



FEEL GOOD

IO 2: Social Vision of Healthcare Professionals:  
Strategic Competences

## National Analysis

AUSTRIA

Partner Organization: BFI Oberösterreich

|   |
|---|
| <b>Acronym:</b> FEEL GOOD                       |
| <b>Project Number:</b> 2017-1-IT01-KA202-006076 |
| <b>Start/ End Date:</b> 1.06.2018 – 28.02.2019  |

## Table of contents

|  |    |
|--|----|
| Introduction .....                                       | 3  |
| Needs of final beneficiaries.....                        | 3  |
| Prevention of harm and inappropriate behaviour.....      | 7  |
| Better organization in terms of cost-effectiveness ..... | 8  |
| Main Outcomes .....                                      | 9  |
| Conclusion.....  | 10 |

## **1. Introduction**

The aim of the national analysis is to give an overview per country about this three areas:

### **1. Needs of final beneficiaries**

### **2. Prevention of harm and inappropriate behavior**

### **3. Better organization of services**

in terms of social competences of healthcare providers.

In Austria 92 questionnaires about competences of staff in health care were collected from „final beneficiaries“ and these are divided in:

- Patients: 84%
- Family members: 16%

Questionnaires were mainly submitted on-line and some of them face to face . Especially for people with difficulties in understanding the questionnaire was carried out face to face.

We realized the difficulty in ordering questions 1.9. and 1.10. Some people had difficulties in finding out the priorities and others in understanding the question. Especially with older people it took a lot of time for explanation.

## **2. Needs of final beneficiaries**

This part of the questionnaire aims to find out which impact behavioural traits of the healthcare professionals have on the final beneficiaries.

The following 10 social competences of health and social care professionals were examined:

- 2.1. If patients can **rely** on the professionals
- 2.2. If professionals **treat well** their patients
- 2.3. If professionals encourage patients to **express the problem** in detail
- 2.4. If professionals pay enough **attention** to patients' problem
- 2.5. If professionals encourage patients to **express their opinion**
- 2.6. If professionals have enough **time** for patients (organizational issue)
- 2.7. If professionals use a **simple language**
- 2.8. Behaviour that has a **positive / negative effect** on patients (*crosscheck*)
- 2.9. **Skills** that professionals **should have** (according to patients)
- 2.10. **Skills** that professionals actually **have** (according to patients)

According to the analysis about the needs of the patients concerning the social competences of professionals this is the outcome:

2.1. In Austria over 60% of final beneficiaries have a **deep trust** in health and social care system and answered either with *excellent* or *good*. Only 4% said that they don't have trust in the health and social care staff.

2.2. The question about the way of treatment is focused on the personal treatment instead on the professional one. The Austrian patients have a good impression about the way professionals behave towards them – over 70% say that they feel **well treated** by health and social care professionals, 5% say they do not, and the rest is in between answering the question with „fair“.

2.3. Over 65% feel that they are given the possibility to **express the problem** more in detail and 35% feel different. Here we need to have a closer look and analyse why some patients feel not being able to describe the problem more in detail. This can be assigned either to

- a) the professionals themselves or
- b) to organizational circumstances.

2.4. Also the next question fits to the survey results of the previous one because health care professionals pay enough **attention** to the patients' problem. Final beneficiaries answered this question mainly positive. Over 60% have the impression that their

problem is taken seriously and necessary investigation has been provided.

2.5. When asked about the possibility to express one's **opinion** about health care issues 55% of patients answered that they can hardly or even not say their opinion. In sum it can be said that professionals leave enough room for problem descriptions by the patients but that there is no space for giving their own opinion. Again here we need a closer look whether professionals don't want or can't offer this kind of service like in 2.3.

2.6. Organizational circumstances like lack of **time** is definitely one of the reasons why final beneficiaries don't have the possibility to explain themselves completely. About 53% said that health care professionals had no or hardly any time for them. Nevertheless the rest thinks that there is enough time, which is almost a half. These numbers reflect the answers in 2.3. and 2.5.

2.7. **Simple language** is definitely used by professionals in Austria because over 70% of final beneficiaries confirm that they are satisfied and that the language is understandable for them. 26% say it is fair and only 4% complain about this competence.

2.8. Moreover, the following behavioural traits make the patients feel **comfortable** (ranked from 1 - 6):

1. Willingness to provide information
2. Courtesy and promptness
3. Having the patience to give an answer
4. Respect for privacy
5. Good communication between the staff
6. Listening abilities

If we compare these positive behavioural traits with the negative ones in another question (3.6): „*What are the behaviours of social and healthcare professionals that makes you feel **uncomfortable***“, the ranking is the following:

1. Feelings and thoughts not being perceived
2. Not being heard
3. Acting in haste
4. Unkind and authoritarian behaviour
5. Too specialized language
6. Lack of privacy

Besides these six possibilities in many questionnaires the information was added: **lack of time**. Again the factor time plays an important role and might be the reason for the behaviour of professionals that cause uncomfortable feelings.

Questions 2.9. and 2.10. focus on competences that professionals should have versus those they actually have. According to the patients and their family members these are the ranked competences that professionals ....

| ... Have  | ... Should have                       |
|---|---------------------------------------|
| 1. Problem solving skills                         | 1. Building trust with patients       |
| 2. Action skills                                  | 2. Showing empathy to patients        |
| 3. Communication and listening skills             | 3. Working under pressure             |
| 4. Working under pressure                         | 4. Problem solving skills             |
| 5. Flexibility and ability to provide information | 5. Communication and listening skills |

The graphic shows that patients perceive the healthcare professionals as competente in terms of hard skills, but at the same time patients miss soft skills like trust and empathy.

### 3. Prevention of harmful and inappropriate behaviour

The following part of the analysis is focused on questions about harmful behaviour that patients might have experienced. In Austria over 70% say that they did not realize any

harmful behaviour at professionals and 30% said they did. We examined three social skills that might cause harm directly by the professionals:

- 3.1. Lack of respect
- 3.2. Not listening
- 3.3. Unkindness

Furthermore we took into account two indirect causes of harm (organizational circumstances) that are not generated by professionals directly:

- 3.4. Bad reaction in emergency
- 3.5. In Austria: Lack of time

3.1. According to the study only 4% don't feel respected by the professionals. Over 60% is satisfied with this competence and don't realize any harm here.

3.2 It is the same numbers with listening abilities. 4% of final beneficiaries don't feel listened to. 3.3. Unkind behaviour was experienced by 3%.

3.4 When we talk about organizational restrictions the percentage of dissatisfaction rises drastically because 8% say that they are not satisfied with the reaction of professionals in an emergency situation.

3.5 According to Austrian final beneficiaries **lack of time** is a big issue because many questionnaires contained additional information about time. Patients feel there is not enough space for comprehensive conversations and detailed clarifications.

To sum up, in Austria harmful behaviour has been experienced by 30% of the people and mostly it has to do with organizational circumstances than with bad behaviour of professionals. The bad reactions that cause harm the most are lack of time and bad reaction in emergency. Both issues are indirectly related to the competences of professionals because even though the problem might be organizational patients attribute it to the professionals themselves. This topic will be discussed further in the next chapter.

#### **4. Better organization of services in terms of cost-effectiveness**

In the third chapter we found out that a better reaction in emergency and a better time management can lead to a higher satisfaction of final beneficiaries.

Then we studied further important aspects of an organization that might have an impact on the satisfaction of the clients. These factors are as important as social competences for the well-being of the final beneficiaries. We divided them in questions about the organization and questions about staff (except professionals).

Questions about the Organization:

- 4.1. Cleanliness of the organization
- 4.2. Understanding of the processes
- 4.3. Paperwork

Questions about Staff (receptionists, assistants, etc.):

- 4.4. Competence
- 4.5. Teamwork
- 4.6. Professionalism (communication, attention, respect)

4.1 – 4.3. In Austria over 80% are satisfied with the organization. 90% think the organization is clear. Also the process is for 80% understandable and paperwork is perceived as transparent for 70%. For the very small percentage of 1 – 3% who have troubles with bureaucracy we can't give a reason unfortunately because this was not matter of the study. One possible explanation are difficulties with the German language.

This gives a clear picture that the Austrian organizations in health care are well organized and clean, maybe sometimes over-organized.

Over-organization of processes means having less time for patients and this correlates with the results of the perception of patients and their needs for more time.

4.4 – 4.6 Over 80% think that staff involved in the organizational process is competent.

Also team-work is perceived by 90% as positive. Also the majority says that the organizational team is professional.

- Over 70% think that they have good communication skills.
- Over 60% say they pay attention to the patients.
- Over 70% say they respect the privacy of the patients.

### 3. Summary of the outcomes

In the first part of the analysis positive and negative behavioural traits of health care professionals were found out. Main focus was laid on the needs of final beneficiaries and which behaviour of professionals might be helpful for their soon recovery. In the course of this analysis the question arised "*are negative experiences a direct result of the lack of social competences of professionals or is it a matter of organizational circumstances and restrictions*"? More about this context you can read in the conclusion.

The second part is dedicated to harmful behaviour and it came up that in Austria 70% did not experience any harmful behaviour by professionals and 30% did. Harmful behaviour can have two causes: direct and indirect. Harmful behaviour is more perceived coming indirectly (due to organizational restrictions like lack of time and bad reaction in emergency) and less as a direct result from professionals' inappropriate behaviour. Prevention can be realized by an improvement of time management and restructuring of the emergency-procedure (for example less documentation).

If we look at the outcomes of the third part we come to the result that Austrian organizations are well organized but sometimes even over-organized due to a huge amount of documentation. This causes less time for patients and it reflects the needs of final beneficiaries for **more time**.

#### 4. Conclusion

What can be concluded for the Austrian health and social care system regarding the hypothesis?

*“Healthcare professionals are well educated and do have adequate social competencies, but organizational circumstances may sometimes take them under pressure regarding time management, et cetera”*

In general it can be said that final beneficiaries are very satisfied mainly - especially in terms of technical skills. They feel secure and well informed by professionals. They principally do not have any fears that professionals might cause any harm to them.

Nevertheless, according to the results, final beneficiaries feel that there is **not enough time** for extensive conversations with professionals, especially when they want to express their opinion. They definitely need more dedication by the professionals and space to express themselves more in detail. Unfortunately this is not possible because professionals are under pressure because they have to focus on documentation tasks as much as on patients.

Furthermore there are tendencies that Austrian organizations are over-managed because of further tasks that professionals have to handle besides caring for patients.

All in all the system can be improved by reducing documentation tasks and giving professionals more time for patients and encourage patients to express their problem, opinion and feelings much more in detail because besides the time issue patients want to be listened to.