



## FEEL GOOD

IO 1 –Empowerment of European Health Care Operators

# National Research Austria

Prepared by BFI Upper Austria

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**Acronym:** FEEL GOOD

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## 1. Basic information about the research

This research will depict the importance of relationship competences (soft skills) in the education of professionals in health care and social care.

The most important thing to mention is the regulation by law. The law gives clear requirements for each profession and the training institutions (schools, universities) have to implement these requirements. For this implementation the training institutions have again a specific law that is called "training ordinance" (*Ausbildungsverordnung*).

	Health Care	Social Care
<b>Law &amp; training ordinance</b>	Healthcare professionals and doctors have different training ordinances. Both of them can be found in the online rights database.  (Rechtsinformationssystem RIS, <a href="http://www.ris.at">www.ris.at</a> : Gesundheitsberuferegistergesetz GBRG, BGBl. I Nr. 87/2016)	The law and training ordinance for social care can be found in the online rights database.  (Rechtsinformationssystem RIS, <a href="http://www.ris.at">www.ris.at</a> : Sozialbetreuungsberufe, BGBl. I Nr. 55/2005)
<b>Definition</b>	A health profession is a profession regulated on the basis of the competency of health care (Article 10 (1) no. 12 B-VG), whose job description includes the implementation of measures for the care of the general state of health of the population. This includes health care activities that are performed directly or indirectly for humans for the purpose of promoting, maintaining, restoring or improving health in the holistic sense and in all phases of life.  (Weiss, S. (2017) <i>Gesundheitsberufe in Österreich</i> . Wien: Bundesministerium für Gesundheit und Frauen, Sektion II , p. 1)	There are uniform "Social Care Professionals" laws of the federal states, with which the profession "social worker" is defined and recognized.  Social care professions include: <ul style="list-style-type: none"> <li>• Retirement work</li> <li>• Family work</li> <li>• Disability work</li> <li>• Handicapped support</li> </ul> (Caritas Ausbildungszentrum, Linz, <a href="http://www.caritas.at">www.caritas.at</a> )
<b>Relationship competences in formal Education</b>	The required skills for healthcare professionals are defined by the law. The training institutions create curricula according to this law, therefore a great part of the education has to contain relationship competences.	According to the education plan of a school for social care professionals about 40% of the content is about soft skills.  (Lehrplan SOB (2012), Diakoniewerk OÖ Schule für Sozialbetreuungsberufe, Wels, <a href="http://www.diakoniewerk-oberoesterreich.at">www.diakoniewerk-oberoesterreich.at</a> )  A new plan for this profession is in development (2018).

<b>Relationship competences in Non-formal Education</b>	<p>Further education about new developments (mostly hard skills) is an obligation for all healthcare professionals</p> <p>(Weiss, S. (2017) <i>Gesundheitsberufe in Österreich</i>. Wien: Bundesministerium für Gesundheit und Frauen, Sektion II, p. 2, ).</p>	<p>Every two years from the completion of the vocational training, a certain amount of hours of further education (soft skills or hard skills) has to be completed. A huge amount of non-formal education is about relationship competences.</p> <p>(Rechtsinformationssystem RIS, <a href="http://www.ris.at">www.ris.at</a>: Sozialbetreuungsberufe, <a href="#">BGBl. I Nr. 55/2005</a>)</p>
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## 2. Plans and strategies around the competences

The starting point for this work is the ICN Competency Model. ICN stands for Nursing Care Continuum Framework and Competences and it is an international comparison model. According to the changing environment in health care and social care these competences always change, therefore an adaptation of these competences is necessary. The ICN competence model was adapted for the Austrian situation (2011). Reason for the adaptation were the future needs in the care sector taking into account population and professional aspects. This model is based on three pillars (Rappold, E. (2011) *Kompetenzmodell für Pflegeberufe in Österreich*. Wien: Österreichischer Gesundheits- und Krankenpflegeverband, p. 14-16).

1. **Basic attitude of professional care** (6 competences)
2. **Providing care and process design**
3. **Development of quality**

Generally, according to Austrian research institutions there is little need to make studies about relationship competences for these professions because they are already integrated in all curricula of training institutions (interaction between law and training ordinance) so every ongoing professional goes through them during their education.

## 3. Competences covered by the research

Most important for this research are the competences from the first pillar from the ICN model mentioned above. This is “**Basic attitude of professional care**” and the competences are:

1. **Taking responsibility**
2. **Legal action**
3. **Ethical action**
4. **Health facilitation**
5. **Empowerment**
6. **Multicultural orientation**

The other two pillars are neglected because they focus more on organization and management skills instead of relationship with patients.

Conforming to the 6 competences mentioned above the following graphs describe the skills more into detail. Moreover it depends which level of education the professional has, because different skills are assigned to different levels of profession (Rappold, E. (2011) *Kompetenzmodell für Pflegeberufe in Österreich*. Wien: Österreichischer Gesundheits- und Krankenpflegeverband, p. 17 ff).

### Taking responsibility

Assisting Force	Care Assistant	Generalist in healthcare	Specialist in healthcare	Advanced practitioner
Takes over tasks after arrangement. Knows Limits of one's own Skills / competencies.	Recognizes the limits of own practice and the own competencies.	Get active in the Development for improvement of access and for an effective healthcare.	Initiates, designs and accompagnes change processes.	Develops new strategic approaches, brings expertise to the Professional practice and is responsible for reviewing the strategic performance of Teams responsible

### Legal Action

Assisting Force	Care Assistant	Generalist in healthcare	Specialist in healthcare	Advanced practitioner
Records breakings of the law	Recognizes and reacts Infringements related with the professional Function and / or the professional code of conduct.	Anticipates, recognizes and responds to violations in Related to the professional function and / or the professional Code of Conduct.	Anticipates, recognizes and responds to violations in Related to the professional function and / or the professional Code of Conduct.	Anticipates, detects and responds to in connection with the professional function and / or the professional code of conduct.

## Ethical Action

<b>Assisting Force</b>	<b>Care Assistant</b>	<b>Generalist in healthcare</b>	<b>Specialist in healthcare</b>	<b>Advanced practitioner</b>
Pays attention to compliance of human rights and Patients' rights too.	Pay attention to the observance of the human rights and questions violations of legal regulations, the ICN code of ethics, the valid professional regulation.	Acts as an advocate for the observance of human rights and questions violations of legal provisions, the ICN Code of Ethics, the applicable professional code.	Acts as an advocate for the observance of the human rights and questions violations of legal regulations, the ICN Ethikkodex, the valid Professional Code.	Acts as an advocate for the observance of the human rights and questions violations of legal regulations, the ICN Ethikkodex, the valid Professional Code.

## Health facilitation

<b>Assisting Force</b>	<b>Care Assistant</b>	<b>Generalist in healthcare</b>	<b>Specialist in healthcare</b>	<b>Advanced practitioner</b>
Works in practice on health promotion and prevention activities.	Works in practice on health promotion and prevention activities and implements concepts.	Develops concepts and initiates interventions (including implementation and evaluation) to promote health and prevention and advocates structural improvements in institutions.	Develops concepts in areas of special interest and initiates interventions (including implementation and evaluation) to promote health and prevention, and instigates structural improvements in the institutions.	Develops concepts with other professional groups and initiates interventions (including implementation and evaluation) to improve the health status of individuals, families and groups.

## Empowerment

Assisting Force	Care Assistant	Generalist in healthcare	Specialist in healthcare	Advanced practitioner
Supports the implementation of empowerment strategy through resource-oriented Operation.	Acts on the ability of client, patient, resident, health goals to achieve in the utmost independence, with.	Accompanies, promotes and encourages client, patient, resident in self-realization, self-determination about one's own life.	Accompanies, promotes and encourages client, patient, resident in self-realization, self-determination about one's own life.	Enables individuals and groups in the various settings to achieve health goals in the utmost independence. Develops, implements and evaluates empowerment programs.

## Multicultural orientation

Assisting Force	Care Assistant	Generalist in healthcare	Specialist in healthcare	Advanced practitioner
Meets patients from other cultures respectfully.	Recognizes and accepts culturally sensitive conditions and adjusts the practice accordingly.	Recognizes and accepts culturally sensitive conditions and offers adequate solutions.	Promotes cross-cultural understanding.	Committed to raising awareness about multicultural orientation in the care sector.

Table 1: Relationship competences of professionals in healthcare

## 4. Innovative Aspects

In both, social care and health care, most research work is focused on intercultural interaction with the patients because of the changing environment due to migration.

For example the faculty of medical engineering in Upper Austria made an actual study on this topic. To foster intercultural competence among university students is an important goal of many degree programs. Assuming that the development of intercultural competences is a lifelong self-regulated learning task, it is necessary to have a better understanding the learning process in intercultural situations (Strohmeier et. al (2017) *Intercultural Competence Development Among University Students From a Self-Regulated*, Linz: FH Oberösterreich, Fakultät Medizintechnik, published in Zeitschrift für Psychologie).

## 5. Entities that make/publish the information

**Ministry of Health and Department for Research in Healthcare**

<https://www.bmgf.gv.at/>

[https://goeg.at/Projekte Gesundheitsberufe](https://goeg.at/Projekte_Gesundheitsberufe)

**Ministry of social Affairs**

<https://www.sozialministerium.at/site/>

**Universities for healthcare and social care**

<https://www.fh-gesundheitsberufe.at/>

<https://www.fh-ooe.at/campus-linz/studiengaenge/bachelor/soziale-arbeit/>

**Professional associations for healthcare professionals**

<https://www.oegkv.at/>

**Professional associations for social care professionals**

[http://www.sozialarbeit.at/index.php?article\\_id=41&clang=0](http://www.sozialarbeit.at/index.php?article_id=41&clang=0)

## 6. Sources

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Heather Roy (2014): The education, training and qualifications of nursing and care assistants across Europe <https://www.eurodiaconia.org/wordpress/wp-content/uploads/2016/08/The-education-training-and-qualifications-of-nursing-and-care-assistants-across-Europe-Final.pdf>

Homepage:

Rechtsinformationssystem RIS: [www.ris.at](http://www.ris.at)

Caritas: [www.caritas.at](http://www.caritas.at)