

Sectoral Human Capital Study

Healthcare and social assistance

Selected results
of the 2nd edition
of the survey

About the study



Purpose of the study:

To increase knowledge of current and future skills needs in the healthcare and social assistance



Dates of fieldwork:

2nd edition of the survey: including quantitative research:
1.07.2022 – 23.06.2023 16.01 – 17.02.2023



Respondents:

Qualitative study:

Employers, industry experts, education and HR experts, Sector Council for Competencies

Quantitative research:

Employers and employees in the healthcare (PKD 86) and social assistance (PKD 87, 88) sectors

Research methods



20 individual interviews with employers, and industry and HR experts in the sector

3 expert panels

3 panel discussions with members of the Sector Council for Competencies

Delphi survey with 41 industry experts

Consultation with employees in the sector - 370 interviews

4 workshops
(on recommendations and development scenarios)

Quantitative survey of employers (N=802) and employees (N=1078) in the sector



Trends affecting the industry

Ageing population



- » Increase in the numbers of people over 65 and over 80
- » The number of people with limitations in performing basic activities will increase from 3.8 million to 4.7 million by 2040

Source:
Statistics Poland prognosis

Rise in the number of people with a mental health crisis



- » 25% of adults will experience a mental disorder at least once in their lifetime

Source:
EZOP study

Increase in the number of migrants



- » As a result of war or other factors – including political and climate issues
- » Registration of 991,000 Ukrainians in Poland after Russian's invasion of Ukraine

Source:
Register of citizens of Ukraine and their families granted foreigner status

The demand for healthcare and social welfare services will increase due to the growing number of people in need of support in their everyday lives. Families will be unable to ensure them with the appropriate support.

For about **30%** of the employers surveyed, progressive digitisation will have a significant impact on the operation of their establishments over the next 5 years.

Current state of the industry

- » Underfunding of the healthcare and social assistance
- » Workforce crisis threatening the industry's stability
- » Many measures implemented in project form, with no systemic answers
- » Organisation of basic processes is sub-optimal (in terms of patient/recipient needs and resource management)
- » Problems with accessibility (queues) and the quality of services
- » Inequality in access to support (in terms of urban-rural and wealthier-poorer residents)

Challenges and directions of change

In response to external trends and structural problems in the industry

Common to both healthcare and social assistance

- » Growth in community-based support and the de-institutionalisation* of services
- » Development of inter-institutional collaboration
- » Improvement in the coordination of local support resources
- » Using new digital technologies to improve the quality and accessibility of services
- » Improvement in the quality of services (standardisation of procedures, payment for results)

* Deinstitutionalisation is the process of moving from organising support based on facility-based solutions to organising support in a community-based way, using the resources of local communities, especially the infrastructure of social and health services (definition by M. Rymsza, drawn up in the work of the "University Observatory on Deinstitutionalisation of Assistance Practices", 2022; <https://uodi.uw.edu.pl/index.php/czym-sa-wdrazane-w-europie-politykideinstytucjonalizacji/> accessed 18.03.2023) <https://uodi.uw.edu.pl/index.php/czym-sa-wdrazane-w-europie-polityki-deinstytucjonalizacji/> accessed 18.03.2023)

For healthcare:

- » Reorganising the service delivery model in order to improve efficiency and effectiveness
- » Development of prophylaxis and health education

For social welfare:

- » Implementation of new methods of individualised and personalised support
- » Specialisation of staff and the introduction of new professional roles

Sector preparation for the changes ahead

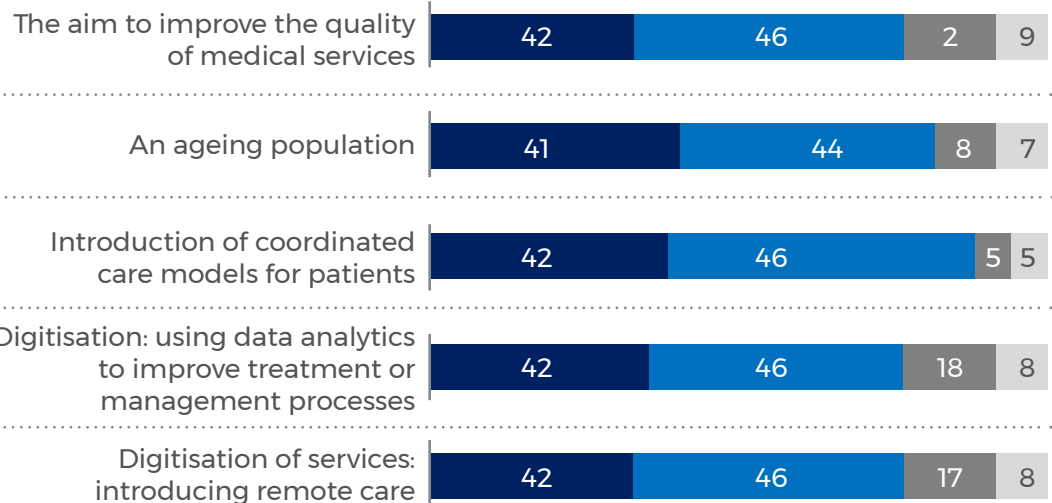
35-40%

- » Employers in healthcare entities state that their facilities are well prepared for the upcoming changes

2-18%

- » Claim to be only partly prepared or not prepared at all

Assessment of the degree of preparedness of healthcare entities for the upcoming changes (data in %)



- we are well prepared for change
- we are partly prepared for change
- we are not at all prepared for change
- don't know/difficult to say

Source:
SHCS Healthcare, employers, 2nd
edition 2023 (n=564)

Sector preparation for the changes ahead

The majority of social welfare employers say they are well prepared for the coming changes, especially within the framework of:

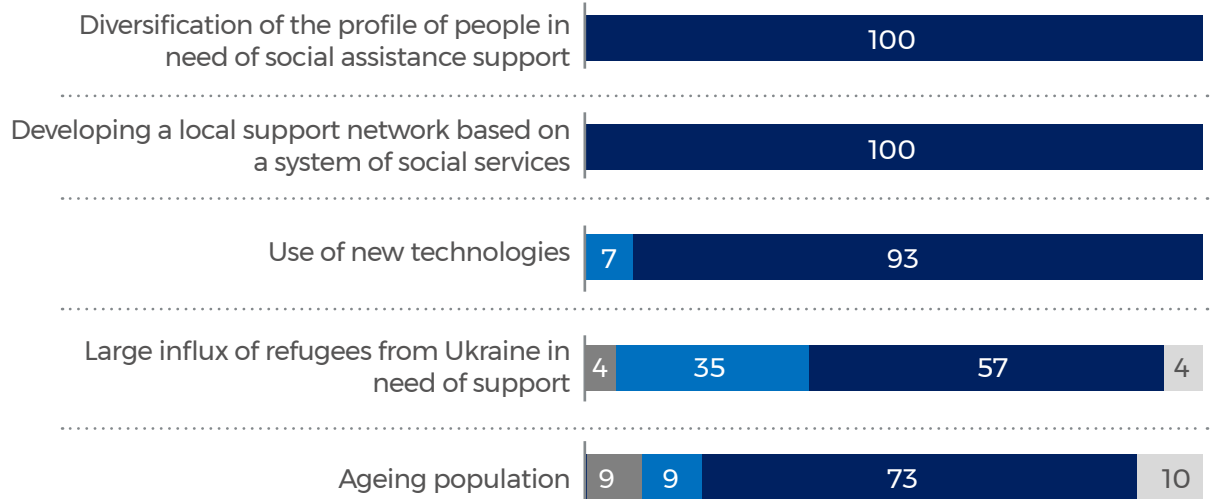
- » Diversification of the profile of people in need of support
- » The use of new technologies
- » Growth in community support

Preparation for the influx of refugees from Ukraine in need of support was given relatively the lowest ratings



The sector's response to trends

Assessment of the degree of preparedness of social welfare facilities for the forthcoming changes (data in %)



- we are well prepared for change
- we are partly prepared for change
- we are not at all prepared for change
- don't know/difficult to say

Source:

SHCS Social assistance, employers, 2nd edition 2023 (n depending on the category, from 37 to 104)

Measures considered for the next 12 months in response to the perceived challenges (employers' opinions)

- » Collection and dissemination of good practices (64%)
- » Flexible and out-of-the-box measures (61%)
- » Implementation of professional IT systems to support facility management (61%)
- » Implementation of new working methods and tools, including remote working (approx. 61%)

Measures to be implemented

Measures employers are considering for implementation in their social assistance facilities in the next 12 months

Creating a system of community-based social services	40%
Matching new technological tools to GDPR requirements	44%
Reducing employee resistance to change and reform in the social assistance	48%
Coordination of the healthcare and social assistance	48%
Individualisation and personalisation of support	51%
Introduction of new professional roles and specialisation	51%
Promoting understanding and openness towards other cultures	51%
The need to recruit more staff	53%
Using new technologies in service delivery and the circulation of information between institutions and the customer	53%
Collaboration with the local community, and tapping the community's potential for providing assistance	55%
Developing a local community support network	57%
Launching new methods and tools for rendering remote services and their integration with services provided directly	59%
Providing opportunities for participating in high-quality educational activities that can be applied in practice	59%
Developing and launching new methods to support different population groups to improve the quality and effectiveness of the support provided	59%
Adapting the social assistance to the conditions of the sanitation and work regime in crisis conditions, and ensuring the continuity of support	59%
Improving language skills among employees	59%
The need to put into effect professional IT systems supporting management of the facility and its services	61%
Making the social assistance more flexible	61%
Collection and dissemination of good practices	64%

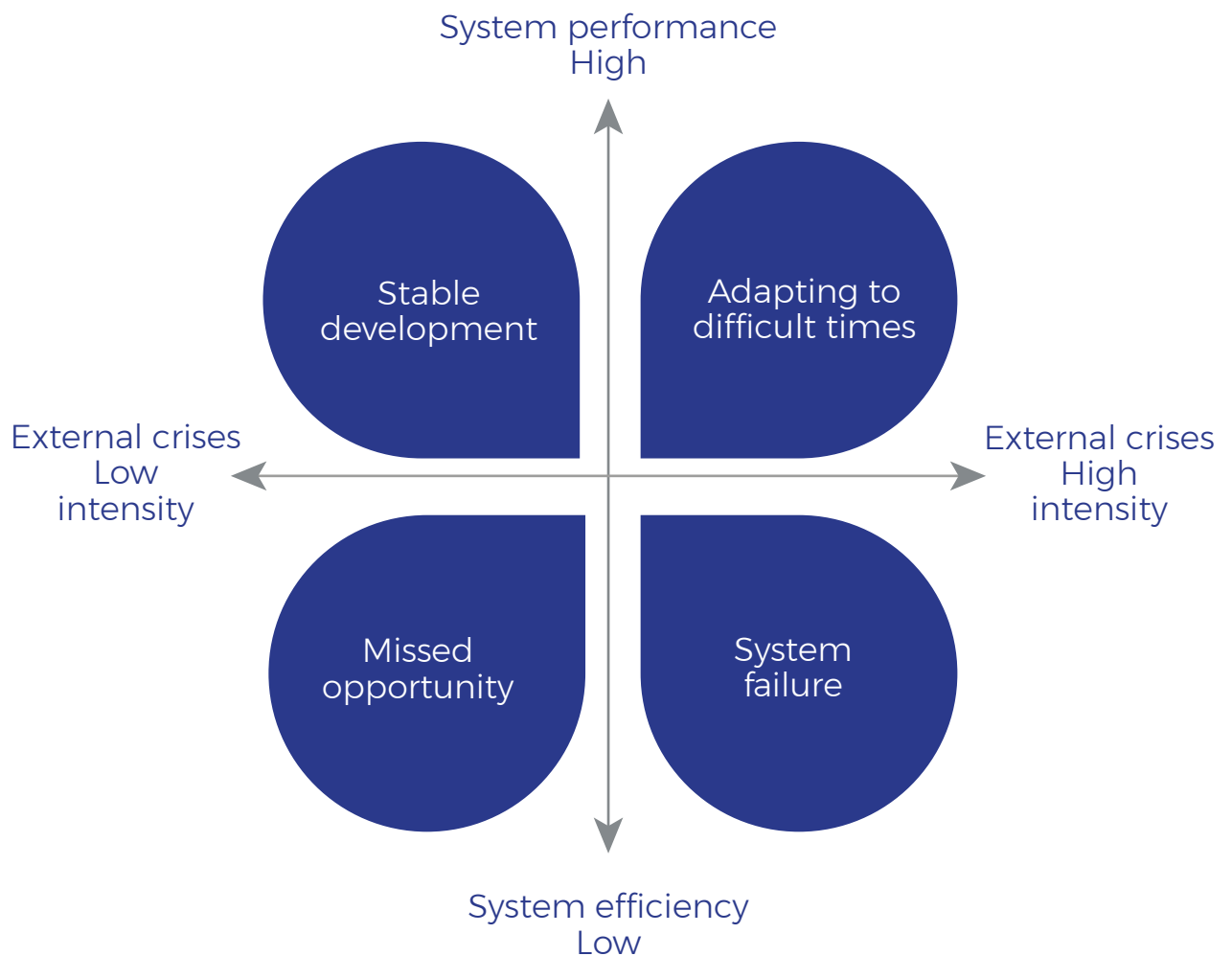
Source:

SHCS Social assistance, employers, 2nd edition 2023 (n depending on the category from 68 to 95). Each category was assessed separately

Future scenarios

Scenarios built on two key factors:

- » The accumulating of external crises: an ageing population, migration caused by war, the climate crisis, further pandemics, and these developments' adverse economic consequences. They will affect the scale of demand for services, but also the ability to finance public services.
- » System agility: the efficient organisation of work, usage of resources, and the system's ability to change/adapt to the changing conditions and needs of support recipients.



Future scenarios

Scenarios for “quiet times”

Stable development - best-case scenario



Characteristics:

- » Stable external situation: growing economy, increasing spending on public services despite ageing population
- » Re-engineering and optimising of core processes, focusing on the needs of customers and the efficient use of resources

Situation of residents:

- » Improving the quality of services and reducing inequalities in access to care
- » Improving the well-being of residents: life expectancy, health, satisfaction with life and place of residence

Staffing situation:

- » The staffing crisis has been brought under control by integrating employees from abroad, optimising processes, and increasing salaries
- » Staff in the sector have and are continuously developing the competencies needed in a modern health and social assistance system

Future scenarios

Scenarios for “quiet times”



Stable development - negative scenario

Characteristics:

- » Stagnant situation: no effective and thorough reform of the industry, despite a favourable external situation
- » Changes carried out only piecemeal, largely depending on the initiative of individual actors

Situation of residents:

- » Deteriorating accessibility of services, lengthening queues, growth of the private service sector
- » Worsening inequality in access to care
- » However, in urgent and crisis situations the population is covered by the system of public services

Staffing situation:

- » Lack of coordinated action to reduce the staffing crisis
- » Lack of incentives for professional development. The level of competencies depends on employees' individual predisposition

Conditions for materialisation of the optimal scenario and avoiding a negative scenario:

- » Developing a consensus – a shared vision for change that stakeholders and the political community agree on
- » Consistent leadership and the development of management capacity at a central level
- » Enhancing the system's implementation capacity: pilot projects, support for actors in the system
- » Increasing the capacity for collaboration between social assistance and healthcare facilities and other local actors

Future scenarios

Scenarios for difficult times



Adapting to difficult times - a possibly positive scenario

Characteristics:

- » Despite an ageing population and migration crisis, the sector maintains stability through effective governance, key reforms and resilience to unforeseen crises
- » Reducing the scope of public services is necessary, but must be managed wisely

Situation of residents:

- » The population benefits from equal access to public healthcare and social assistance, although this is limited in scope
- » The development of education and preventive healthcare mitigates the risk of widening health inequalities

Staffing situation:

- » In the face of increasing demand, staff shortages are a challenge, but systemic solutions stimulate the development of competencies and the agility of the workforce

Future scenarios

Scenarios for difficult times

System failure - negative scenario



Characteristics:

- » Social and economic crises without the necessary reforms, resulting in poor sector performance
- » The system is vulnerable to external pressures, leading to chaos and a long period of adjustment to change

Situation of residents:

- » In times of intense crises, the system is overloaded; in calmer periods there are long queues
- » Residents lose confidence in public services, and turn to the private sector or rely on family
- » Social and health inequalities widen dramatically

Staffing situation:

- » Staff drain is compounded by crises that lead to professional burnout and resignation from work in the public sector – depending on employees' individual predisposition

Conditions for materialisation of the optimal scenario and avoiding a negative scenario:

- » Developing an appropriate formula for reducing the scope/ basket of services in the public sector so as to minimise the health and social consequences of this step
- » Gaining social and political acceptance for this kind of change
- » Ensuring equal access to services that remain in the basket of public services
- » Developing the system's capacity to respond rapidly to emergencies
- » Openness of the system to new solutions introduced from the bottom up by various stakeholders, both within and outside the industry

Staffing situation: healthcare

Difficult personnel situation

- » One of the lowest levels of availability of doctors and nurses in the EU (OECD figures: 3.3 doctors and 5.1 nurses per 1,000 population)
- » Uneven regional (and also urban-rural) distribution
- » Average age of medical staff – 50

Source:

OECD, European Union, Health at a Glance: Europe 2022: State of Health in the EU Cycle, OECD Publishing, Paris, <https://doi.org/10.1787/507433b0-en>.
And OECD, European Union, European Observatory on Health Systems and Policies (2021) State of Health in the EU. Poland. Country Health Profile 2021

- » At the same time, few employers are looking for employees (around 15%).
- » However, this depends on the type of facility. Employees are sought by about 1 in 10 of all PCPs, about 1 in 5 outpatient care facilities, and by more than half of hospitals.
- » An increase in employment over the next five years is also expected more frequently by hospital representatives than by outpatient and primary care providers. Experts link this to the relatively better financial condition of hospitals.
- » Experts interviewed for the survey argued that the low level of employer activity in searching for staff is due to the difficult financial situation of healthcare facilities (especially in the outpatient care sector).

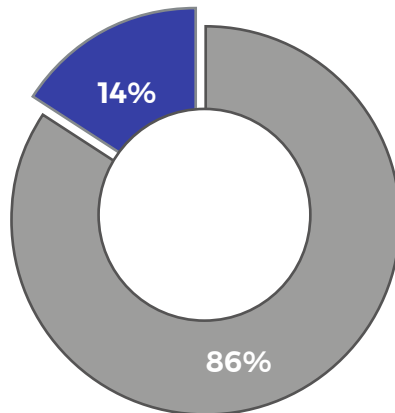
Source:

SHCS Healthcare, employers, 2nd edition 2023 (n=564)

Possible responses to the staffing crisis

Inclusion of foreigners: medical staff from Ukraine

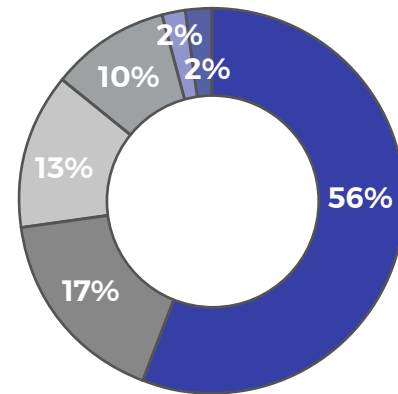
Does the institution employ medical staff from Ukraine?



14% Yes
86% No

Source:
SHCS Healthcare, employers, 2nd edition
2023 (n=564)

For what reasons does the institution not employ medical staff from Ukraine?



2% Language barriers
2% Lack of qualifications
10% Other
13% No applicants
17% No vacancies
56% No new staff required

Source:
SHCS Healthcare, employers, 2nd
edition 2023 (n=484)

Demand for medical staff:

- » Most facilities that do not employ medical professionals from Ukraine do not need new staff or do not have vacancies
- » Medics from Ukraine most often find work in hospitals. Medical staff from Ukraine are employed by 40% of the hospitals surveyed, compared to 13% of primary care providers and only 2% of outpatient facilities.

Barriers to employment:

- » Experts participating in the qualitative study noted that some of the smaller facilities, due to staff shortages and responsibility overload, may not be able to organise supervised work for medics from abroad

Possible responses to the staffing crisis

Reorganisation of the model of work

Forms used by employers

39% of facilities employ doctors' assistants

28% of facilities employ healthcare assistants

16% of employers see a need for healthcare support professions such as doctors' assistants and healthcare assistants

Source:

SHCS Healthcare, employers, 2nd edition 2023 (n=564)

- » Delegation of selected medical and administrative tasks performed by doctors and nurses to other employees
- » Strengthening care at the primary care facilities. Expansion of the primary care team to include such professions as dietician, health educator, physiotherapist, and geriatric care assistant
- » New models of organising services in areas of low population density: nurses and doctors' assistants as front-line staff, with the availability of online consultation with specialists and quick access to medical transport

Job satisfaction

Perspective of surveyed employees in key positions

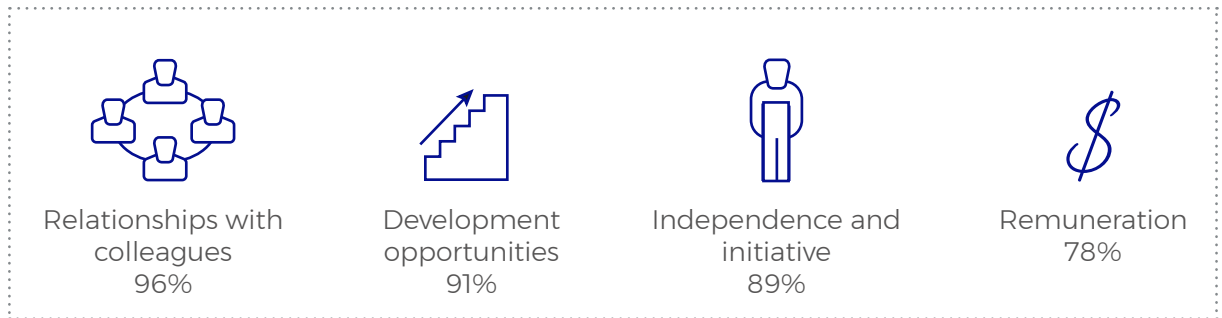
Employees are generally satisfied with their work

- » They are also satisfied with its various aspects (remuneration, relations with superiors and colleagues, promotion opportunities, work-life balance)
- » Only a small proportion of the employees surveyed claimed to be dissatisfied

Job satisfaction

Selected positive aspects

(employees surveyed who were very satisfied or quite satisfied)



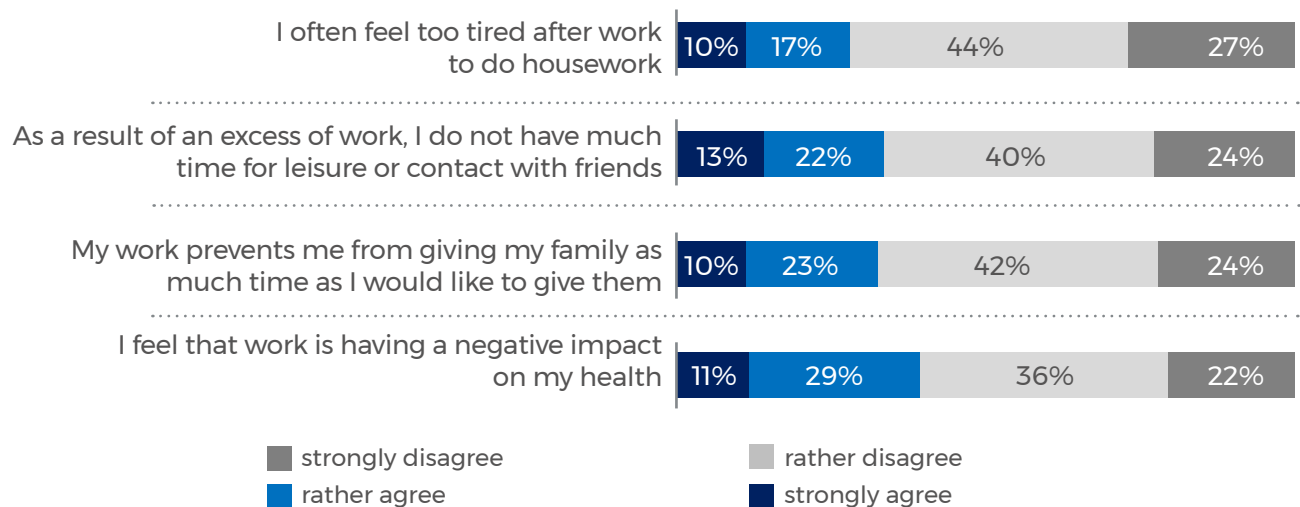
Source:

SHCS Healthcare, employees, 2nd edition 2023 (n=723)

Workload

- » However, approximately 1 in 3 of the employees surveyed find it difficult to balance work with family and social life, as well as domestic responsibilities
- » About 1 in 4 believe that work is having a negative impact on their health

Various aspects of workload



Source:

SHCS Healthcare, employees, 2nd edition 2023 (n=723)

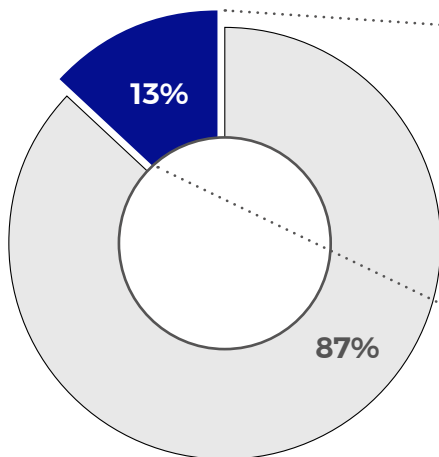
Staffing situation: social assistance

Employment

4% Number of employees in social assistance in 2021: 133,000. A drop of **4%** between 2020 and 2021

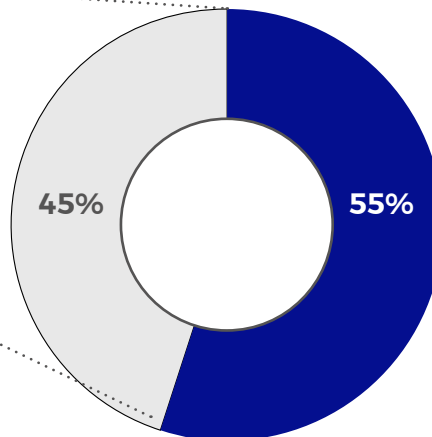
- » Mainly due to the limited inflow of new employees into the system
- » Strongest decline in assisted living facilities and nursing homes
- » Tackling staff shortages, improving working conditions, improving the image of social welfare and its staff

Searching for employees in the last 12 months – employers



Source:
SHCS Social assistance, employers,
2nd edition 2023 (n=238)

Percentage of employers who had or did not have problems finding suitable employees



Source:
SHCS Social assistance, employers, 2nd
edition 2023 (n=31). The question was
answered by employers looking for
employees in the last 12 months

Difficulties when looking for new employees:

82% Low level of interest in the job offer

53% Eligible candidates were not happy with the terms and conditions of employment

Staffing situation: social assistance

Anticipated changes in employment

The majority of employers surveyed have no plans to recruit new staff

- » Barely **13%** anticipate personnel changes within the next year, and **26%** in the next five years
- » Despite the staff shortages identified by the experts, employers do not claim to be actively looking for new employees
- » Experts focus on the needs of different population groups for social services, while employers consider the realities of the system

Plans to hire new staff in the next 12 months by job role



Social services
coordinator
18%



Social worker
16%



Assistant
14%

Source:

SHCS Social assistance, employers, 2nd edition 2023 (n from 220 to 230 – depending on the position)

Changes in demand for staff in social welfare facilities over the next five years



Care worker
16%



Social worker
12%



Assistant
9%

Source:

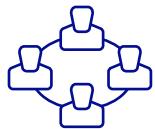
SHCS Social assistance, employers, 2nd edition 2023 (n from 139 to 170 – depending on the position)

Job satisfaction

Employees' perspective

97% of employees in the social welfare system are satisfied with their work

Selected positive aspects



Promotion opportunities
79%



Development opportunities
92%



Self-reliance and initiative
91%



Remuneration
77%

Source:

SHCS Social assistance employees, 2nd edition 2023 (n=355)

Selected negative aspects

39%

Task overload

39%

The need to perform tasks without having the right competencies

30%

Negative impact of work on health

Source:

SHCS Social assistance employees, 2nd edition 2023 (n=355)

Recommendations:

- » Extension of the scope of supervision
- » Developing mentoring schemes
- » Building platforms for the exchange of experience between employees

Job applicants' perspective

- » Expectation of higher wages and better working conditions

Developing staff competencies

48% » Despite high confidence in staff competencies, **48%** of employers do not carry out regular assessments of their employees' skills

80% » **80%** of employers believe that school and university graduates currently have the required competencies, although they see a need for better practical preparation

42% » Only **42%** of workers have participated in formal or informal on-the-job training in the past year

Motivation

Non-wage motivation is practised by around a third of institutions

Ways of motivating	HC	SW
Subsidised courses or in-house training	44%	44%
Planning an individual career path, involvement in new projects or additional activities	39%	41%
Enabling employees to take decisions concerning their tasks	45%	51%
Feedback, knowledge sharing, volunteering	51%	57%
Work-life balance	52%	58%
Flexibility of working hours	37%	64%
Friendly workplace	64%	64%
Transport to the workplace	5%	6%
Option of working remotely	17%	15%
Annual bonuses	67%	61%

Source:

Own study based on SHCS healthcare and social welfare sector, results of quantitative research with employers (n = 802) and employees (n = 1078)

Key positions

Healthcare

Key positions:	Business process:
Doctor (various specialisations)	» Diagnosis and treatment
Nurse (general or specialised)	
Midwife	
Paramedic	
Doctor's assistant	
Nursing assistant	
Pharmacist (responsible for medical care)	
Treatment coordinator	
Head physician	
Ward/clinic manager (primary, outpatient care)	» Organising/coordinating the diagnostic and treatment process » Monitoring/evaluating of the effectiveness of the diagnostic and treatment process
Ward nurse	» Monitoring/evaluation of the effectiveness of the diagnostic and treatment process
Laboratory diagnostician	» Laboratory tests

Key positions

Social welfare

Key positions:	Business process:
Social worker with various specialisations, including coordination of individual support plans	<ul style="list-style-type: none"> » Support for the customer and their family in a difficult life situation » Management of social welfare facilities
Manager/ coordinator/ organiser of social services	
Community organiser/ network facilitator	
Assistant for various groups of people in need of support: e.g. people with disabilities, family, seniors	
Foster care coordinator	
Crisis intervention specialist	
Community care worker	

Balance of skills

The audit assesses the key competencies for each position from the perspective of employers and employees.

Juxtaposing these assessments should help balance the labour market in the health and social care industry in terms of the supply of workers with the right competencies and employers' demand for them.

Employers

referred to competencies in the quantitative survey in terms of:

- » the importance of competencies
- » difficulties in finding a person who has the specific competency needed for a particular position
- » forecasts for change in the importance of this competency over the next 5 years

In addition, among the competencies whose importance will increase over the next five years, those whose importance is already growing rapidly or will grow fastest in the next five years, or so-called hot skills, have also been identified.

Employees in the quantitative survey, on the other hand, assessed their own level in regard to the competencies assigned to their job position and their willingness to improve them.

Balance of skills – conclusions

Healthcare



- » All competencies may be described as hard to find in regard to the following medical positions: nurses, midwives and paramedics
- » Competencies related to the implementation of safety principles, coping with stress management, and risk identification, were frequently indicated
- » The most frequently indicated competencies of the future are the ability to use technology and remote communication and diagnosis
- » Employees rate highly their own competencies, especially those relating to risk identification, teamwork and stress management
- » Employees would like to improve skills related to the implementation of safety rules and risk management, as well as digital competencies

Balance of skills – conclusions

Social welfare



- » Positions with competencies that are hard to find are mainly manager/ coordinator/ organiser of social services, community organiser/ facilitator, and assistant for families in need of support.
- » Competencies hard to find in this sector are mainly knowledge of legislation and knowledge of psychology and psychotraumatology (especially for a supervisor), as well as the ability to communicate effectively with customers, the identification of deterioration in health or drawing up of a support plan, resilience to stress, and knowledge of principles and standards of care for the elderly (especially for the community carer).
- » The competencies of the future in this sector are knowledge of regulations, the ability to diagnose customer needs, and knowledge of available support resources.
- » Social workers' ratings of their own competencies vary, with social work supervisors and community care workers rating them the best.
- » Employees would like to develop competencies related to legal knowledge and to sociological and social issues.

Balance of skills

Physicians

TOP 3 hard-to-find competencies that will grow in importance over the next 5 years:

- » Keeping up to date in terms of medical knowledge, including guidelines from academic societies and diagnostic and therapeutic standards
- » The ability to identify risks of error and adverse events
- » The ability to cope with stress and combat professional burnout

Hot skills:

- » Keeping one's medical knowledge, including of guidelines from scientific societies and regarding diagnostic and therapeutic standards, up to date
- » The ability to identify risks of error and adverse events
- » The ability to cope with stress and combat professional burnout

Employees in this position would primarily like to improve their competencies in:

- » Integrating information from various sources to obtain a holistic understanding of the patient's health needs
- » Keeping up to date in terms of medical knowledge, guidelines from academic societies, and diagnostic and therapeutic standards
- » Identifying risks of error and adverse events

5,9%

of employers anticipate growth in employment in this position (n=508)

46,5%

of physicians claim to intend to enhance their skills over the next 12 months

Source:

Own study based on SHCS, healthcare and social assistance sector, healthcare sector, results of a quantitative survey with employers (n = 564) and employees (n = 71)

Balance of skills

Social worker

TOP 3 hard-to-find competencies that will grow in importance over the next 5 years:

» No such competencies

Hot skills:

- » IT competencies
- » The ability to organise a safe and friendly place to talk with a supported person
- » Knowledge of foreign languages

Employees in this position would primarily like to improve their competences in:

- » Familiarity with the provisions of the Act on counteracting domestic violence and the executive regulations, and the provisions of the Act on the provision of social services by social service centres
- » knowledge of family sociology, including phases of family life and family types

1,2%

of employers anticipate growth in employment in this position (n=508)

24,4%

of social works claim to intend to enhance their skills over the next 12 months

Source:

Own study based on SHCS, healthcare and social assistance sector, social assistance sector, results of quantitative research with employers (n = 238) and employees (n = 45)

A full discussion of
the findings is included
in the study:

**Sectoral Human Capital Study
Healthcare and Social Assistance**

Report on the 2nd edition
of the study:



Investigation into the demand for competencies on
the labour market unique in Poland and Europe -
PARP - SME Development Centre