], who believes that the effectiveness of provision of medical-social services depends primarily on the development of a cross-sectoral approach in the health care system. The main directions of modern reforms in medicine are to take into account life peculiarities of an individual, family,

society. It is necessary to ensure the effective functioning of the organizational structure, uniting all the components that determine population health. Holyachenko [11] notes that medical-social assistance is to be aimed at improving the population health by improving the infrastructure of health services, shifting the emphasis from its extensive to intensive development, emphasizing the need for the trained social workers ready for the interaction within social protection services, government agencies, charitable organizations. Earlier studies of Moskalenko [12] confirmed that the problems of population health formation became the basis for social sphere development and successful implementation of economic reforms. Being in time-line with the recently approved Bachelor’s Standard of Ukrainian Higher Education in the specialty 231 “Social work” [13], we add, that to improve the quality and accessibility of medical-social services, it is necessary to: increase the social workers’ role in the health care system, ensuring that the scope and quality of care provided meet the real population needs; implement the training programs to develop knowledge and understanding of social work essence, its meaning, types and directions (psychological, legal, economic social-pedagogical, medical-social). The study results testified to the effectiveness of the developed model of professional training of BSW to apply TMedSW. The research results can be used by other relevant schools of social work.

CONCLUSIONS

Training of BSW to apply TMedSW in the professional activities involved substantive-procedural training and intra-personal development. The obtained results confirmed the efficacy of the modified program on social workers’ training. The level of knowledge, skills and abilities that characterise the readiness of BSW to apply TMedSW raised in both CG and EG. However, in the CG this increase was

insignificant. In the EG, the share of students with high level – increased by 28.9%, with sufficient level – increased by 33.4%; with average level – increased by 8.9%; with low level – decreased by 71.1%.

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The Authors declare no conflict of interest.

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