



WP4 Country Report

SLOVAKIA

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January, 2026



Co-funded by the
European Union

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1. Introduction

Bringing together research from six countries to explore how collective bargaining and worker representation take shape and evolve within the care sector, the DEVCOBA project concentrates on two key areas of care provision: long-term care (LTC) and early childhood education and care (ECEC) services for children from birth to age five. The project's central purpose is to shed light on how different EU Member States support and expand collective bargaining coverage, encourage participation in trade unions and employer organisations, and utilise various forms of social dialogue to craft policies and initiatives that respond to persistent challenges such as skills gaps and workforce shortages.

This report presents the findings of WP4, which investigates caregivers' individual positions and perceptions regarding job quality, working conditions, and collective representation within the LTC and ECEC sectors in Slovakia. As both sectors face persistent challenges, including labour shortages, low pay, high emotional demands, and limited professional recognition, understanding the lived experiences of caregivers is essential for informing evidence-based policy and supporting effective social dialogue.

WP4 employs a qualitative research design grounded in semi-structured interviews with care workers. This approach enables an in-depth exploration of how caregivers assess their working conditions, the obstacles they encounter, and their views on the mechanisms designed to represent their interests. By centering the voices of workers themselves, the analysis aims to capture the nuances of everyday care work and the structural factors shaping workers' opportunities and constraints.

Table 1. Summary of the interviewees' profiles

Interview code	Age	Gender	Sector	Public/Private
SK01	45-55	M	LTC	Public
SK02	35-45	F	ECEC	Public
SK03	35-45	F	ECEC	Public
SK04	25-35	M	ECEC	Private (NGO)
SK05	35-45	M	ECEC	Public
SK06	45-55	F	LTC	Public
SK07	45-55	F	LTC	Public
SK08	45-55	F	LTC	Public

The research draws on semi-structured interviews with eight workers - four from the ECEC sector and four from the LTC sector. The majority were employed in public institutions, with only one participant working for an NGO. The sample was nearly gender-balanced, comprising three men and five women, most of whom were between 45 and 55 years of age.

Participants were recruited through snowball sampling, beginning with initial contacts who then referred additional workers. Interviews with three care workers in LTC were conducted in presence, and other interviews were conducted online due to the remote area of the workers' life and work. Interviews with ECEC workers were also conducted online due to limited time options.

2. Profile of the interviewed caregivers

This section provides a biographical insight of the above respondents to better understand their position, perceptions, identified challenges and proposed ways forward. However, for anonymity protection purposes, only a subset of respondents is included in this section.

SK01 is currently employed in a public residential social services facility under the Košice Self-Governing Region that provides long-term institutional care for 85 clients, with approximately 55 employees. The facility is organized into six integrated client groups according to care intensity and functional ability. SK01 works in one of the most active groups, whose members attend occupational workshops and, in some cases, participate in supported employment on the open labour market (e.g. gardening work).

SK01's everyday work involves direct client support, supervision of daily activities, and practical assistance, alongside close cooperation with social workers, instructors, and care assistants. The workload has intensified significantly due to a major shift in the client structure, with increasing numbers of clients suffering from Alzheimer's disease, psychiatric diagnoses, and severe dependency. At the same time, staffing levels remain critically low, especially during night shifts, when only two care workers cover all 85 clients. SK01 has worked in institutional social care for many years and has experienced the full transformation of the sector over roughly two decades, including the relocation of the facility from unsuitable historic premises into a former hospital building about 20 years ago. This indicates a long-term career trajectory inside public care services, rather than episodic employment. In addition to client-oriented work, SK01 also carries out trade-union responsibilities as chair of the workplace union organization, representing more than 80% of employees. This includes participation in collective bargaining, communication with regional authorities, organizing staff, and coordinating protest actions - all performed alongside regular job duties, without formal release from work.

Over time, SK01 has observed profound changes in client composition (from predominantly intellectual disabilities to complex psychiatric and neurodegenerative conditions), work intensity and emotional burden, and systemic underfunding and staff shortages. The motivation of SK01 to remain in this job is framed less in economic terms and more as a mixture of professional ethics, responsibility toward clients, and collective commitment to colleagues. Despite severe financial pressure and burnout risks, SK01 explicitly emphasizes that client well-being continues to be prioritized above personal frustration. A major turning point in SK01's work trajectory occurred with the assumption of the role of trade-union chair approximately one and a half years ago. This step was motivated by long-term stagnation in wages, worsening working conditions, and a lack of political responsiveness. Since then, SK01 has become a key actor in collective mobilization. This transition marks a shift from being solely a frontline care worker to also becoming a collective representative and local leader, driven by a strong sense that "maintaining the status quo is no longer sustainable" for either workers or clients.

The respondent **SK06** has been employed for approximately 27 years at a public residential care facility established under the Trenčín Self-Governing Region. She has worked at the institution since its very beginning, originally when it functioned as a home for older persons, and later through its reclassification into a specialised centre of social services in 2013. The facility currently provides care mainly for clients with severe dependency and complex diagnoses.

During her long professional career, SK06 has gained extensive practical experience in direct care and daily support of highly dependent clients. Over time, she has witnessed major organisational, staffing, and managerial changes, many of which she critically reflects on in the interview. In recent years, SK06 also became a co-founder of the workplace trade union organisation (established in 2023). Her involvement in union activity was motivated by long-term dissatisfaction with management practices, working conditions, and lack of communication. Since then, she has been directly involved in labour disputes and legal proceedings linked to union activities, while continuing to work in the same facility despite strong pressure and conflict.

Respondent **SK07** entered the care sector after a long prior career outside social services. For approximately 27 years, she worked in a kindergarten, where she developed strong skills in daily care, activation, physical exercises, and structured routines with children. After leaving paid employment for a period, she spent around eight years caring for her mother at home, which marks her first prolonged experience with informal family care. This period represents a key transition from education to care work motivated by family responsibility rather than labour-market choice. Following this, SK07 entered residential social care for older and highly dependent persons, where she has worked for around ten years. She transferred many of her pedagogical skills into the care setting, experimenting with activation, exercise, and daily stimulation of clients, similar to methods used in kindergarten work. However, these practices were later institutionally constrained, as management did not formally recognize or support this type of activation work within official job descriptions and daily plans. Over time, SK07 experienced a significant deterioration of working conditions. A major turning point in her life course occurred with the establishment of a workplace trade-union organization, which SK07 co-founded together with colleagues. Her involvement in union activity exposed her to intense workplace conflict, audits, inspections, and legal disputes. She also became directly involved in a whistleblowing episode, when she reported a violent incident against a client to the facility director and later to the authorities. Following this, she experienced strong personal pressure and stigmatization at work, which became a defining biographical rupture.

Despite considering leaving the workplace, SK07 decided to remain until retirement, which is about three years away, in order to defend her professional integrity and prove that she had not acted wrongly. This phase of her life is characterized by a combination of moral commitment to clients, exhaustion, legal struggle, and civic engagement through unions. At the same time, she openly reflects the psychological and material limits of long-term resistance, emphasizing that many colleagues are afraid to participate publicly due to fear of job loss.

3. Working Conditions and Job Quality - respondent perceptions

This section examines the care workers' lived experience of their profession, with the aim of identifying the dimensions of job quality that are most relevant from their own perspective, as well as critical issues identified or perceived in their job, and factors potentially uncovering new or overlooked aspects of job quality. Mapping individual experiences, the section explores how caregivers currently experience their work in terms of satisfaction, stress, workload, pay, work organization, autonomy, health, and career prospects, and how these perceptions have evolved over time. It further addresses the solutions proposed by workers themselves, their views on the feasibility of change, the role of institutional and policy initiatives, and their intentions to remain in or leave the sector. In doing so, the section captures both the structural constraints of care work and the agency of workers in articulating pathways for improvement.

The interviews show that regular workers mostly view their job as meaningful and mission-driven. They are motivated mainly by the value of helping others, not by the pay, which they generally see as secondary. They place stronger importance on how the work is organised and whether the management is supportive and fair, which seems to matter more to them than financial incentives.

“Well, actually, at that time, as I mentioned, our son was diagnosed with Asperger's syndrome, I became interested in it and discovered the very sad fact that in Slovakia, we don't have the mechanisms or tools to educate these children. We have few facilities where children with severe forms of autism or people with severe forms of autism can be placed if they lose their parents, because those parents are getting older and don't know what to do with these children in adulthood. So that was a motivator, to somehow change this a little or change the awareness and make people aware that there is such a need. So that led me to this work, and I think that especially for people with autism or children with autism, early intervention or early care is very important. So I started from the beginning and I am in kindergarten” (SK03, ECEC)

“I am grateful for my job, because I was also employed in a place where the director didn't seem to listen to the specific needs of the children. We didn't agree on various settings for those children, and so I had to leave because I couldn't work in such an environment where the children's needs weren't understood. I just can't get over it. So I am grateful that I work in a job where the director listens. He can be flexible, he can arrange things, and I am very grateful for that. And that is also where my satisfaction with my salary comes from. Of course, everyone would like to have every extra dollar they can get. But at the moment, I would generalize by saying that yes, I am satisfied with my salary.” (SK03, ECEC)

However, while this motivation was also voiced by ECEC workers working in marginalized communities in poorer regions of Slovakia, specifically those providing care and education in Roma communities, they mainly seem to have entered the sector for possible financial gain. In particular, as these regions are generally economically disadvantaged with limited choices when it comes to employment, any job serves the need to financially secure one's family. In other words, because there are few or no stable job opportunities available, individuals accept any kind of work, regardless of the pay, conditions, or alignment with their skills or aspirations.

“Because specifically when we talk about those “omamas” or kindergarten teachers working in, let's say, less developed regions and in these communities, without wanting to sound harsh, there are completely different motivations - simply that these teachers are often women from marginalised Roma communities, from regions where there are simply no jobs at all, where surviving today and providing for yourself and your family is an absolute priority.” (SK04, ECEC)

“It's like income is perceived a little differently in that culture of poverty, or how to put it, that it's often not that you take it for yourself, but that simply at the moment when, in that family or even in the wider family, someone with an income arrives, he becomes the one everyone turns to.” (SK04, ECEC)

Along these lines, the interviews also highlight that the job with the marginalized community may initially appear attractive because it offers rare, locally available employment in a familiar environment. This suggests that proximity, compatibility with family life, and the opportunity to stay embedded in the community also drive motivations. Further, the common idea that “everyone who likes children can do this work,” which the general population allegedly shares, allows for some workers to enter care roles because the work is socially coded as appropriate, accessible, and not requiring high formal qualification, lacking a fully informed understanding of its complexity.

“First, it was actually an opportunity to have a job close to an environment that their children also attended, or could attend, to some extent, and, at the same time, it's with children, which I think everyone thinks - and I don't want to sound offensive - but which the average person thinks, “Well, it's with children. I like children, so it's fine - I could do that.” But that's not how it is.” (SK05, ECEC)

Moreover, when examining initiatives such as the Omama programme, it becomes evident that some ECEC employees often lack the formal qualifications required to pursue employment beyond their specific role as omamas, which also impacts the motivations behind entering the ECEC sector through these initiatives in the regions. As a result, in difference to regular workers, the purposefulness of the job comes secondary in poorer parts of the country and the main motivation relates to financial prospects and the need to ensure basic financial survival for themselves and their families.

Nevertheless, the wage of ECEC workers was perceived as insufficient, especially if the workers gained university education. While they acknowledge that salaries in education are low in general, compared to other university-educated professions, they note that on the eastern Slovak labour market the wage is relatively acceptable. As a pedagogical assistant, they are limited by the rigid pay scale: the wage is fixed, cannot be improved through qualifications, and does not account for their professional certifications. Overall, some respondents view the remuneration as inadequate for the nature of the work, even if locally it may not be the worst option.

The interview findings also corroborate earlier insights from WP3, indicating that existing institutional arrangements remain insufficient in addressing the needs of specific groups of children. As a result, new bottom-up initiatives - such as tailored support for children with autism or targeted interventions for Roma children - continue to emerge to compensate for systemic gaps. This confirms the broader pattern observed in WP3: where formal structures fall short, responsibility shifts to individual schools and staff to develop ad hoc solutions.

“It's a bit like, as I've already outlined, a state problem, or how should I put it, that the state somehow fails to respond to the needs of these people, these parents with autistic children. It's still up to the individuals or individual schools or facilities, people who are members of civic associations, who in some way, out of their own motivation, want to devote themselves to these people or need to because most of them are parents of such children. There is actually a big problem in that we have not created the conditions for them, not at all. When it comes to education, when we talk about the education of these people, we have created very little, very little in Slovakia. In my opinion, the conditions for people who have this problem or this health disadvantage have not been created, because many schools are actually groping in the dark.” (SK03, ECEC)

One respondent also shed light on a certain discrepancy in the system - although teachers can collect and be compensated for working overtime, pedagogical assistants are not eligible for these benefits, leaving the extra time unpaid. The respondent reported having a fixed working schedule but sometimes working beyond contracted hours when required by the needs of the child they assist. Attempts to negotiate at least some form of compensation with school management were unsuccessful. Yet, as another respondent pointed out, pedagogical assistants are vital to the day-to-day support of an increasing number of children with additional needs, stating that:

“Of course, assistants are very necessary, and it is still a problem. It is still a problem, and it is a big problem that the position of assistant educator does not meet the qualification requirements of this assistant. Often, people without a teaching background are assigned to us because we literally cannot function without an assistant, but the thing is that the person in that position does not last long, both in terms of salary and in terms of time commitment, because she does not work six hours, but eight and a half hours, and that is with our autistic children. Eight and a half hours a day is a lot, so there is very often a high turnover of employees in this position, and that's not good. So yes, assistants are very much needed, but especially qualified assistants.” (SK03, ECEC)

The issue of high turnover has also been voiced by another respondent working in the LTC sector. Similarly as in the ECEC sector, the health and functional conditions of older people entering LTC facilities appear to be increasingly complex and severe, placing additional pressure on staff and care provision.

“...the diagnoses are all over the place. They're no longer mentally disabled, but there's Alzheimer's. Well, a mix, so even the caregivers can't handle it mentally, because what's going on there on the second floor is a disaster. So now we have a large outflow of employees. We had about 8-9 retirees working for us. They had been retired for three years because we can't get anyone here and the turnover is terribly high.” (SK01, LTC)

Respondents also described job-related health problems, including developing frozen shoulder syndrome from handling a child with limited mobility in order to help them participate in group activities or facial nerve dysfunction caused by stress from work overload.

In the LTC sector, across all four respondents (SK01, SK06, SK07 and SK08), care work is experienced as a source of cumulative stress rather than sustainable satisfaction, even though a strong sense of moral responsibility toward clients remains clearly visible. What unites SK01, SK06 and SK07 is the persistent tension between professional commitment and structural exhaustion.

For SK01, the profession is described as deeply exhausting but still meaningful. The main sources of strain are chronic understaffing, extremely low wages and the growing care intensity of clients with Alzheimer's disease and psychiatric diagnoses. Night work is a particularly strong symbol of overload:

“At night, there are only two care workers for 85 clients - you can imagine what that's like. The work is hard, psychologically and physically demanding, and when you come home and look at your payslip, there's nothing left to do but get used to going to Austria to work as a carer.” (SK01, LTC)

“The vast majority of employees are over 50 years old. The retirees who were still staying on can no longer cope. A new person comes in and after an hour or two leaves, because they simply can't handle it psychologically or physically.” (SK01, LTC)

Yet despite frustration and fatigue, the carer insists that professional ethics continue to guide everyday practice. His dissatisfaction with pay is explicit and systematic. Public-sector wage tables, in her view, have not reflected reality for decades: *„The pay scales have not moved in maybe 20 years,”* and even recent one-off bonuses do not change this structural stagnation: *„We received a one-time payment of €800, but that's not a system.”*

Over time, her perception of the job has clearly worsened, driven by rising client needs, staff shortages and long-term wage stagnation, yet her narrative remains anchored in professional endurance. Similar to SK01, SK06 also describes the job as stressful, but in a different register. Unlike SK01, her primary source of distress is not the clients or even the workload as such, but the long-term conflict with management following the establishment of a workplace union. At the same time, she repeatedly emphasizes that the work itself still gives her personal meaning:

“I enjoy the work, but working under that kind of pressure... it's not something you can endure in the long run. You constantly feel like you're doing something wrong, that someone is watching you, trying to catch you out. And that is not a normal working environment.” „I enjoy the work, but working under such pressure...” (SK06, LTC)

Her account reveals a sharp contradiction between high formal qualifications and blocked professional development. Her perception of the profession has thus shifted from earlier engagement and optimism to deep institutional disillusionment.

For SK07, the profession is described almost exclusively through the lens of extreme psychological and physical strain. Long working hours, permanent understaffing, and exposure to violence form the everyday reality of her work.

“I work 12-hour shifts, I come home and I'm still dealing with phone calls - who will cover for whom, who will go where. It's simply not manageable. There are women there with small children, single mothers - this just can't be done like this.” (SK07, LTC)

Her narrative is dominated by a dramatic biographical rupture caused by a whistleblowing episode, when she reported violent treatment of a client, which fuelled hostile relationships with the care home management. What followed, according to her account, were audits, stigmatization and personal attacks. Since then, her relationship to the profession has changed fundamentally. She

now remains in the job not because it provides satisfaction, but because she wants to defend her moral integrity until retirement:

„I have three years until retirement... I just wanted to prove to myself that I hadn't done anything wrong.“ (SK07, LTC)

Career progression is no longer imaginable; the only remaining horizon is survival until the end of working life.

In sum, the presented cases reveal low wages, excessive workload, limited autonomy, blocked career prospects and health risks, which form an interlinked constellation of poor job quality rather than isolated problems. What differentiates the respondents is not whether stress is present, but how care workers cope with the pressures they face at work. SK01 represents a trajectory of resilient professional endurance under structural deterioration. SK06 illustrates disillusionment generated by institutional conflict and repression. SK07 embodies moral injury and late-career resistance following whistleblowing and retaliation. SK08, finally, stands for the many workers who remain collectively present but individually silent. These carers' perspectives suggest that care work emerges as morally meaningful yet structurally unsustainable. Initial commitment gradually gives way to exhaustion, conflict and critical reflection on the long-term viability of care work itself - both for workers' lives and for the quality of care provided.

4. Possible solutions identified by the caregivers to improve their conditions

Across the interviews in the LTC sector, caregivers articulate a clear sense that the current organization of care work is unsustainable and in urgent need of structural reform. Although their personal situations differ, respondents converge on the view that the core of the problem lies in understaffing, misdirected financing, authoritarian management, and the absence of genuine social dialogue.

For **SK01**, the most fundamental change needed concerns staffing levels and workload organization. He stresses that safe and dignified care is simply impossible under current conditions.

“This is not care, this is just crisis management. You cannot talk about quality under these conditions. First of all, there would have to be more staff, but also stable teams, not constant turnover. And of course wages would have to be set in a completely different way. What we have now are public pay tables that haven’t moved for decades. They gave us a one-off 800 euros, but that solves absolutely nothing. That is not a system.” (SK01, LTC)

Any meaningful improvement, in the respondent’s view, would therefore have to begin with more staff and stable teams, rather than symbolic financial gestures.

SK06, SK07 and SK08 locate the need for change not only in technical organization, but also in how power is exercised inside the workplace. For them, improving care work is inseparable from democratizing management and strengthening worker voice through unions. SK06 explicitly describes how care quality and professional development are blocked by managerial arbitrariness. In her view, care work cannot improve unless professional autonomy is restored and management becomes accountable.

“We changed so many things ourselves, we educated ourselves, paid for courses from our own money, we did training in basal stimulation so that the insurance company would even reimburse certain procedures. And then management simply tells us we are not allowed to use it. On paper they support self-education, but in reality everything is blocked. Without professional autonomy, nothing can improve.” (SK06, LTC)

SK07 emphasizes that without collective power, nothing will change, even when national-level strategies formally exist. She describes the creation of a workplace union as a necessary but extremely costly step (see the next section). While she is aware that social dialogue and collective bargaining are promoted at national and even EU level, she sees a deep gap between policy rhetoric and workplace reality.

As for whether change is possible, all respondents express cautious hope mixed with deep scepticism. SK06 believes that improvement might only come with a change of leadership, but fears that entrenched power relations will simply reproduce themselves. SK07 goes even further, framing change as a long-term intergenerational struggle rather than an immediate prospect:

“They tell us: keep fighting, one day it will be better. Maybe our grandchildren will have better working conditions, but people are not willing to wait that long.” (SK07, LTC)

The question of leaving the workplace or the sector altogether recurs powerfully in the interviews. For SK01, migration to Austria is presented as a realistic exit strategy forced by low wages: caring abroad becomes the only way to survive financially. For SK06, the pressure following unionization was so intense that she openly states that without union protection, they would no longer be employed at all. SK07 has seriously considered leaving but decided to remain until retirement for moral reasons rather than professional hope. In sum, exit, in these narratives, appears less as a free choice and more as a last-resort survival strategy.

In sum, when asked what would be the most urgent actions needed right now, caregivers converge on four priorities:

- Substantially increase staffing levels, especially at night;
- Guarantee predictable and dignified wages through systemic pay reform;
- Protect workers who speak up through effective labour-law enforcement; and
- Ensure real social dialogue at workplace level, not only in national strategies.

Across the interviews with the early childhood education and care (ECEC) workers, careworkers and educators articulate a widespread perception that the current organisation of work is structurally unsustainable and urgently requires reform. Although their individual circumstances differ, respondents converge on the view that systemic problems stem from persistent understaffing, contradictory policy-making, and low salaries or unstable and project-based financing. More specifically, the current fragmentation of the ECEC system actively impedes the work of educators and support staff. System-level incoherence, rooted in unreliable demographic data, weak coordination between local authorities, and blurred institutional mandates, has produced a series of contradictory policies.

“There are way too many municipalities in the public pre-school system that do not share data with each other; it is a mess and a data hell that needs to be sorted out before anything else is done.”
(quote from a national workshop held as a part of the DEVCOBA project)

For example, new public kindergartens are being built in areas where enrolment remains low, while shortages persist elsewhere. In an attempt to address under-enrolment, policymakers have lowered the entry age to preschool to two years, despite the absence of an adequate curriculum or pedagogical framework for this age group. As a result, children who should receive nursery-based care are placed in kindergartens unsuited to their developmental needs, while nurseries themselves fall under the regulatory domain of social services, staffed predominantly by caregivers rather than qualified teachers. The lack of coherence between educational and social-service regulations generates confusion in qualification standards, career progression, and institutional accountability. Combined with persistently low pay levels, this structural inconsistency substantially undermines the sector’s professional legitimacy and long-term sustainability.

At the same time, along the above-mentioned problems, educators and support staff working for novel initiatives that locally address the ECEC needs where the public system fails, often navigate living conditions and family responsibilities that remain poorly understood within mainstream ECEC institutions. For example, the respondent from the project Omama, a project employing primarily women from marginalised Roma communities in Slovakia, stresses that what employers may interpret as unreliability or lack of commitment for the caregiver's job, in reality, likely reflects pressing material constraints and social vulnerabilities beyond his/her control.

‘Employers also need to understand that what may often appear to be unreliability is in fact simply a misunderstanding, a misunderstanding of the conditions in which they live, that, for example, rain is perceived completely differently in Roma communities, where it often means that their house is flooded. It may seem very strange to us when they tell us that they won't come to work because it's raining. This is the sphere where the employer should probably understand that you have sick children at home, or you need to make sure your home is warm and be a little more flexible.’
(SK04, ECEC)

Accordingly, in such cases, respondents perceive that employers should cultivate contextual understanding of employees’ living conditions, develop flexible attendance and support policies, and engage in ongoing dialogue that acknowledges difference as a legitimate factor shaping work patterns.

In sum, the interviews show that caregivers do not lack ideas for improvement. On the contrary, they articulate clear and structurally grounded solutions. What is missing, in their view, is not knowledge, but power, protection, and political will to transform these proposals into improvements of their working conditions and the quality of care services.

5. Workers' voice at the workplace level

Respondents in LTC come from highly different backgrounds when it comes to trade union presence at the workplace. While all work at unionised workplaces, respondent SK01 highlights the functioning social dialogue and collective agreement. In contrast, respondents SK06, SK07 and SK07 belong to union founders in a previously non-unionised workplace, while the push to establish a union emerged from the large power asymmetry between the workers and the management, and their dissatisfaction with their working conditions. The founders of the new union were fired, and entered individual court cases, with help of sectoral union structured (UniJA trade union under the ECHOZ federation, and the Austrian GPA trade union, which cooperated on setting up UniJA now representing a single trade union in care and a number of technological companies).

Workplace representation through the union plays a central but very differently experienced role in the lives of SK01 compared with SK06, SK07 and SK08. While for SK01 the union functions primarily as a stabilizing and protective collective structure within an otherwise hard but orderly system, for SK06 and SK07 unionization becomes a high-risk, conflict-laden act of resistance, closely intertwined with fear, repression, and personal sacrifice. SK08 remains present only as a silent member of this contested collective space, without an articulated representative voice of her own.

For SK01, union representation is embedded in an already institutionalized system of social dialogue. He serves as the workplace union representative, organising more than 80% of employees, and describes union work as an additional but legitimate layer of responsibility alongside care work. Although she performs union duties on top of her regular workload and without formal release time, she still frames representation as a normal and necessary part of professional life, not as an existential threat. The union is, for her, a tool to articulate dissatisfaction with wages, staffing and workloads, but within a framework where collective representation is formally recognized.

Even protest appears as a collectively organized, legitimate action, and a number of workers from this workplace joined the protest organised by the sectoral federation SOZZaSS in March 2025. Those who could not travel in person to the capital city, presented their symbolic solidarity by wearing red T-shirts to work on that day. respondents in LTC demonstrate limited trust in their real impact at the workplace level.

SK01 perceives the union as a channel for collective voice in a difficult but still rule-bound industrial relations environment. The union is part of the solution, even if it has limited immediate power to change structural underfunding. Although they acknowledge the existence of national unions, sectoral protests, and professional chambers, they repeatedly stress that these rarely penetrate the everyday reality of small residential facilities.

The situation of SK06, SK07 and SK08 is fundamentally different. For them, unionization is not an institutionalized routine but a dramatic turning point that transforms the entire workplace climate. They co-founded a workplace union in an environment where no tradition of collective representation existed, and where management reacted with open hostility. SK06 describes union backing not as an empowerment alone, but as a bare condition of survival at work:

“If we hadn’t had the union behind us, we would not be working here today. They would have made sure we couldn’t get a job anywhere in the region.” (SK06, LTC)

Here, the union does not primarily enable negotiations over wages or working time. Instead, it becomes a shield against dismissal, discreditation and legal persecution. Representation is inseparable from defensive struggle. Rather than being released from regular duties, SK06 continues to do full care work while simultaneously fighting audits, inspections and legal threats. Union activity is thus experienced as biographically costly, not as a protected institutional role.

For SK07, union representation is even more explicitly framed as a high-risk moral struggle rather than a normal form of labour relations. She describes the founding of the union as an act born of desperation rather than strategy:

“We went into this because we wanted to change how things work in the institution, so that the director would finally communicate with us. But we had no model, no example to follow.” (SK07, LTC)

Instead of opening space for dialogue, unionization triggered what she experienced as systematic retaliation: audits, accusations of poor performance, and attempts to portray activists as troublemakers. Representation, in her narrative, is associated with exposure, not protection.

SK07 is aware of the gap between the official union discourse at national and European level and the reality of grassroots organizing:

“From Brussels it is easy to say ‘support collective bargaining’, but in a place like ours, where people are afraid of losing their jobs, this sounds completely unreal. You can only bargain if you are not scared.” (SK07, LTC)

For this respondent, workplace representation is therefore less about collective bargaining in the classical sense and more about endurance under pressure, with any real achievements projected far into the future:

“Maybe our grandchildren will have better working conditions. But people are not willing to wait that long.” (SK07, LTC)

In this environment, the union does not produce immediate improvements in wages or staffing. Instead, it generates exhaustion, fear and social isolation, while simultaneously serving as the only remaining space of dignity and resistance. Representation becomes a moral position, not a negotiated institutional role.

SK08, finally, appears only marginally in this representational landscape. She is present as part of the collective affected by these struggles, but she does not articulate an individual position on union activity. Her silence is itself significant: it reflects the climate of fear and exhaustion described by SK06 and SK07, in which many workers remain supportive in private but invisible in public.

In terms of existing initiatives at the workplace, the only concrete and sustained collective effort mentioned is the establishment of a workplace trade union organization. However, this is not described as a success story but rather as a source of retaliation, audits, and legal vulnerability. Instead of formal participation mechanisms, workers encounter disciplinary inspections and

discrediting strategies, which further undermine trust and morale. SK07 describes their situation as that of a small, isolated unit left to “experiment on its own” with unionization:

*“We are a kind of new model that others are watching - what we can endure, what we can’t.”
(SK07, LTC)*

“We went into this because we wanted to change how things work in the institution - so that the director would finally communicate with us. But we had no model, no example to follow. We only knew that in this condition it could not continue. So we established the union, even though we knew we would pay a price for it.” (SK07, LTC)

To sum up, the comparison of workers’ voices in the LTC sector shows two profoundly different logics of workplace representation. For SK01, like for the majority of public long-term care homes in Slovakia, union work is part of a relatively stable system of social partnership, where protest is possible without threatening one’s existence. Here, representation is understood as a legitimate extension of professional responsibility.

For the other respondents, by contrast, unionization unfolds in a hostile institutional vacuum, where representation is experienced as personal exposure, legal risk and biographical rupture. Instead of negotiating improvements, the union first has to secure the very right to exist.

This contrast illustrates how the same instrument of collective representation can take different meanings depending on the surrounding institutional environment. In the case of most public care homes, the union channels its voice within a recognized framework; in the other, non-unionised or recently unionised conditions, it becomes a last line of defense against repression, carried by a few exhausted individuals at very high personal cost, including court cases over dismissals.

In ECEC, trade union presence is less visible. One of the interview respondents mentioned that although the school employs a growing number of staff, it lacks a formal trade union presence. Representation is provided only by an informally elected employee representative, whose influence is perceived as significantly weaker than that of a union.

The worker describes that, in practice, internal regulations issued by management shape working conditions more than any collectively negotiated norms. These internal guidelines primarily serve the employer’s administrative needs rather than protecting employee interests. Participation in consultative structures is minimal, and employees do not actively engage with existing representative mechanisms.

Another interview in ECEC showed similar conditions - there is no trade union presence, and formal employee representation is channelled through a school council, which meets roughly quarterly. The interviewee had limited knowledge of its internal functioning and does not take part in it. In the absence of unions or a works council with independent authority, employee voice is primarily expressed through internal meetings within organisational sub-units, led by deputy heads. Workers can raise concerns or propose changes, which are then forwarded upwards to the school council. Feedback is provided later on what can or cannot be implemented.

Across the ECEC interviews, it appears that employees who are generally satisfied with their working environment do not feel a strong need for trade union membership or formalised collective representation. As long as day-to-day communication with management is perceived as effective and problems are resolved informally, workers tend to rely on internal mechanisms rather

than seeking stronger, union-based structures. This suggests that in some ECEC workplaces, subjective job satisfaction functions as a substitute for more institutionalised forms of worker voice, at least until dissatisfaction or conflict emerges.

6. Conclusions

The findings from the Slovak WP4 research highlight a care workforce that is deeply committed to its profession yet increasingly strained by structural weaknesses that undermine both job quality and the sustainability of care work. Across both ECEC and LTC, caregivers describe their work as meaningful and socially essential, often grounded in personal ethics, community ties, or lived experience with disability or family care. However, this strong intrinsic motivation consistently coexists with systemic pressures - low wages, understaffing, high emotional demands, and limited opportunities for career development that erode long-term job satisfaction and threaten retention.

ECEC workers emphasise gaps in institutional support for children with diverse and complex needs, particularly in under-resourced regions. Their narratives reflect persistent inequalities between centres, insufficient recognition of pedagogical assistants, and the emergence of bottom-up initiatives that fill systemic voids rather than complement coherent public policy.

In the LTC sector, respondents describe a profession marked by cumulative stress, organisational rigidity, and chronic understaffing. The intensifying complexity of clients' diagnoses, combined with stagnant public pay scales, has transformed everyday work into crisis management rather than quality care. The interviews reveal that moral commitment often becomes the only counterweight to burnout of individual workers.

Workplace representation emerges as a central but uneven mechanism shaping workers' experiences. In one case, an established union provides stability and an accepted channel for dialogue. In others, attempts to form a union triggered conflict, intimidation, and legal battles, illustrating the fragile and often hostile environment in which collective voice must operate. For these workers, unionisation is not a routine exercise in social dialogue but an act of resistance against managerial power, bearing significant personal and professional costs. Their experiences starkly contrast with policy rhetoric that assumes the existence of safe and functional structures for worker participation. In contrast, workers in ECEC seem to be less interested in unionizing.

Across interviews, caregivers articulate clear priorities for reform: increasing staffing levels, ensuring predictable and dignified wages, protecting workers who raise concerns, and establishing genuine social dialogue at workplace level. They do not lack ideas for improvement; rather, they lack the power, protection and institutional responsiveness needed to transform their insights into change. The research thus points to a critical paradox at the heart of Slovak care provision: while the system depends heavily on workers' intrinsic motivation and ethical commitment, it offers limited structural support in return.

Overall, the Slovak WP4 findings underscore that improving job quality in ECEC and LTC requires more than isolated interventions. It demands sustained political will to modernise pay structures, strengthen enforcement of labour rights (including trade unions) and democratise workplace governance. Without such reforms, the sector risks continued turnover, deepening workforce shortages, and declining quality of care.