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## FOSTERING INTERACTION SKILLS WITH PEOPLE WITH DISABILITIES IN SOCIAL WORKERS AND MEDICAL STAFF: BASIC PRINCIPLES

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The study shows that interaction competence with people with disabilities represent a multidimensional professional competence of medical staff, psychologists, and social workers, which integrates communication skills, ethical attitudes, emotional regulation, and adaptability. Although elements of disability-competent interaction are formally present in undergraduate and postgraduate curricula, these skills cannot be reduced to standardised protocols, as effective interaction requires flexible responses to individual needs, functional diversity, and situational constraints. Their development is largely dependent on practical experience, training, and simulation-based learning, highlighting the need for systematic practice-oriented integration within higher education. Despite richer practical experience in Polish higher education and recent curricular innovations in Ukraine, substantial gaps remain. Ukrainian undergraduate medical curricula demonstrate a lack of inclusive communication training and psychological self-reflection modules, while psychology and social work programmes include selected components of disability-competent interaction that are not embedded as a coherent educational philosophy. In addition to technical knowledge deficits, persistent implicit biases and deficit-oriented perceptions of disability among students and staff significantly affect interaction quality. Problem-focused models of interaction continue to dominate, potentially undermining autonomy and trust, whereas person-centred approaches improve professional relationships and engagement.

**Key words:** social interaction, people with disability, inclusive education.

### **Magdalena Bergmann. Формування навичок взаємодії з людьми з інвалідністю у соціальних працівників та медичного персоналу: базові принципи**

Стаття показує, що навички взаємодії з особами з інвалідністю становлять компонент багатовимірної професійної компетентності медичного персоналу, психологів і соціальних працівників, яка включає комунікативні вміння, етичні установки, навички емоційної саморегуляції та адаптації. Хоча формування навичок інклюзивної взаємодії формально представлено в програмах підготовки фахівців на рівні додипломної та післядипломної освіти, їх формування не можна звести до стандартизованих протоколів, адже ефективна взаємодія потребує гнучких реакцій на індивідуальні потреби, функціональне різноманіття та обмеження в залежності від ситуації. Розвиток навичок інклюзивної комунікації значною мірою залежить від практичного досвіду, навчання на тренінгах і симуляційно-орієнтованого навчання, що підкреслює потребу системної практико-орієнтованої інтеграції в межах вищої освіти. Попри більш насичений практичний досвід у вищій освіті Польщі та нещодавні інновації в Україні, зберігаються суттєві прогалини щодо даного питання. Програми додипломної підготовки медиків недостатньо охоплюють питання підготовки з інклюзивної комунікації та містять недостатню кількість модулів психологічної саморефлексії, тоді як програми підготовки психологів та соціальних працівників містять окремі компоненти інклюзивної комунікації, проте, які не становлять загальну освітню парадигму країни. Медичні працівники та психологи виявляють низький рівень теоретичних знань щодо інклюзивної взаємодії, стійку стигматизацію та упереджене ставлення до осіб з інвалідністю, що істотно впливає на якість взаємодії. З метою оптимізації комунікативної компетентності майбутніх медиків, психологів та соціальних працівників необхідне комплексне запровадження спецкурсів в програму підготовки фахівців, запровадження інклюзивності на рівні стратегії освітнього закладу, та застосування людино-центрованого підходу у навчанні.

**Ключові слова:** соціальна взаємодія, люди з інвалідністю, інклюзивна освіта.

**Relevance.** Productive interaction with people with disabilities makes a core professional competence for social workers and medical staff. It directly influences the quality of care, ethical standards of practice, and social outcomes. Contemporary healthcare and social service systems increasingly emphasise person-centred, rights-based, and inclusive approaches, which require special-

ists both to possess clinical knowledge and have interaction skills grounded in respect, dignity, and awareness of individual needs. This is relevant for Poland, and this has become particularly relevant for Ukraine due to the war with Russia and resulting numerous casualties. Considering European ongoing social transformation, demographic changes, and the number of people with disabilities, the demand



for competent and sensitive professional interaction has become particularly acute. Social workers and medical staff often serve as first points of contact for people with disabilities, they provide their access to services, define rehabilitation pathways, and suggest broader participation in society. Inadequate communication, unconscious bias, or lack of adaptive interaction strategies may lead to reduced effectiveness of medical staff and social workers. So, interaction skills with people with disabilities, necessary for such personnel, extend beyond technical communication techniques and include attitudes, ethical positioning, emotional regulation, and the ability to adapt professional behaviour to diverse functional, sensory, and cognitive profiles. These skills are especially important in interdisciplinary and high-stress settings, where time constraints, emotional burden, and institutional pressures may negatively affect professional behaviour.

**The aim** of this paper is to identify and systematise the basic issues of fostering effective interaction skills with people with disabilities among social workers and medical staff, with a focus on professional communication, ethical positioning, and adaptive behaviour.

**Discussion.** Despite present social service and ethical standards in the world, people with disabilities continue to experience significant disparities in health status and healthcare quality, which are often caused by inadequate training for disability-competent practice [1, 2]. The lack of knowledge, stigmatization, and negative attitudes toward people with disabilities are persistent barriers to high-quality healthcare [1, 3]. The failure to adequately teach medical and social students disability concepts makes up a root cause of worse health outcomes for individuals with disabilities [2]. This educational gap results in insufficient confidence of the staff, their discomfort and failure to use appropriate communication strategies to employ appropriate communication adaptations, ultimately compromising care quality with such clients and patients [4, 5]. People with disabilities have the right to care that respects their autonomy, dignity, and full participation [6, 7]. However, communication barriers and professional unpreparedness often exclude people with disabilities from participation in their own care [7]. Structured training interventions can address these gaps. Studies show that appropriate education improves professionals' knowledge, confidence and competence in supporting people with any disabilities [1, 8]. Training that involves people with disabilities as tutors, emphasizes person-centered communication produces the most significant improvements in professional attitudes

and skills [1, 8, 9]. All this confirms the necessity of experiential learning and peer training for improving the quality of care for the people with disabilities [10].

The evidence base for disability training has expanded significantly over the past decade, with new pedagogical approaches and core competencies [1, 3, 9]. This provides a foundation for comprehensive, evidence-based training programs that prepare social workers and medical staff to deliver disability-competent care.

**Results.** The interaction skills with people with disabilities constitute a multidimensional professional competence of medical personnel, psychologists and social workers, that integrates communication, ethical attitudes, emotional regulation, and adaptability. All these categories are present in undergraduate and postgraduate curriculum, but these skills cannot be reduced to formal protocols or standardised scripts, as effective interaction depends on the ability of professionals to respond flexibly to individual needs, functional diversity, and situational constraints. The skills and competence of interaction with people with disabilities are shaped through practice, trainings and simulations activities, and all this requires a thorough introduction into the practical study process. With a richer experience of practical introduction in Poland, and recent innovations into the curriculae in Ukraine, there is still much space for the HEI improvement regarding disability-competent care. The analysis of the medical staff undergraduate curriculae in Ukraine shows evident lack of the inclusion communication skills and psychological self-analysis modules aimed at shaping the disability-competent care skills. As for the curriculae of the psychologists and social workers, the curriculae and syllabuses in Ukraine include certain components of the disability-competent interaction, but they are not embedded into the educational and service system as a philosophy.

Apart from the lack of technical skills and cognition on the basics of disability-competent care, personal attitudes of the staff play a significant role. One of the key issues is the persistence of implicit biases and deficit-oriented perceptions of disability by the medical and social staff, and, in particular, by the appropriate students. It's the attitude, which needs correction, starting with not associating the person with their disability (which in Ukraine is directly reflected in naming the person after the diagnosis, like the "this amputee") and finishing with insufficient disability-competent communication culture on the society level. This should be changed as a state policy, supported by the appropriate authority bodies and administration.

Usually, the interaction is shaped by a problem-focused model, which may undermine autonomy and trust. In contrast, person-centred interaction approach encourages staff to recognise individuals with disabilities as active participants in decision-making, and this significantly improves the quality of interaction.

Another pressing issue which should be considered in the pre-graduate education is the high-stress working environments. Time pressure, emotional fatigue, and overload may limit professionals' capacity for empathy and adaptive communication. This underscores the importance of embedding interaction skills training within broader frameworks of professional resilience and self-regulation and shows that the disability-centered communication should not be taught as a separate course, but be introduced throughout all the curriculum, which, in its turn, can be neglected by practice tutors due to their stigma.

Anyway, education and training emerge as critical mechanisms for fostering sustainable interaction skills. Initial professional education, the undergradu-

ate one in particular, is insufficient to prepare the staff for real-life encounters with people with disabilities. Only continuous professional development, reflective practice, and peer learning may support ongoing skill perfection and ethical awareness. Such training should include experiential and reflective components, self-analysis and psychological sessions, which will allow the staff to analyse their own interaction patterns and assumptions.

We suggest that fostering interaction skills with people with disabilities has implications beyond individual professional performance. It is broader than a single course in the curriculum, if to speak about the schedules, and broader than a single policy manifestation at the institutional level. Here it contributes to more inclusive organisational cultures, improved service accessibility, and higher levels of trust between professionals and service users. Strengthening these skills supports broader goals of social inclusion, equity, and respect for human dignity, and this makes up the only direction of the modern education of medical, psychological and social professionals.

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