journal homepage: http://kont.zsf.jcu.cz
DOI: 10.32725/kont.2026.007

KONTAKT / Journal of nursing and social sciences related to health and illness

Original research article

The position of social workers within the Slovak healthcare system in relation to overwork and coping with stressful situations

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Abstract
Aim: Determine the perception of the position of social workers in Slovak healthcare in relation to overwork and coping with stressful situations.
Methods: This research study has a quantitative design with the use of a self-made questionnaire. The research sample consists of 59 social workers working in various healthcare facilities in the Slovak Republic.
Results: The results show that the vast majority of respondents agree with codifying the legal status for social workers in healthcare into law. The results also point to the work overload of social workers in healthcare and statistically don't significantly differ with respect to their years of experience, work in the public or non-governmental sector and the number of patients in their care.
Conclusion: The results point to the need for systematic changes in practice and improvements in the status of social workers in healthcare, which would increase the quality of patient care.
An important measure is the creation of a high-quality legislative framework for social workers in healthcare, specifying their competences in outpatient, institutional, and field care.

Keywords: Coping with stressful situations; Legislation; Social work in healthcare; Stress

Introduction

Social workers in healthcare play an indispensable role in delivering psychosocial interventions to patients within healthcare facilities, addressing a wide range of mental and physical needs (Craig et al., 2015; Kim and Lee, 2009).

They seek to improve the overall wellbeing and psychosocial state of patients by providing support and addressing the social, emotional, and psychological needs that may affect treatment and recovery (Gehlert and Browne, 2019). In doing so, social workers must take into account the increased vulnerability of patients (Craig et al., 2015u).

Social workers also play an important role in healthcare because they provide a bridge between three sectors: society, the patient, and the healthcare system (Parast and Allaii, 2014). In active collaboration with the healthcare team, social workers have the potential to improve healthcare services across the entire spectrum, making them more patient-centered, holistic, coordinated, and effective (Cooper et al., 2022).

Social work in Slovak healthcare is often carried out under ambiguous and unclear competencies. There are systemic contradictions between the individual sectors and departments. The entire past period has been characteristic of an effort to significantly divide the issue into the "health" and "social" sector (Vurm et al., 2007).

In 2004, social workers and social nurses were removed from the list of healthcare professionals in the reformed Healthcare Decree No. 576/2004. Currently, they are still classed as administrative staff. Although Social Work Act No. 219/2014 Coll. stipulates that social work in healthcare can only be performed by a social worker, the competencies of social workers in healthcare facilities have still not been precisely defined. Their work is often substituted in practice by other healthcare workers – nurses, psychologists, caregivers, volunteers, and others. The absence of social workers in the healthcare facilities – where the health and social systems are most closely linked within a comprehensive approach to patient care – is striking. This was also confirmed during the recent coronavirus pandemic, which demonstrated the ever-increasing demand for social workers in the healthcare sector (Mojtová, 2023).

In Slovakia, there is currently no legislation that defines the activities of social workers in the healthcare sector. The Decree of the Ministry of Health of the Slovak Republic is the only legislative instrument about social workers in institu-

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http://doi.org/10.32725/kont.2026.007
Submitted: 2025-10-31 • Accepted: 2026-01-26 • Prepublished online: 2026-01-27
KONTAKT 28/x: xxx–xxx • EISSN 1804-7122 • ISSN 1212-4117

tional healthcare: "If an institutional healthcare facility provides healthcare in the pediatric, geriatric, post-treatment, psychiatric, drug addiction, gynecology, and obstetrics departments or to the long-term sick, it shall contract a social worker through an employment relationship to support the mitigation or elimination of social consequences of the patient's health in connection with their hospitalization and discharge" (Decree of the Ministry of Health of the Slovak Republic No. 39/2012, pp. 283–285).

Despite this decree, social workers are not employed in all hospitals. Currently, 150 social workers work for institutional healthcare providers, many of whom are classed as administrative staff. This low number of social workers per patient doesn't meet the current demand for interventional social work (their role is often reduced to administration). Additionally, they encounter problems on a daily basis, e.g., they work with medical documentation without the necessary education and clearly defined legislative frameworks and competencies. There is a clear need to legitimize their access to patients' personal and health records for the purpose of performing social work in the healthcare sector (Mojtová, 2023).

In European countries, social work in healthcare is an important pillar, focusing on the provision of support and services to patients to manage various social, emotional, and practical problems associated with their adverse health conditions. Abroad, where social work in health care has a long tradition, "clinical social workers" have the necessary competencies to function in the healthcare system and professional teams. In the United States, many of the country's 600,000 social workers currently work in public health and other healthcare facilities (Ruth and Marshall, 2017).

In the Czech Republic, the activities of health and social workers within the framework of preventive, diagnostic, and rehabilitation care are regulated by law. This law classifies health and social workers as healthcare professionals and sets out qualification requirements. Decree No. 55/2011 Coll. defines the activities in detail: without professional supervision, workers may carry out social prevention, screening, social investigation, plan psychosocial intervention, provide social and legal counseling, assist with the integration of patients after treatment, and support survivors (Decree No. 55/2011 Coll.).

The so-called Vernepleier has been established in Norway, focusing on the autonomy and quality of life of clients in their everyday environment. This profession is unique to Norway and combines social work, healthcare, and pedagogical knowledge to support people with developmental disorders, mental health problems, and other complex needs (Nordlund et al., 2015).

Clinical social workers in the US must complete the relevant training (family therapy, sociotherapy, PCA Rogerian psychotherapy, etc.) to offer therapeutic work in the clinics (direct work with the clients using specialized social and psychotherapeutic methods and procedures) (Mojtová, 2023).

In Australia, social workers in healthcare are regularly involved in working with patients and their families within complex social, psychological, family, and institutional support systems (Cordoba, 2020).

The demanding work in healthcare often triggers increased psychological stress in social workers. Numerous authors point to the fact that long-term occupational stress can lead to health issues (Fadel et al., 2023; Lahti and Kalakovski, 2024). Research has shown that long-term stress significantly correlates with burnout (Porkodi and Pundhir, 2025; Tziner et al., 2015; Yi et al., 2019).

In their study focusing on active problem-solving and well-being of healthcare workers, Singh et al. (2025) reported that burnout is a key challenge among healthcare workers in the United States, with more than 49% of healthcare workers reporting high levels of burnout. Likewise, UK healthcare workers have reported high rates of burnout and poor mental health, with interventions urgently needed to address this issue (Smith et al., 2025). Social workers in the UK suffer from higher rates of burnout compared to other health professionals. It is therefore important for them to be protected from psychological strain (Bunce et al., 2019).

Stress in healthcare is exacerbated by long working hours, inadequate working conditions, sleep disorders, lack of work-life balance, low pay, limited promotion opportunities, professional responsibility, daily contact with illness and death, and a sense of failure (Kelly et al. 2020). A high level of stress and burnout leads to lower productivity, greater absenteeism, and higher employee turnover (Iacobucci, 2021; Rafiee et al., 2025).

The aim of this study was to determine the perception of the position of social workers in Slovak healthcare in the context of overwork and coping with stressful situations. The following research questions were stated:

RQ1: To what extent do social workers agree or disagree that the legal status of social workers in healthcare, including their specific competencies, should be codified into law?

RQ2: To what extent do social workers agree or disagree that each department or clinic in a healthcare facility should have its own social worker?

RQ3: To what extent do social workers agree or disagree that they should be classified as healthcare professionals rather than administrative staff?

RQ4: Which occupational risks do social workers perceive as most significant in their work within the healthcare sector?

RQ5: Does the perception of occupational risks among social workers in healthcare differ depending on their years of professional experience?

RQ6: Does the perception of occupational risks among social workers in healthcare differ depending on age?

RQ7: Does the perception of occupational risks among social workers in healthcare differ depending on type of healthcare sector in which they work (public, private, commercial)?

RQ8: To what extent do social workers in healthcare perceive themselves as overworked?

RQ9: Does the perceived level of overwork among social workers in healthcare differ depending on their years of professional experience?

RQ10: Does the perceived level of overwork among social workers in healthcare differ depending on type of healthcare sector in which they work (public, private, commercial)?

RQ11: Is the perceived level of overwork among social workers in healthcare associated with monthly caseload?

RQ12: What are the most common manifestations of stress reported by social workers in healthcare?

RQ13: What strategies do social workers in healthcare most commonly use to cope with stress during their leisure time?

RQ14: Which instruments or strategies do social workers find most helpful when coping with work-related stress in their workplace?

Materials and methods

Procedure

This quantitative study focuses on the social workers employed in healthcare facilities, of whom there are approximately 150. Based on cooperation with the former chairwoman of the Slovak Chamber of Social Workers and Social Work Assistants, we attempted to map the number of social workers in healthcare in 2023. A form was sent to 105 institutional healthcare providers and completed by 44 facilities, i.e., 41.90%. The completed forms indicated 150 full-time social workers. The total number of full-time workers employed by providers was estimated to be approximately 250, but this could not be confirmed. Subsequently, the Ministry of Finance of the Slovak Republic attempted to make an indicative estimate based on the proposal of the Slovak Chamber of Social Workers and Social Work Assistants an Association of Educators in Social Work, using assumptions for quantifying wage increases in healthcare. Until then, no one had created a database of social workers in healthcare in Slovakia. According to data from the Ministry of Health of the Slovak Republic, there are 95 hospitals in Slovakia. University, faculty, and specialized hospitals, institutes, and psychiatric hospitals were contacted. Most have one social worker, others two, but there are also hospitals where social workers are absent from the organizational structure. Since there is no database of social workers working in healthcare facilities in Slovakia, a considerable amount of time was spent gathering information through emails and phone calls to hospitals. The result was the creation of a database of social workers whose contact details were obtained or verified. In some cases, hospital secretariats were contacted with a request for cooperation. Unfortunately, some did not respond to the request to provide the contact details of a social worker at their facility. A link to the questionnaire was sent to the email addresses obtained. Data collection took place from January to March 2025.

Table 1. Sociodemographic and professional characteristics of the sample (*N* = 59)

Variable and Category	%
Gender	
Women	93.2
Men	6.8
Age	
<25 years	1.7
26–35 years	15.3
36–45 years	32.2
46–55 years	35.6
>56 years	15.3
Education	
First-level university degree	6.8
Second-level university degree	79.7
Third-level university degree	13.6
Work experience	
<1 year	8.5
1–5 years	32.2
6–10 years	8.5
>10 years	51.0
Type of facility	
Hospital	59.3
Hospice	10.2
Mental health services	13.8
Social services for dependents	5.1
Addictions	3.4
Social services for sick clients	1.7
Facilities for seniors	1.7
Nursing care facilities	1.7
Sector	
Public	67.8
Non-governmental	27.1
Commercial	5.1
Clients per month	
Median (range)	30 (3–300)

Characteristics of the research sample

The research sample consisted of 59 social workers working in various healthcare facilities in the Slovak Republic. 93.2% of the sample were women. On a monthly basis, the number of clients served by social workers in our research sample varies widely (from 3 to 300, with a median value of 30). Our respondents mostly work with patients from psychiatric departments (55.9%), geriatric departments (42.4%), departments of internal medicine (35.6%), oncological (33.9%), neurological departments (23.7%), and to a lesser degree with patients from trauma surgery and orthopedics departments (16.9%), pediatric departments (15.3%), neurosurgery departments (13.6%), gynecology and obstetrics departments (11.9%), cardiology departments (10.2%), and infectious diseases departments (6.8%). Further details are provided in Table 1.

Measurements and instruments

Our research study has a quantitative design and uses a self-made questionnaire. We did not find a standardized tool covering our research area. Existing methodologies address only certain partial aspects of the issue or are oriented toward different target groups or contexts. For this reason, we developed a questionnaire of our own design, enabling us to capture exactly those variables that were essential for our study. The construction of the items was grounded in relevant literature and established theoretical frameworks to ensure the content validity of the instrument. We consider this approach appropriate given the absence of a suitable standardized tool for the topic in question. The questionnaire consisted of demographic characteristics and 8 closed-ended questions, four of which were scale-based.

Ethical statement

This study was conducted in accordance with the data protection regulations (GDPR). The research had a quantitative design; a questionnaire was sent in the form of a link to the emails of social workers in healthcare. Anonymity and voluntariness were ensured as follows: at the beginning of the questionnaire, we provided the necessary information about our intentions, followed by mandatory fields that respondents had to complete to continue answering the questions. The aim was to obtain consent to participate in the research. It was explicitly stated that they acknowledged their voluntary participation in the research and that they could terminate it at any time without giving a reason and without any consequences. They also consented to the use of their responses for research purposes.

Statistical analyses

We used SPSS 21.0 and MS Excel for statistical data processing. The individual questions were evaluated with the help of descriptive analysis – the percentage of individual answers and Median (Md) was calculated. Due to the ordinal nature of our

data, non-parametric tests – specifically the Mann–Whitney *U*-test – were used to compare the differences between the groups of respondents. To determine the relationships between the selected items, Spearman's correlation coefficient was used. The differences between the respondent groups in the types of responses to categorized variables were analyzed using the Chi-square test. In the items where the response option "I don't know" was included, this option was evaluated separately as qualitatively different from the levels of the agreement scale. Therefore, the given items were not considered ordinal and were analyzed descriptively using the percentage distribution of responses.

Results

94.9% of the respondents fully or partially agreed with the notion that the legal status of social workers in healthcare should be codified into law, including their specific competencies. 5.1% did not express an opinion. No respondents indicated that they disagreed with this statement. The results are shown in Chart 1.

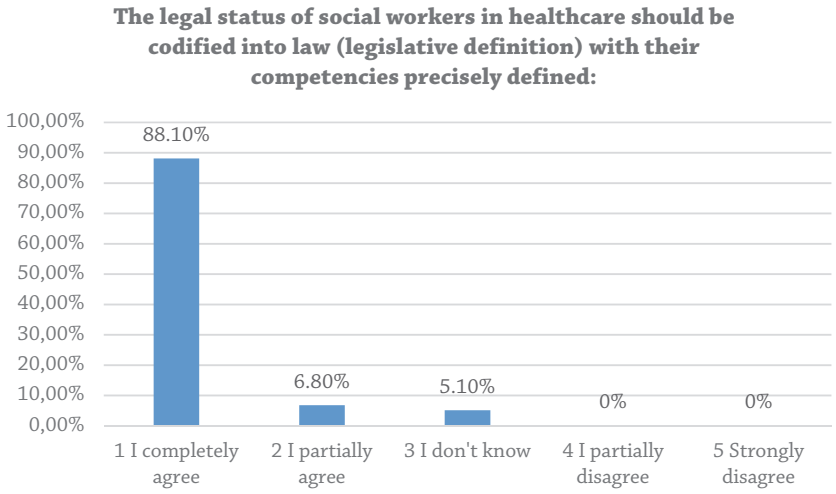

Chart 1. Level of approval with the codification of legal status of social workers into law

83% of social workers completely or partially agreed with the statement that every clinic/department in a healthcare facility should have its own social worker, 11.9% did not express an opinion, and only 5.1% partially or completely disagreed. The results are shown in Chart 2.

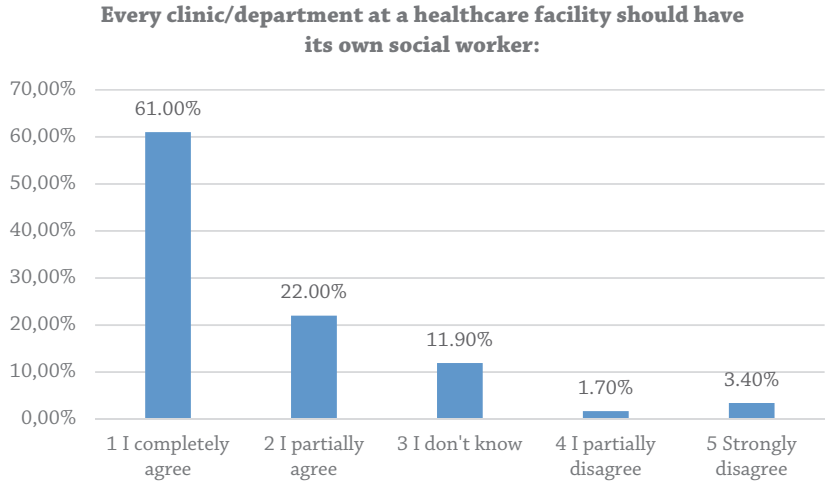

Chart 2. Level of approval with the presence of social workers in the clinic/departments at a healthcare facility

89.9% of the respondents agreed or partially agreed with the statement that social workers should be classed as healthcare workers and not administrative staff. The results are shown in Chart 3.

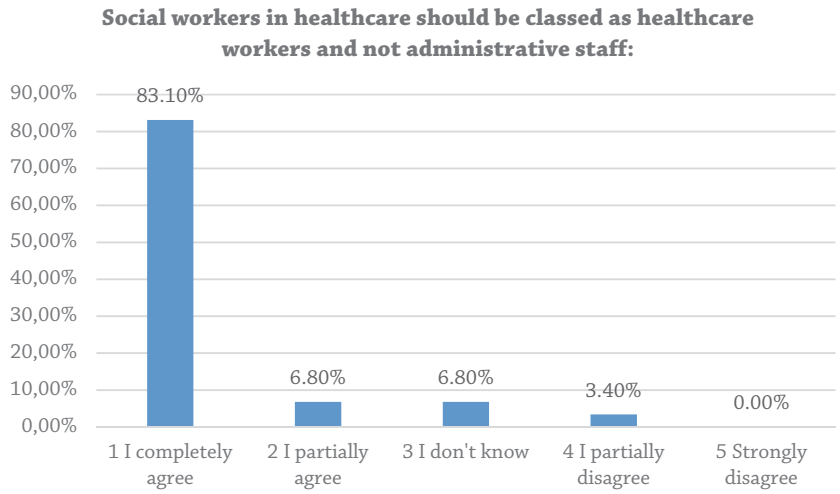

Chart 3. Level of approval with the inclusion of social workers among other health workers

In the first step, the associated work risks encountered by social workers were analyzed across the entire sample (Chart 4). The most common risks cited by the social workers themselves included: underestimating the need for social work in the healthcare sector (84.7%), insufficient legislative regulation of social work in the healthcare sector (78%), the predominance of administrative work (47.5%), and lacking options for specialization (47.5%). The least frequent problems included minimal teamwork (18.6%) and the prevalence of less qualified work (22%).

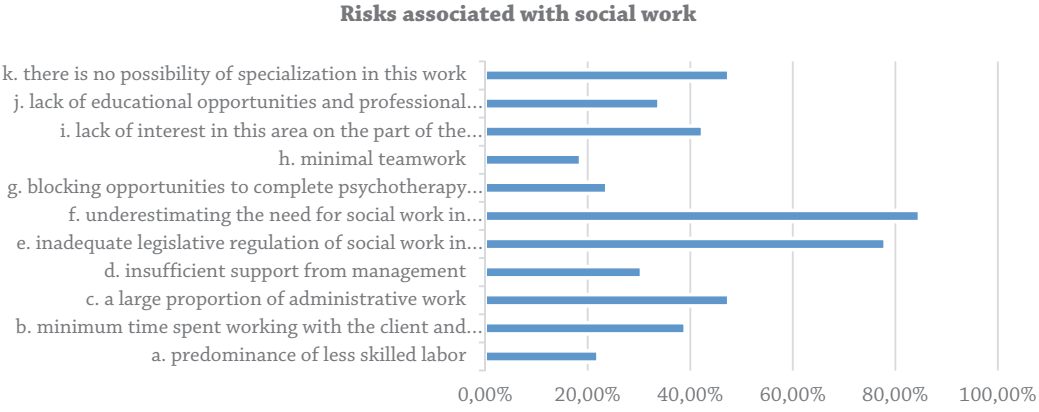

Chart 4. Risks associated with social work

Subsequently, we analyzed the perception of work risks in relation to the years of experience of social workers in healthcare. Statistically speaking, the respondents differed significantly in their perception of the predominance of administrative work. Respondents with over 5 years of experience reported this problem more often (57.6%) than those with up to 5 years of experience (30.4%) ($\chi^2 = 4.01$, $p < 0.05$). The social workers didn't differ significantly in their perception of other risk areas based on the years of experience. Perceptions of work-related risks did not differ by respondents' age, either.

In the next step, we analyzed the perception of job performance risks with respect to work in the healthcare sector. Social workers working in the public, private, and commercial sectors did not hold significantly different perceptions of the risks.

In the area of stress and overwork of social workers in healthcare, the *first* step was to analyze the level of perceived overwork across the entire sample. The results showed that the majority (60% of respondents) feel overworked or rather overworked. 23.7% are in the middle zone on the scale, and only 15.3% stated they don't feel overworked. The results are shown in Chart 5.

Next, we analyzed the perceived level of overwork of social workers in relation to years of experience. The level of perceived overwork did not differ with respect to years of experience.

Perceived overwork did not differ significantly between respondents with up to 5 years of experience ($n = 23$, Md = 2) and those with more than 5 years of experience ($n = 33$, Md = 2) (U = 328, $p = 0.374$).

The level of perceived overwork did not differ significantly depending on whether the respondents worked in the public (n = 37, Md = 2) or non-governmental sector (n = 16, Md = 3) (U = 216, p = 0.108).

We also analyzed the relationship between the level of overwork and the number of patients the social workers work with during the month. The results did not show a statistically significant relationship (r_s = 0.113, p = 0.409).

In social workers, stress most often manifests as nervousness (71.2%), lower work efficiency (47.5%), anger (39%), and overeating (23.7%). Other marginally reported symptoms include alcohol consumption (1.7%), excuses (5.1%), blaming others (6.8%), and absenteeism (10.2%). All manifestations of stress and their respective percentage representations are shown in Chart 6.

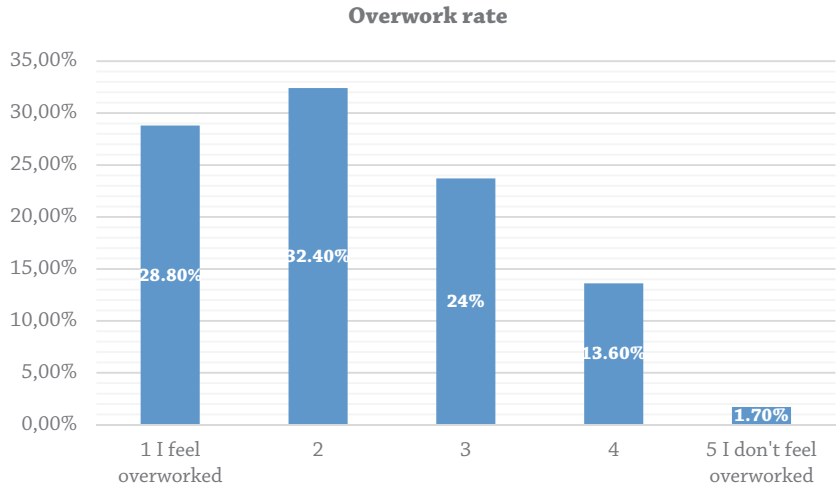

Chart 5. Perceived level of overwork

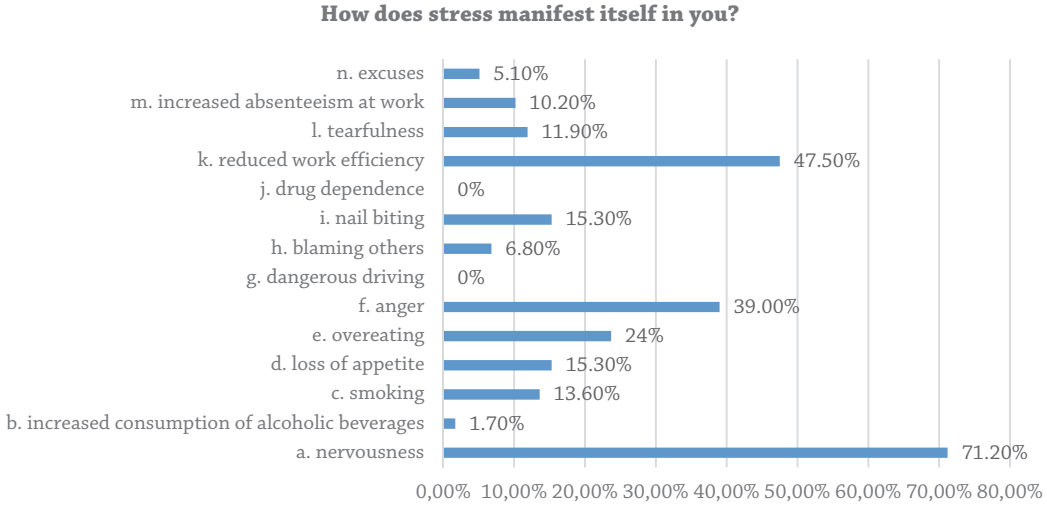

Chart 6. Manifestations of stress

Social workers reported vacation (67.8%), family (67.8%), music (49.2%), sports (50.8%), and relaxation techniques (33.9%) as the most common ways of coping with stressful situations. None of the participants reported medication as a method to cope with stress. The percentage breakdown of the individual stress management options is shown in Chart 7.

Social workers most frequently mentioned the following in relation to coping with stressful situations at work: adequate remuneration (78%), a favorable working environment (52.5%), further education (50.8%), individual supervision (44.1%), and regular consultations with a multidisciplinary team (44.1%). The individual instruments and their respective percentage breakdown are shown in Chart 8.

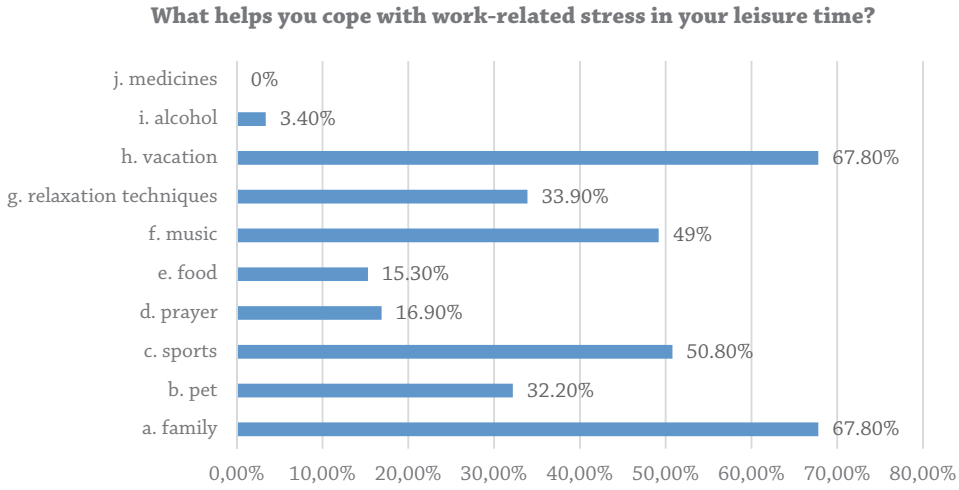

Chart 7. Instruments used to cope with work-related stress in leisure time

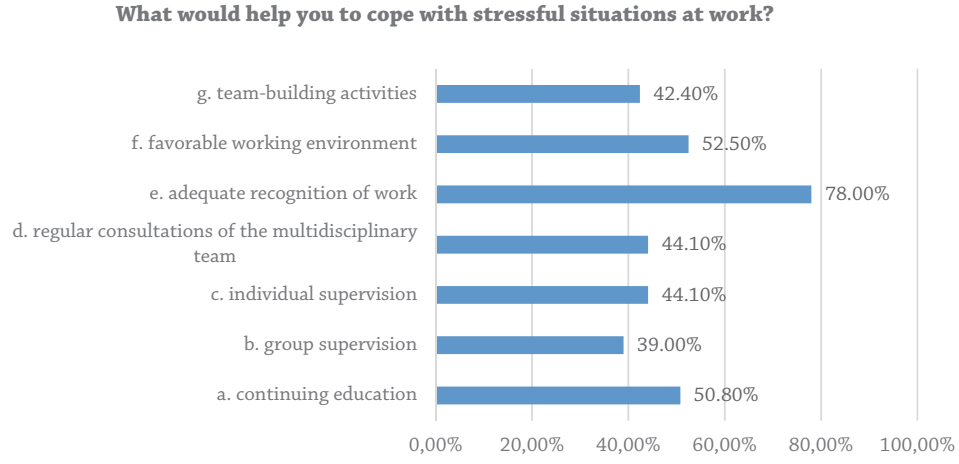

Chart 8. Instruments to cope with stressful situations at work

Discussion

The aim of this study was to examine perceptions of the role of social workers in Slovak healthcare in relation to overwork and coping with stressful situations.

The status of social workers in the Slovak Republic is regulated by requirements for education, training, and qualifications – including a university degree in social work. However, the status of social workers in healthcare is not regulated by law. The research results confirm that the respondents agree that the legal status of social workers in healthcare should be codified into law, including their specific competencies. The majority of respondents also support classifying social workers in healthcare as healthcare professionals rather than administrative staff. The results show that the status of social workers in healthcare is an important issue for respondents. This statement aligns with the opinion of Mojtová (2023), who has repeatedly emphasized the need for a legislative codification of social workers in the healthcare sector.

The most common risks quoted by the respondents included underestimation of the need for social work in the healthcare sector, insufficient legislative regulation of social work in the healthcare sector, the predominance of administrative work, and the lack of options for specialization. These responses also align with the statements of Mojtová (2008), which indicate the most frequently occurring risk factors for social workers in healthcare include unclear professional roles, lack of competences of social workers, absence of appreciation, and quality of working conditions. Rawashdeh and Tamimi (2019) also found that the low frequency and inadequate organization of training programs significantly affects engagement and increases turnover among social workers, which is considered a significant risk factor.

We analyzed the differences in the perception of work risks in relation to the years of experience of healthcare social workers. Differences in the perception of occupational risks were confirmed only in the area of "prevalence of administrative work"; respondents with more than five years of experience reported this problem more often than respondents with less than five years of experience. This may be related to the weakening of initial enthusiasm among the employees and the subsequent realization of limited possibilities in changing the organization's rules to reduce the administrative load. In addi-

tion to the risks associated with social work, other monitored variables included the level of overwork. The results showed that most respondents feel overworked or somewhat overworked, which may be related to the risks mentioned above.

Pradas-Hernández et al. (2018) also point to the high prevalence of emotional exhaustion among social workers in healthcare. We analyzed the perceived level of overwork of social workers in relation to years of experience. The level of perceived overwork did not differ with respect to years of experience, nor with respect to the sector in which the respondents work and the number of patients they work with during the month. The results showed no statistically significant relationship. Conversely, in their study, Dobnik and Lorber (2023) demonstrated that the longer social workers have been practicing, the more they feel overworked and emotionally exhausted.

Since stress is one of the most important risk factors for burnout, we were interested in how this manifests itself in the respondents. More than one-third of the respondents reported nervousness, and almost half mentioned reduced work efficiency. One of the reasons for work stress is the demanding nature of the work environment (Pilárik and Tobákošová, 2017). Ravalier et al. (2020) link the overload of social workers with administrative tasks to a feeling of inferiority, which leads to reduced self-satisfaction. Some studies even suggest that health and social workers exhibit higher levels of anxiety and depression compared to the general population (McFadden et al., 2021).

In addition to family, respondents reported the most common ways of coping with stressful situations related to their work were vacation, music, sports, and relaxation techniques, which are some of the relatively frequently preferred forms of coping with stressful situations in the work environment. Gazdíková (2017) emphasizes their importance in preventing burnout. In the context of our results, family can be perceived as a social support unit and an important external protective factor that gives a sense of belonging, motivates, and provides important feedback (Nôtová and Páleníková, 2003; Ponížilová and Urbanovská, 2013).

When asked about the kind of help they appreciate when coping with stressful situations related to their work performance at the workplace, the social workers most often mentioned adequate remuneration, followed by a favorable working environment and further education. Even Hu et al. (2017) considers meaningful work, a favorable work environment, and supportive relationships as the protective factors that counterbalance the negative effects and promote employee engagement and motivation. In their study, Dalgaard et al. (2023) found that interventions involving long-term and regular training modules have a positive impact on improving the psychosocial environment and preventing burnout.

In their research, Dūdiņa and Martinsone (2025) confirmed that psychosocial resources, such as support from superiors, a sense of belonging, and organizational justice, are associated with lower levels of burnout. Interventions aimed at promoting resilience, such as stress management and resilience training, can be implemented to prepare healthcare social workers to deal with challenges and difficulties (Fang et al., 2022).

The results of this study suggest the need to focus on the position of social workers in healthcare. It is therefore paramount for social workers in healthcare to be legally codified and their competencies specified. We consider it important to create an official database of social workers in healthcare in the Slovak Republic.

Another important step is to develop the education of social workers in healthcare, including specialization programs and supervision. Correia and Carvalho (2025) emphasize the need for solid interpersonal relationships among the employees by creating a work environment in which all employees feel valued and respected. As part of the stress management strategies, we have designed educational programs focused on promoting resilience, building empathy, and stress management workshops. These interventions can be implemented to prepare the healthcare social workers to deal with challenges and difficulties (Fang et al., 2022). Coping strategies should be implemented as mandatory components of the professional development of social workers in healthcare.

A strength of our study is the acquisition of relevant information from social workers in healthcare regarding their role. Another important area of the results focuses on work performance risks, overload, and coping with stressful situations among healthcare social workers.

However, the study also has limitations that should be taken into account when interpreting the findings. First, there is the small sample size. Second, the online method of data collection cannot guarantee the truthfulness of answers and may lead to distortion of the data. A third limitation is the use of a single methodology, which cannot capture the complexity of the position of social workers in healthcare. Future research might focus on job satisfaction with respect to the socio-demographic variables. It would also be interesting to find correlations between job satisfaction and the sense of mental well-being of social workers in healthcare.

Conclusion

Social work is currently considered an integral part of healthcare, especially in the context of a growing demand for a holistic approach to patients. Our study provided interesting results and suggests starting points for further research. It emphasized the need for legislative anchoring of social workers in healthcare and specifying their competencies in outpatient, institutional, and field care. Therefore, we consider it important to ensure a quality legislative framework and support for the further development of the profession of social worker in healthcare. For the purposes of further processing of this issue, it is necessary to create an official database of social workers in healthcare in the Slovak Republic. Another important step is to develop the education of social workers in healthcare, including specialization programs and supervision. Since the findings of our study provide insight into the perception of the position of social workers in healthcare, including in the context of overload and coping with stressful situations, we propose educational programs focused on promoting resilience, building empathy, and workshops on coping with stress as part of stress management strategies. Society, and particularly people in positions of authority, should recognize that social work in healthcare is important because it helps relieve the burden on the healthcare system by taking on the resolution of patients' social, family, and practical problems, which ultimately leads to savings for the state.

Funding
This paper was written as part of the project VEGA No. 1/0254/23: Possibilities for creating the profession of clinical social worker in the Slovak Republic.

Conflict of interest
The authors have no conflict of interest to declare.

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