

THE CONTEXT OF OCCURRENCE OF ETHICAL DILEMMAS IN THE PROVISION OF SOCIAL HOME SERVICES: EXPERIENCE OF SOCIAL WORKERS

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Abstract. *The article aims to reveal the context of occurrence of ethical dilemmas providing social in-home services. The paper analyses situations experienced by social workers that determine the occurrence of ethical dilemmas in the provision of in-home services.*

The study involved 6 social workers providing in-home services with the work experience in service provision from 10 to 14 years. The research data collection method is the semi-structured interview. The data obtained in the interviews were analysed using the descriptive analysis method.

Analysing the situation of social in-home services recipients it was observed that social in-home services are provided to the elderly, who, because of illnesses or age, are not able to look after themselves at home, who do not get help from relatives or such help is insufficient. It is stated that not all potential clients accept or get social in-home services.

The article distinguishes the following factors influencing the occurrence of ethical dilemmas: conflicts of values, the wish of clients or of their relatives to deny the significance and meaningfulness of the services provided, ill-founded requirements of clients and their relatives, derogation of the professional status of the social worker, the conflict between personal and organizational values and the capability of the social security system.

Keywords: *ethical dilemmas, social services, social work, the elderly.*

Introduction

One of the main changes experienced by all countries of the European Union is the ageing population. According to the Lithuanian Statistics Department, in 2015 people aged 65 and over made 18.7 % of the total population¹. Compared to the year 2002 the number increased by 14.5 %. In particular, number of people aged 80 and over has increased from 80000 in 2002 to 1491000 in 2005, making 27.2 % of the elderly (65 and over).

¹ Lithuanian Statistics Department data: <http://osp.stat.gov.lt>; obtained 2016-04-15

The ageing society is characterized by changing structure of the state of health, development of chronic diseases resulting from specific conditions of the elderly and called as a phenomenon of high comorbidity (Juozulynas et al., 2010), which leads to fast-growing demand of medical and social services and institutions (Lesauskaitė et al., 2008). According to M. Gedvilaitė - Kordušienė (2013), the process inevitably creates a completely new economic and social context. A. Lukamskienė and Budėjienė (2013) claim that the ageing population in the context of social integration creates two main objectives for social service providers: 1) to organize and provide social services for the elderly enhancing personal self-support, social and physical activity; 2) to respond to the demand for social care and nursing.

It is noted that in the ageing society it is the family that has to take care of the elderly, where the care of the elderly is based on intergenerational support (Daly, 2005), and the society, the State just has to support the family (Bagdonas, et al., 2008). However, change of the family, as of an institution of social care, has great impact on its capability to provide help as well as care for the elderly, thus there is an increase in demand of home care services to help a person or a family in household management and in participation in social life (Tamutien & Naujanienė, 2013). The Public Audit Report (2015) noted that in Lithuania in 2012-2013 the number of social services provided for the elderly increased: in 2012 13.2 thousand services were provided, in 2013 - 13.8 thousand, and this makes 66 per cent of the total social services provided in Lithuania. The most social services (57 per cent) for the elderly are the in-home care services. In the provision of such services social workers with their always complex activities and elusive and hardly predictable “result” of it play an exclusive role (Večkienė, et al., 2013).

When working with the elderly, it is necessary to recognize their right to uniqueness, diversity, and to comprehend it as a value. This is how social workers fulfil their mission promoting social change, initiating problem solutions and achieving the coherence between systems and individuals (Kreiviniene & Vaičiulienė, 2011), eliminating personal, social, spiritual problems, planning social services for prevention of social problems and guaranteeing stable social development (Vaicekauskienė & Savickiene, 2013). Lymberia M. (2006) notes that working with the elderly social workers face unpredictable and complex situations which may result from the conflicting relationship, institutional, pragmatic, ethical and other aspects. Therefore, the ability and commitment to act ethically is an essential requirement in provision of quality services to recipients of social services (Ethics in Social Work, Statement of Principles, 2004).

Social worker faces ethical dilemmas - a situation in social work practice when the social worker has to choose between only two alternatives, both unwelcome and influence other persons or the quality of their lives (Banks, 2006).

According to Švedaitė-Sakalauskė and Gevorgianienė (2011), the dilemma-nature of the social worker profession has been recognized, analysed and widely regarded as one of the most important features of this job.

Research questions: What situations determine the occurrence of ethical dilemmas in provision of in-home services? What causes ethical dilemmas?

The goal is to reveal the context of occurrence of ethical dilemmas in the provision of social in-home services.

Research methodology

Qualitative study was carried out in January – March 2016. It followed the provision that what matters is not the message about the phenomenon but rather the understanding of specific cases, which allows to "move" towards new fields of research, to understand better the objectives and the true-life priorities of the target groups (Bitinas, 2010).

Phenomenological research strategy was applied, since the research aimed to describe and understand how different individuals experience a specific phenomenon. The aim is to understand the phenomenon more deeply through adequate experience of individuals (Norlyk & Harder, 2010), the meanings of human experience, finding the key values that cannot be identified or researched by means of the usual observation (Chi-Shiou, 2013). The work experience of a social worker influences subjective opinion about the ethical dilemmas that occur during provision of in-home services. The phenomenological analysis is based on intensive, repetitive reading of collected stories and identification of concepts and categories aiming for clarity and accuracy (Pereira, 2012).

The research data collection method is semi-structured interviews. When choosing a research method the authors took into account the possibility of the anticipation of topics or issues discussed during the interview, without sticking to the order of questions, allowing the researcher to shift them freely, depending on the needs (Flick, 2009). In addition, the semi-structured interview approach created a friendly atmosphere and conditions to adapt quickly to the situation being analysed and provided information which allowed further discussing the issue under analysis.

The social workers were asked the same questions; the interview was tape-recorded and later transcribed. To obtain data the semi-structured interviews were analysed using descriptive analysis (interpretation, relationship establishment) method (Creswell, 2013).

For the selection of respondents the criterion-target selection was chosen. The study involved 6 district social workers providing in-home services. The main selection criterion was the experience of a situation /situations when a dilemma was encountered in a course of in-home service provision. In the initial stage 15

district social workers were contacted and dealt with, but only 6 were able to recall and identify ethical dilemmas encountered in this work.

The age of the respondents' ranges from 39 to 58 years and the work experience in the field of in-home services is from 10 to 14 years.

The reliability of the study was ensured by the chosen research target sample. Distribution of questions in advance provided an opportunity for them to reflect on the answers and to provide more information. The reliability of the study is demonstrated by the fact that all the respondents, despite working in different districts, named almost the same problems. N. Golafshani (2003) describes the adequacy of the study as the extent, the results of which is regular, consistent in time and accurately represent the entire population, which was reliably studied, and the results of the study can be repeated with similar methodology. Thus, the reliability of the research is ensured by detailed research methodology.

To ensure research validation the interviews with respondents were transcribed - transferring informants' unique language, capturing their pauses and emotions. Therefore, the data analysis presents authentic language of the respondents.

Limitations of the study - only a small part of the social workers who provide in-home services was interviewed, so it can be said that only personal social workers' experience with subjective evaluations was discovered. According to L. T. Choy (2014), a study is limited by the long duration of the process, which may neglect some important study details and for this reason a potential problem may be overlooked. In order to ensure the openness of respondents, they were able to control the data acquisition (collection): a written interview later on was coordinated with the respondents and after reading the interview texts the respondents would sometimes ask to change some things in the statement, saying that they meant something different. Thus, the respondents expressed their subjective opinions, shared their experiences, and not all of the data could be checked objectively.

The data collection process included the following ethical principles: free choice, confidentiality and anonymity. Comprehensive information was given about the purpose of the investigation and further use of the obtained data. Study participants were informed about a possibility to withdraw from the study any time and to refuse responding the questions that were not acceptable for them. The quotations of the respondents are presented accurately, without corrections and interpretations. Anonymity was ensured by giving each respondent their unique number (1, 2 ...6)

The situation of social in-home services

One of the key elements of ethics of care is often considered to be a specific human relationship, with the most attention on clients' lives and characteristics (Trotter & Ward, 2013; Parrott, 2014).

The study analysis revealed that the in-home service is provided mostly to single elderly people who, because of old age diseases are usually disabled:

"...very old, with children or other family members away from home, live far away and working, so they remain neglected, abandoned (4); "Those who find it difficult to look after themselves, elderly, sick and abandoned by relatives, or even without any family ... <>... the nearest neighbour lives a kilometre away" (5).

The last-mentioned research data confirm that the elderly receiving long-term care are often completely dependent on care providers and become very vulnerable (Teer, Leino-Kilpi, & Välimäki, 2006). The objectives of home service should not be limited only to satisfying the physiological needs, but should also include realization of psychological and social needs. Such cases reveal the importance of interaction between the service recipient and the provider.

Study made by L. Hitaitė and L. Spirgienė (2007) revealed the need for social services which, unlike the care services, is influenced by place of residence; in rural environment the need of social services to the elderly is bigger than in urban. Nevertheless, some people willing to receive service at home cannot get it, or sometimes they refuse to receive it due to pragmatic causes. Respondents claimed that since it was difficult to reach clients in the remote areas, it was difficult to create a support network for such individuals:

"A high proportion of individuals are especially befit to receive home services, but they live in very remote areas therefore those services are not provided" (1). "Many elderly single people live in remote residential areas and need social services at home, but they cannot be provided because of lack of the transport (2);

As A. Corvol et al. (2015) point out, social services providers face a dilemma how to find a balance between the social assistance system and the needs of a client.

This was confirmed by the study respondents pointing out the group of potential candidates for home service who refuse the services because of the possibility to get compensation for special purposes (targeted compensation) and use them at their own discretion:

"Almost everyone prefers getting targeted compensation ... and do not always want to use the received funds according to their purpose... they improve households for money intended for care services or just save it " (3).

Common reasons for potential candidates to refuse home services are financial difficulties:

"There were cases when people expressed a wish to receive the social services, but after they found out that service was paid they refused it. They say that pensions are small and they can hardly make ends meet, and it does not matter that they can no longer take care of themselves" (5).

These examples illustrate that social workers face problematic situations where the availability of care for ageing and elderly people is influenced by the lack of resources and strictly formalized regulations on the provision of social services (Tanner & Harris, 2008). Institutions performing social work have internal policy which often is in conflict with the reality where the social worker acts (Švedaitė-Sakalauskė & Gevorgianienė, 2011). Frequently social workers are the only people who know the real conditions of their clients' lives.

Also, quite a number of people still do not trust the official institutions and the quality of services: *"they say, I better do it myself than strangers <...> as I previously mentioned, seek to live independently, although it is clear that this person cannot do without the help of others any longer" (1).*

The obtained results coincide with L. R Snowden and A. M. Yamada (2005) research results, showing that negative attitude to the formal service providers is one of the reasons why elderly persons in need of assistance do not seek and accept any help.

There was another aspect why clients did not trust in-home service - the reluctance to make personal troubles public – *„they often do not want others to know about their problems; after, it is a small village" (4).*

Such reluctance is related to the fact that it is essential for the elderly to feel they are still maintaining material wealth as well as their social status (Orlova, 2014). The need to keep one's dignity, the feelings of the ending life, weakening of functional health, loneliness, violence in the family against the elderly are the factors defining the period of support provision and show the complexity and multiplicity of the process (Naujaniene, 2008). Social in-home services are refused also because they are afraid to let a stranger into their house: *"In my municipality I have such a family: the man cannot get out of bed, the wife is hardly able to walk to the toilet and kitchen, but they do not agree to accept services. You see, they are afraid of strangers and think strangers may cheat them, steal or do something else inappropriate. They say that they keep in touch with the children and get help. Though I know – their children are abroad. So you can do nothing" (2).*

A social worker's visit to private space or territory often is very sensitive for the service recipient, because it means that a key aspect of personal privacy is touched (Teer et al., 2006).

Therefore, the recipients of social in-home services are the elderly unable to look after themselves at home due to illnesses or old age, lacking help from

relatives or help they receive is not sufficient. The research has revealed that not all potential clients accept or receive social in-home services.

Factors, which condition the occurrence of ethical dilemmas

According to Naujanienė (2008), individual changes in old age arising from the experience of the older person have an impact on the problems which gerontology social workers are facing. Basic factors determining ethical dilemmas in provision of in-home services are the differences between values and attitudes, acceptance of the services for granted, unreasonable demands, under-appreciation of social worker's job and limited facilities of social care.

Social workers experience **conflicts of values** when their own values, attitudes, beliefs, concepts contrast with the values and norms present in the client's environment, and the professional values are challenged (Banks, 2006; Tanner & Harris, 2008):

"...It's annoying when a granny keeps talking about how good the Soviet times were, how happily people used to live, and how now all are poor .." (4); ".... Relatives are indifferent to their relatives, so, children no longer have moral responsibility to care or look for any opportunities and alternatives to take care of parents..." (2).

According to L. Dauwerse, S. van der Dam and T. A. Abma (2012), taking care of the elderly generates specific needs of ethical support that is why a social worker needs to adjust his relationships with a client according to the client's wishes and norms in order to avoid any conflicts. Therefore the social workers' personal characteristics, determining mutual relations with clients, are of utmost importance (Indrašienė & Katkonienė, 2011).

Another factor that conditions ethical dilemmas is the ***desire of clients or of their relatives' to deny*** the significance and meaningfulness of the provided services:

"... They are angry that the services provided are not to facilitate their life. ... given support is insufficient, they lack assistance and so on and so forth" (3); "they say: what kind of help it is, as if you provide service and that's it... I still have to pay" (2).

When the client denies the significance of service, the interaction with a little values in common between the care professional and the client becomes more complex (Orlova, 2014). Wilkins (2012) notes that, if there is a disagreement on how the social services should be provided, it becomes complicated to come to an understanding on further goals. Therefore, involvement the elderly people in the decision making on accepting the assistance, ability to work with the resisting to accept help, the ability to work with kindness, tact, to make contact with such a

person and respect are essential to a social worker in gerontology social work practice (Naujanienė, 2008).

Social service providers, service receivers and their relatives have to build a relationship based on good will and partnership (Lloyd, 2006). The research revealed that social workers providing in-home services often face **unreasonable requirements from their clients and their relatives**. According to the respondents, *“Relatives of a service recipient that lived together demanded dinner to be made also for them and their living rooms to be cleaned”* (4); *“I was forced to go to the store 3 times because in the beginning they claimed that they had forgotten something, and later said that I was there to make all their wishes come true (1)”*.

One of the core values of social work is safeguarding of personal values and dignity, but social workers themselves face situations in which their own dignity is often neglected or hurt. Ethical dilemmas arise from the fact that clients **diminish the status of social workers**, neglect their dignity: *“Well ...they say straight in my face – if they had money – they would hire somebody else instead of some sort of worker from public institutions... <> ...to make meals and take care of mother all day long for money.”* (1); *“... he, first of all, addresses in rather disgraceful manner, underrates professionally, as if he saw on TV that we know nothing. <..> calls me “waitress” when in bad mood...”* (5)

As L. Varžinskienė’s study (2008) explains, social work is characterized by the society rather unfavourably, and the media usually portrays social worker’s duties with rather ambiguous information, focusing on shortcomings and failures of social workers.

Thus, the study responds to Zaturskis G. and A. Kiaunytė (2014) studies, as the ethical dilemma faced by social workers stems from the relationship with oneself in addressing moral issues, caused by the conflict of personal and professional values, or from the relationship with clients.

The revealed factors which cause ethical dilemmas are comparable to the conclusion of A. Corvol et al. (2015) research that the essential components of the value-based social work practice with the elderly are the relationship between the old people and the service providing support staff and the values that the practice is based on.

Ethical dilemmas occur not only because of interpersonal relationships, but also due to the fact that there is an intersection of personal and organizational values and of the **capabilities of social security system**. On one hand – encouragement to take care of the elderly and old people welfare, on the other hand – the social policy and factual practice ignoring their welfare. Therefore, when providing in-home services it happens when, because of limited social services, social workers find themselves in the situations where their personal values make them neglect the requirements and capabilities:

"Though catering services are not included for this granny, but after I saw what she ate, every time I come I bring with me a thermos with hot soup, or something else;" ... "I saw her worn off and thorn blanket. So, I took a warm blanket from my home, because I could not do in different way" (2).

According to L. Gvaldaitė and B. Švedaitė (2005), this is called a "double mandate dilemma", which becomes even more acute when one realises that the person's life problems occur not because of the person's fault (although it is a quite common belief), but due to inadequate social structure and gaps in the functions of the government.

Conclusions

Rapidly getting older society governs the change of the health condition structure which preconditions growing need for social services, especially for in-home services. Working with elderly persons social workers play a significant role; their obligation to act ethically and ability to find balance between the social support system and the interests of elderly clients is an essential requirement in the provision of qualitative social services.

Ethical dilemmas faced by social workers providing in-home services are conditioned by the clients – formed views and attitudes of the elderly, specifics of communication and behaviour aimed to prove their wealth and social status.

The main factors of the occurrence of ethical dilemmas are related to the interpersonal relationships between the social worker and the client, as well as limited capability of the social security system. Problem situations make social workers to choose between the values that are important for them as for individuals and the values that they have to represent as the social workers. Employees must understand and accept that at work they have to give priority to professional rather than individual values.

References

- Bagdonas, G., Damulevičienė, V., Lesauskaitė, V., Macijauskienė, J., Venskutonis, D., & Visokinskas, A. (2008). *Pagyvenusių žmonių slauga*. Kaunas: Vitea Litera.
- Banks, S. (2006). *Ethics and Values in Social Work*. BASW Practical Social Work Series. NY: Palgrave Macmillan.
- Bitinas, B. (2010). *Gyvenimas ugdymo verpetuose*. Klaipėda: Klaipėdos universiteto leidykla.
- Bužgová, R., & Ivanová, K. (2009). Elder abuse and mistreatment in residential settings. *Nursing Ethics*, 16 (1), 110-126.
- Chi-Shiou, L. (2013). Revealing the "Essence" of Things: Using Phenomenology in LIS Research. *Qualitative and Quantitative Methods in Libraries (QQML)*, 4, 469 – 478.
- Corvol, A., Moutel, G., & Somme, D. (2015). What ethics for case managers? Literature review and discussion. *Nurs Ethics*. Doi: 10.1177/0969733015583182

- Creswell, J. W. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Los Angeles: SAGE Publications.
- Daly, M. (2005). Changing family life in Europe: Significance for state and society. *European Societies: academic journal*. 7 (3), 379–98.
- Dauwerse, L., van der Dam, S., & Abma, T. (2012). Morality in the mundane: Specific needs for ethics support in elderly care. *Nursing Ethics*, 19 (1), 91-103. doi: 10.1177/0969733011412102
- Flick, U. (2009). *An introduction to Qualitative Research*. Fourth edition. SAGE Publications Ltd.
- Gedvilaitė - Kordušienė, M. (2013). Gyventojų senėjimas ir jo iššūkiai: suaugusių vaikų pareigos pagyvenusiems tėvams Lietuvoje. *Lithuanian Journal of Statistics: Lietuvos statistikos darbai*. 52 (1), 22–33.
- Golafshani, N. (2003). Understanding Reliability and Validity in Qualitative Research. *The Qualitative Report*. 8 (4), 597–606.
- Gvaldaitė, L., & Švedaitė, B. (2005). *Socialinio darbo metodai*. Vilnius: Socialinių darbuotojų rengimo centras.
- Hitaitė, L., & Spirgienė, L. (2007). Pagyvenusių žmonių slaugos bei socialinių paslaugų poreikis Kauno rajono bendruomenėje. *Medicina*, Kaunas. 2007; 43 (11), 903-908.
- Hunt, K. (2014). Safeguard in vulnerable adults. *Practice Nurse*, 44 (12), 28-33.
- Indrašienė, V., & Katkonienė, A. (2011). Pagalbos namuose paslaugų teikimo vertinimas. *Socialinis darbas: mokslo darbai*, 10 (2), 267-277.
- Juozulynas, A., Jurgelėnas, A., Filipavičiūtė, R., Butkienė, B., Alekna, V., & Savičiūtė, R. (2010). Gyvenimo kokybės prognozavimo galimybė senstančioje visuomenėje. *Gerontologija: mokslo darbai*. 11 (3), 141–147.
- Kreivinienė, B., & Vaičiulienė, J. (2011). Socialinio darbo studentų nuostatos kaip neįgaliųjų socialinio vaidmens visuomenėje įtvirtinimo prielaidos. *Tiltai: mokslo darbai*. 1 (54), 71–85.
- Lesauskaitė, V., Macijauskienė, J., & Širvinskienė, E. (2009). Geriatriinių pacientų, gyvenančių namuose, poreikiai ir jų užtikrinimas techninėmis priemonėmis. *Gerontologija: mokslo darbai*. 10 (3), 176–182.
- Lymbery, M. (2006). United We Stand Partnership Working in Health and Social Care and the Role of Social Work in Services for Older People. *British Journal of Social Work*, 36, 1119–1134.
- Lloyd, L. A. (2006). Caring Profession? The Ethics of Care and Social Work with Older People. *British Journal of Social Work* 36 (7), 1171-1185 doi: 10.1093/bjsw/bch400.
- Lukamskienė, V., & Budėjienė, A. (2013). Socialinės paslaugos vyresnio amžiaus asmenims: savipagalbos ir socialinės globos aspektai. *Gerontologija: mokslo darbai*. 14 (4), 228–234.
- Naujanienė, R. (2008). Kliento problemų ypatumai gerontologinio socialinio darbo tyrimuose. *Socialinis darbas: mokslo darbai*. 7 (1), 36-40.
- Norlyk, A., & Harder, I. (2010). What Makes a Phenomenological Study Phenomenological? An Analysis of Peer-Reviewed Empirical Nursing Studies. *Qualitative Health Research*, 20 (3), 420–431.
- Parrott, L. (2014). *Values & ethics in social work practice*. London: Sage Publications.
- Pereira, H. (2012). Rigour in phenomenological research: reflections of a novice nurse researcher. *Nurse Researcher*. 19 (3), 16–19

- Snowden, L. R., & Yamada, A. M. (2005). *Cultural differences in access to care. Annual Review of Clinical Psychology*. 1 (1): 143–166.
- Švedaitė-Sakalauskė, B., & Gevorgianienė, V. (2011). Socialinių darbuotojų moralinės dilemos dirbant su sunkiai pasiekiamais klientais: tarptautinis kokybinis tyrimas. *Socialinis darbas. Patirtis ir metodai: mokslo darbai*. 8 (2), 39 – 56
- Tamutienė, I., & Naujanienė, R. (2013). Senyvo amžiaus asmenų socialinių paslaugų prieinamumo namuose patirtys. *Tiltai: mokslo darbai*. 4 (65), 63-74.
- Tanner, D., & Harris, J. (2008). *Working with Older People London*, New York: Routledge.
- Teeri, S., Leino-Kilpi, H., & Välimäki, M. (2006). Long-Term Nursing Care of Elderly People: Identifying ethically problematic experiences among patients, relatives and nurses in Finland *Nurs Ethics* (March 2006). 13, 116-129, doi: 10.1191/0969733006ne830oa
- Trotter, C., & Ward, T. (2013). Involuntary Clients, Pro-social Modelling and Ethics. *Ethics & Social Welfare*, 7 (1), 74-90. doi: 10.1080/17496535.2012.666753
- Vaicekauskienė, V., & Savickienė, E. (2013). Pagyvenusių žmonių požiūris į gaunamas socialines paslaugas: Karoliniškių seniūnijos atvejis. *Socialinio darbo tyrimai ir aktualijos*. 2, 217–230.
- Valstybinė audito ataskaita (2015). *Ar teikiamos socialinės paslaugos tenkina didėjančius senyvo amžiaus asmenų poreikius*. Nr. VA-P-10-9-10
- Varžinskienė, L. (2008). Socialinio darbo profesijos statuso ypatumai socialinių darbuotojų ir jų partnerių požiūriu. *Socialinis darbas: mokslo darbai*, 7 (1), 100-107.
- Večkienė, N., Budėjienė, A., Ražanauskaitė, V., Ramanauskienė, K., & Valiulis, A. (2013). Socialinis darbas senėjančioje visuomenėje teoriniai ir praktiniai tarpdisciplininio bendradarbiavimo aspektai. *Gerontologija: mokslo darbai*. 14 (3), 171-183.
- Wilkins, D. (2012). Ethical Dilemmas in Social Work Practice with Disabled People: Young Adults with Autism. *Ethics and Social Welfare*, 6 (1), 97-105, DOI: 10.1080/17496535.2012.651892
- Zaturskis, G., & Kiaunytė, A. (2014). Žmogaus su psichine negalia neveiksnumo konstravimas: socialinio darbuotojo dilemos. *Socialinis darbas. Patirtis ir metodai: mokslo darbai*. 13 (1), 91-111.