

Social competences of health service workers. Pilot study.

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ABSTRACT

Introduction: A range of skills and competences are needed to take care of a sick person, and social competences seem to be as important as professional competences in relations with the patient. Good relations of health service workers with a patient, to a large extent, determine the quality and effectiveness of treatment.

Purpose: To determine the level of social competences of health service workers.

Materials and methods: Forty health service workers - doctors, nurses, and midwives - were included in the study. We used the Social Competence Questionnaire (SCQ).

Results: The majority of the subjects demonstrated an average increase in the competences conditioning effective action in intimate situations, situations of social exposure, and situations requiring assertiveness.

Conclusions: Given the importance of social competences in the diagnosis process, treatment, and occupational functioning of health service workers, it seems appropriate to improve and develop them.

Key words: Social competences, communication, relation with patient.

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Received: 26.04.2012

Accepted: 11.06. 2012

Progress in Health Sciences

Vol. 2(1) 2012·pp 107-112.

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INTRODUCTION

Dealing with an illness is a complex phenomenon conditioned by many factors. The correct interpretation of symptoms, the method of communication with patients, and contact with them may play an important role in coping with an illness [1]. Doctors who pay attention to the emotional needs of patients can competently provide information about a serious illness [2, 3]. In order to take care of a sick person, one needs to have a range of skills and competences. Therefore, it seems important to examine the factors that interfere with the relationship between the patient and medical staff and identify the characteristics and skills that will contribute to the development of correct relations between them.

This study focuses on social competences of health workers, as they seem to be no less important than professional competences in the relationship with the patient.

The authors who use the term social competences use this concept for their own research, thus creating individual categories of this phenomenon. Unfortunately, there is no single conceptual term for a social competence. It is often equated with social intelligence, communicative competence, social or relational competence, social skills, or social ability [4].

Social competence includes: assertiveness, verbal and non-verbal communication, self-presentation, and extraversion. The development of social competence depends on intentional and unintentional environmental influences targeted at individual and educational influences, training, or therapeutic effects [5].

The executive level of social competence includes: an ability to accurately read people's intentions, free expression of thoughts and feelings, and adequate communication. Social competence should lead to effective communication and allow for achieving instrumental and/or interpersonal objectives together with social adaptation [4].

According to the above approach to the problem, social competence is the ability of a general or specific nature. Social competence is dependent on intelligence and personality, and is shaped under the influence of the environment. Matczak presents a different approach to this problem [6]. The author does not use the concept of social competence, but speaks of a set of many social competences that "are understood as complex skills conditioning efficiency to cope with a particular type of social situation, which are acquired by an individual in the course of social training. The effectiveness of this training, to some extent, depends on intellectual capacity of an individual and, in particular, emotional and social intelligence, while the intensity is dependent on

personality-temperament variables" [6]. According to the accepted way of looking at social competences, they do not have a hierarchical structure, and possible relationships between them stem from the fact that these competences are composed of various combinations of some basic elementary skills; i.e., the ability to provide social reinforcement, empathy, and favourable presentation [6]. A single competence is not enough to deal with a real social situation, which is always complex. Competent coping with a situation is usually dependent on a combination of many basic skills [6]. Such an understanding of social competences was used in the study and, therefore, the term will be used in the plural.

Social competences are an important skill especially in the job that requires interpersonal contacts.

The aim of this study was to determine the level of social competences of health service workers (doctors, nurses, and midwives).

MATERIALS AND METHODS

The present study surveyed the following types of employees: doctors, 34.2%; nurses, 55.3%; and midwives, 10.5%. A total of 40 employees of medical facilities were surveyed. The mean age of the whole sample was 38.87 (SD, 8.04) years (range, 25–55 years). The respondents were employed in medical facilities in Lublin (53.8%) and Sanok (46.2%). 89.7% were women and 10.3% women.

Most respondents, 60%, had received a university degree, 8.6% had received post-secondary education, and 31.4% had received a secondary education.

The Social Competence Questionnaire (SCQ) by A. Matczak was used to determine levels of social competence [6]. This is a questionnaire, based on self-description, in which subjects evaluate their effectiveness in coping with specific situations. SCQ contains three scales: I (competences conditioning the effectiveness of behavior in intimate situations), ES (competences conditioning the effectiveness of behavior in situations of social exposure) and A (competences conditioning the effectiveness of behavior in situations requiring assertiveness) [6]. This questionnaire is an accurate and reliable tool for the measurement of social competences.

RESULTS

The results of the health service workers' social competence scores are presented in Table 1.

Table 1. Social competences of health service workers - descriptive statistics of variables analyzed

SCQ scales	Average	SD	Min.	Max	Sk.	K
I	43.38	5.42	32.0	55.0	.27	-.03
ES	52.0	7.40	40.0	67.0	-.05	-.80
A	45.89	6.85	33.0	65.0	.33	.50
Total	172.14	19.56	141.0	222.0	.60	-.02

SD-Standard deviation, SK- Skewness, K- Kurtosis

The rates of skewness and kurtosis shown in Table 1 differ only slightly from 0, which suggests that the distributions of the variables analysed do not differ significantly from a normal distribution. This is confirmed by the results of the Shapiro-Wilk test ($W = 0.964-0.976$ depending on the scale, $p > 0.05$).

The calculations were performed for each type of competence (measured by individual scales) and for the overall rate. Results of these analyses are shown in Figures 1-4.

Figure 1 shows the results obtained by health service workers for scale I (effectiveness of activities in intimate situations).

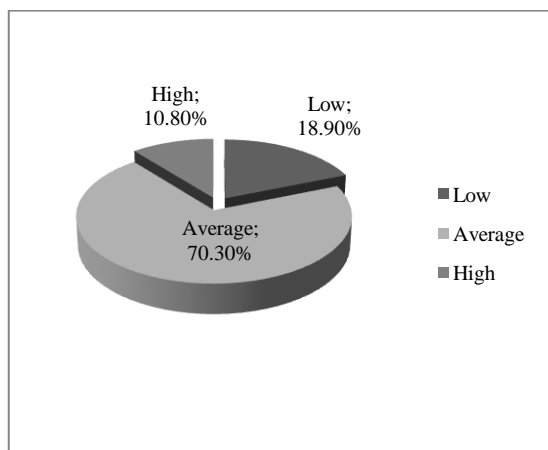


Fig.1. Competences conditioning the effectiveness of behaviors in intimate situations in the study group.

The vast majority of respondents (70.3%) show average social competence in intimate situations connected with disclosing partners. Nearly 11% of the subjects scored highly on this type of competence, and almost one in five health-care workers presented a low level of competence.

Competences of medical personnel in the field of social exposure (scale ES) are presented in Figure 2.

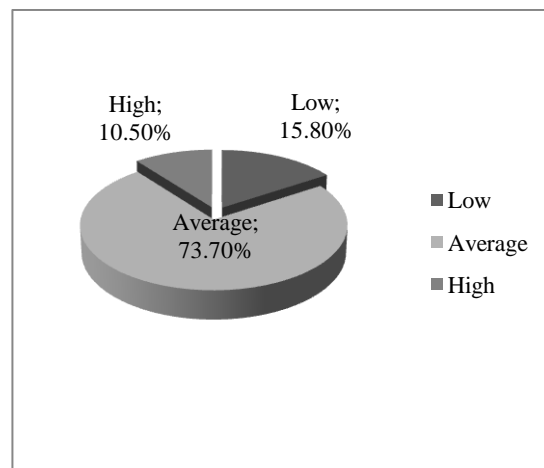


Fig. 2. Competences conditioning effective behaviour in situations of social exposure in the study group.

The largest percentage of respondents (73.7%) were characterized by moderate levels of competence in the field of social exposure. 10.5% of the workers surveyed showed high competence in this area, while 15.8% were low in competence.

Figure 3 shows the results obtained by these subjects on scale A (situations requiring assertiveness).

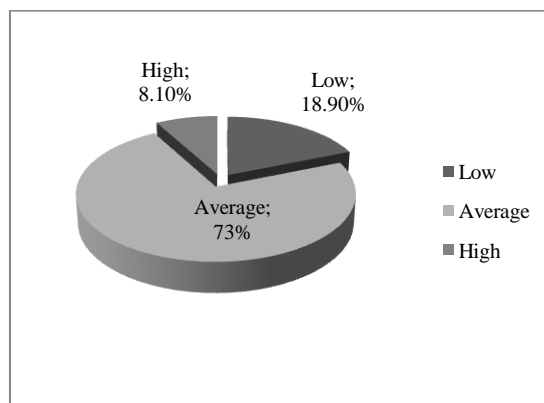


Fig. 3. Competences conditioning the effectiveness of behaviors in situations requiring assertiveness in the study group.

The results suggest that most subjects have an average level of competence in the field of assertiveness. Only 8.10% of the subjects are characterized by low scores on these competences. Almost one in five respondents demonstrated highly efficient behavior in situations requiring assertiveness.

The results present levels of competence in specific social situations. The tool applied also allows the overall rate of the skills examined to be determined. Health workers' overall levels of social competence are presented in Figure 4.

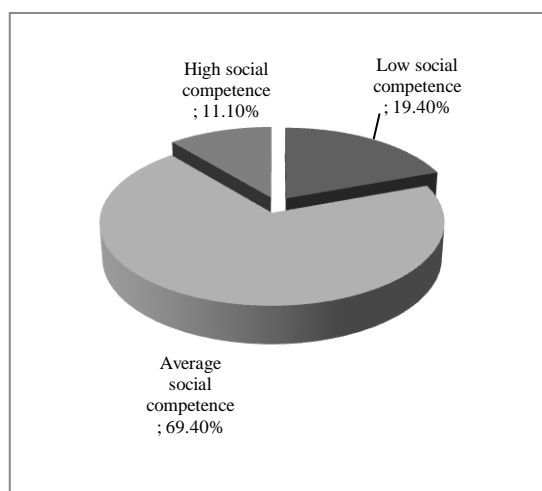


Fig. 4. Overall rates of social competence in the study group.

The results characterizing particular types of social competence indicate that the majority of the respondents show average levels of these skills. Results on general levels of social competence are similar; 64.4% of health workers are characterized as having an average level of competence. A high level of social competence occurs in 11.1% of nurses, midwives, and doctors, and a low level in 19.4% of the group members.

DISCUSSION

A patient who is in the hospital is in a direct and often prolonged contact with medical personnel. Mutual relations between patients and personnel may be influenced by environmental and situational factors as well as individual characteristics on both sides of the interaction [7-10]. Research indicates that a positive relationship with another human being can have a significant impact on recovery.

The phenomenon of burnout has been observed in medical personnel [11-13]. Current studies on the above-mentioned subject indicate patient dissatisfaction with contact with doctors. While incompetence is rarely an underlying cause, a lack of appropriate interpersonal relationships, misunderstandings, or a lack of sensitivity and concern from the medical staff are often regarded as causes of this situation. The social skills of health service workers, including skills in interpersonal communication, are important factors in determining patients' satisfaction.

The present study indicates that the majority of health service workers (doctors, nurses, and midwives) possess at least average levels of the competences conditioning effective actions in social situations. These competences are an essential component of medical staff members' relationships to patients and their families, and the

efficiency of diagnosis and therapy depends on the quality of these relationships. Skills connected with social exposure or assertiveness are also necessary for effective communication with co-workers. They can affect both the efficiency of the treatment process and the quality of professional interactions.

The examined social competences concern, among others, one's methods of dealing with intimate situations connected with closeness and disclosure of the participants of the interaction. An example of this type of competence is confiding in somebody or being someone's confidant [6]. Patients' talks with a doctor, nurse or midwife often revolve around personal and intimate issues. Such situations require delicacy, sensitivity and empathy, and therefore, the role of active and empathic listening is emphasized [3, 14, 15-18, 20, 21]. Associating closeness and intimacy with professionalism is a challenge that every doctor, nurse or midwife must face [6].

Another analysed competence is social exposure, that is, situations in which an individual is the object of attention and potential evaluation by others [6]. Professional functioning is inseparably connected with focusing the attention of patients, their families and other employees of the medical institution on oneself. Health service workers - their personality traits, social skills and professional competencies - are also subject to evaluation by the patients [21, 22]. Social exposure, therefore, seems to be a natural part of working in medical institutions and the vast majority of respondents cope well with such situations.

The study also included social competences connected with assertiveness. Assertiveness is understood as the realization of one's own needs and objectives by exerting influence on other people or resisting such influence [6]. This competence can be an important aspect of contact with patients, but it seem to be particularly important in relationships with co-workers. Proper relations between doctors and nurses and midwives are the basis for the proper functioning of a hospital ward or clinic. Relations among doctors are equally important [19, 23, 24]. The quality of professional relationships among health service workers depends not only on social skills, but also on the statutory provisions defining the rules of performing a given profession. Despite some findings concerning harmonious interaction in the workplace, in the medical community there are situations of competition or unkindness, which can also negatively affect the quality of treatment [19, 23]. Assertive behaviours should be distinguished from aggressive behaviours [14].

Most of the subjects demonstrated an average level of competences in effective coping in each of the abovementioned areas. The distribution of the variable analysed in the study group did not differ significantly from its distribution in the

general population. However, the requirements and expectations concerning the social competence of health workers are quite high [18, 22], since they greatly affect the effectiveness of treatment. According to the accepted understanding of social skills, they are acquired in the course of social interaction and, therefore, can be shaped and improved. This is particularly important in some percentage of the respondents who showed a low level of social competence in specific areas. Poor interpersonal skills of health care workers can be a source of iatrogenic errors (iatrogenesis) [25, 26], understood as the actions of doctors or other health professionals which may negatively impact the health of an individual [27]. Among the reasons for iatrogenesis, one may name negligence of the patient's needs, errors in communication and a doctor's self-centred attitude [3, 25, 27]. Awareness of one's social skills and their improvement can largely prevent the errors listed above.

Social skills are also an important aspect of conflict management and maintenance of satisfying relationships. Sillars and Weisberg present social competence as a skillful way of generating specific communication strategies appropriate to a given situation. These strategies, in effect, lead to the maintenance and development of interpersonal relationships [4]. Argyle, however, treats social competence, which he also calls social efficiency, as an ability or rather a skill that is necessary to exert the desired impact on other people in social situations. "Social competence is the ability to set professional purposes (to persuade someone to do something, buy something) and the ability to set personal purposes (being likeable, arouse admiration) and influence people" [5]. The level of the identified competences can be raised through training, which, in turn, can contribute to improving the relationship between the medical staff and patients [28].

In the relationship with the patient, social competence of health professionals seems to be as important as professional competence. The effectiveness of an individual in social situations is connected, on the one hand, with the achievement of one's objectives and, on the other hand, compliance of one's behaviour with the requirements of the environment. Skillful balancing of both these aspects increases the effectiveness of functioning of an individual in social situations, which consequently contributes to the effective implementation of personal and professional goals.

CONCLUSIONS

1. Most of the surveyed health service workers demonstrated average social competences in the area of intimate situations, social exposure, and social situations requiring assertiveness.

2. Given the importance of social competences in the professional functioning of doctors, nurses and midwives and in the process of treatment, it is worth taking action to develop and improve these competencies.
3. The results of the studies referred to in this paper may help expand the knowledge of the relationship between health service workers and patients, which in turn will improve the quality of services, help develop appropriate interpersonal relationships and satisfy both sides of the interaction.

Conflicts of interest

We declare that we have no conflicts of interest.

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