

# Sectoral Human Capital Study (BBKL)

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## Healthcare and Social Welfare Sector

Research results  
– 1st edition

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## About the project

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### Study objective:

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To increase the knowledge about the current and future demand for skills in the healthcare and social welfare sector



### Research dates:

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1st edition of the study:

October 14, 2020 – November 10, 2021

Quantitative survey:

July 6, 2021 – September 1, 2021



### Respondents:

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Qualitative survey:

Employers, industry experts, education and HR experts

Quantitative surveys:

Employers and employees representing the key positions from the healthcare sector (PKD 86) and social welfare sector (PKD 87, 88)

## Research methods

In-depth interviews with employers, industry, education and HR experts

Expert panels

Consultations with sectors' employees

Panel discussion with members of Sectoral Competence Council for Healthcare and Social Welfare Sector

Delphi survey with industry experts

Competence workshops

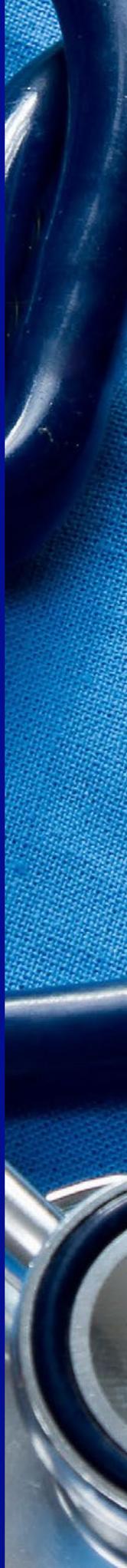
Quantitative survey of employers from the healthcare N=564 and social welfare N=238 sectors

Quantitative survey of employees representing the key positions in healthcare N=756 and social welfare N=331

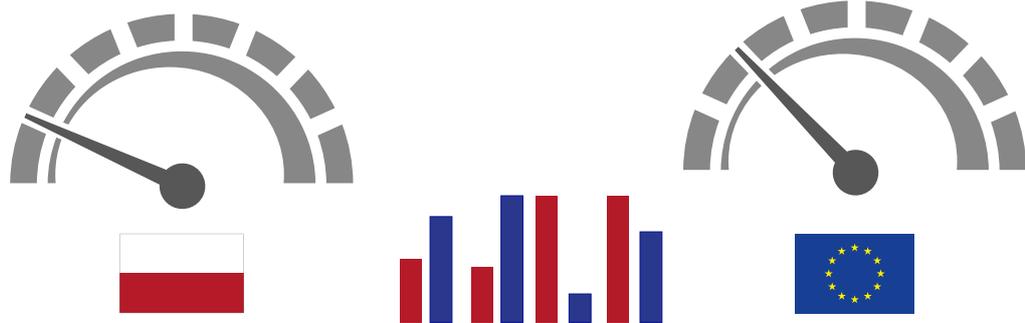


## Business processes and key positions in the sector

Key positions:	Business process:
Doctor	» Diagnosis and treatment
Nurse	
Midwife	
Paramedic	
Physiotherapist	
Medical caretaker	
Medical assistant	
Assistant (coordinator) of care	
Operations manager (at the level of entity or hospital ward)	<ul style="list-style-type: none"> <li>» Organizing/coordination of diagnostic and therapeutic processes</li> <li>» Control/evaluation of effectiveness of diagnostic and therapeutic processes</li> </ul>
Medical data analyst	» Control / evaluation of effectiveness of diagnostic and therapeutic process
Medical secretary	» Keeping of medical records



## Situation in the sector



- » Low funding: public health expenditure accounts for 4.3% of GDP, expenditure per person is EUR 1,511
- » Deficit of medical staff: 2.4 doctors and 5.1 nurses per 1,000 inhabitants
- » Long wait for specialist services (e.g. cataract surgery: 246 days on average, hip replacement: 179 days on average)
- » Low effectiveness: deaths that could have been prevented: through prevention: 221 per 100 thousand inhabitants, through medical intervention: 135 per 100 thousand inhabitants
- » EU average: 6.1% of GDP, €2,572 per person
- » 3.8 doctors and 8.2 nurses per 1,000 inhabitants
- » In countries like Denmark, Italy, Hungary: Aaverage wait for cataract surgery: 30 days average wait for hip replacement: 40 days
- » Deaths that could have been prevented: through prevention: 169, through medical intervention: 108 per 100 thousand inhabitants (EU average)

## Situation in the sector

- » The sector comprises 890 hospitals, 21.8 thousand outpatient clinics, and 4.4 thousand doctor's and dental practices (Statistics Poland data for 2019)
- » Most of the entities operate under the public healthcare system, i.e., provide services contracted by the National Health Fund

## The pandemic

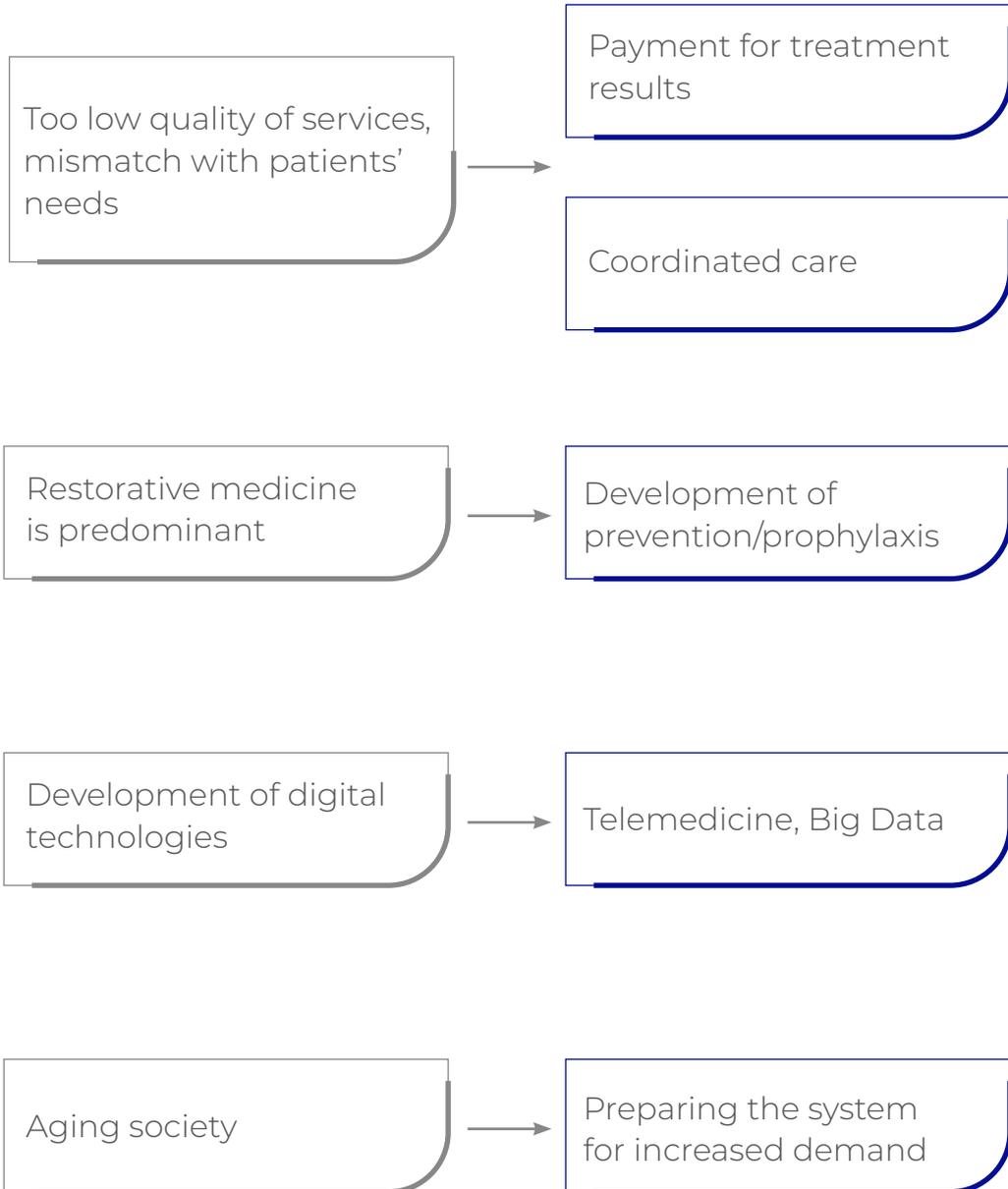
- » confirmed the system's low effectiveness: in 2020, the percentage of excess deaths was among the highest in the EU compared to the previous years
- » in 2020, the percentage of excess deaths in Poland was around 18% compared to the European average of 12% (in countries that coped with the pandemic best, the percentage of excess deaths was around 2%)

**60%** of employers see only negative effects of the pandemic: introduction of sanitary regime, increased operating costs, absenteeism, and health risks for employees

**31%** of employers note that the pandemic had both a negative and a positive aspect

**8%** of employers only see positive impact of the pandemic: increased number of services, expanded offer, introduction of telemedicine

## Challenges and directions of change



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## Directions of change

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### Employers' perspective:

**20%** employers see the need for introducing the following changes at their entities' level: treatment results measurement, coordinated care, telemedicine, preparing the entity for increased demand for services for elderly patients

**13%** believe that data analytics solutions need to be implemented

**12%** believe that prophylaxis solutions need to be implemented

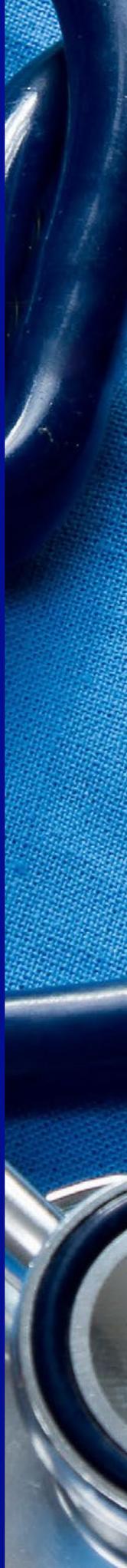
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## Staffing situation

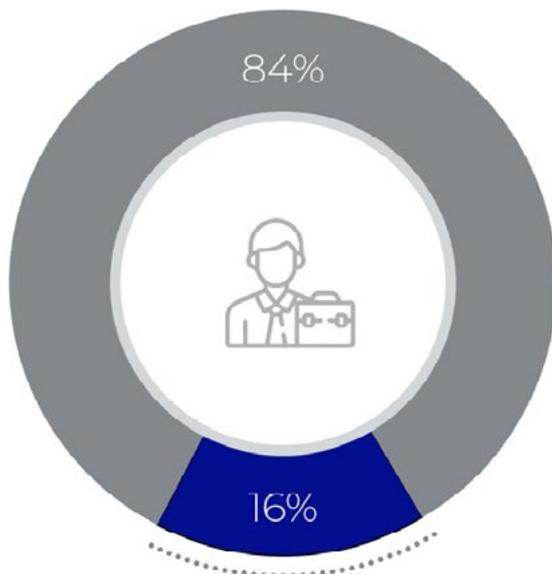
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Despite the sector's shortage of medical staff, staffing situation at the level of institutions is stable:

- » Few employers expect employment growth (11% within a year, 15% in 5 years)
- » Few institutions are looking for employees, between July 2020 and July 2021: only 16%



## Staffing situation



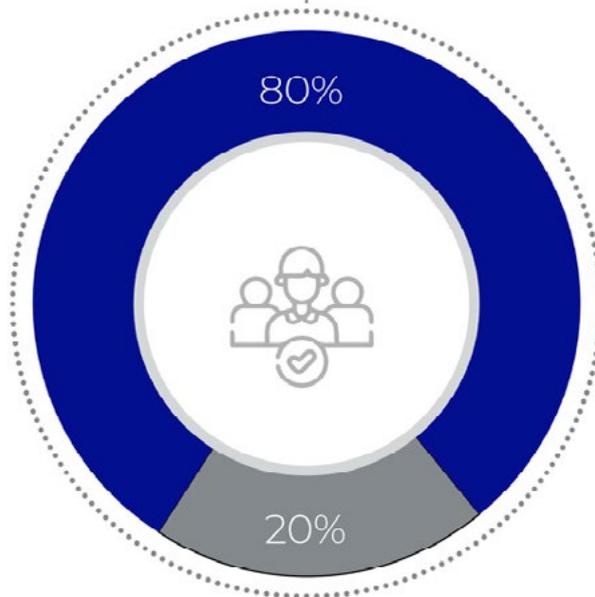
Considerable difficulty finding employees:

Employers looking for employees in the last 12 months

84% of employers were not looking for employees

16% of employers were looking for employees

Source: BBKL healthcare sector, employers, 2021 (n=564)



Percentage of employers who had/did not have difficulty finding employees in the last 12 months

80% had problems

20% did not have difficulty

Source: BBKL healthcare sector, employers, 2021 (n=91). The question was answered by employers who looked for employees in the past 12 months

## Staffing situation

### Positions for which employers were most likely to look for employees



Nurse (36%)



Doctor (29%)



Physiotherapist (9%)



Midwife (8%)



Medical assistant (7%)



Medical secretary (6%)

Source: BBKL healthcare sector, employers, 2021 (n=564)

### Positions most difficult to staff in the last 12 months



Doctor (53%)



Nurse (47%)



Physiotherapist (10%)



Midwife (4%)



Paramedic (4%)



Medical secretary (3%)

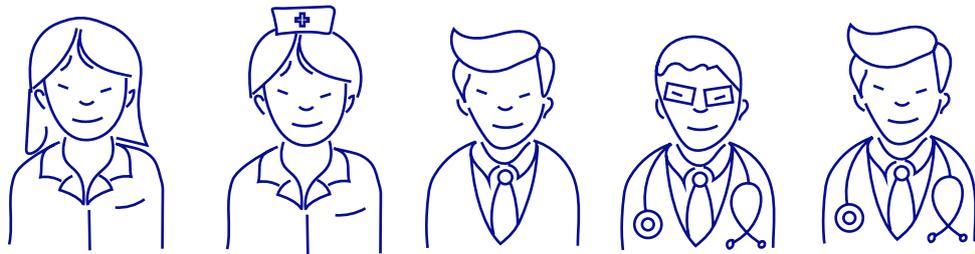
Source: BBKL healthcare sector, employers, 2021 (n=73). The question was answered by employers who had problems finding employees

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## The sector's personnel crisis has reasons related to both demand and supply:

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- » Considering the sector's needs, too few institutions are ready to increase employment (low pricing of services results in institutions not having enough money to hire new employees)
- » Insufficient availability of medical staff, particularly nurses and doctors (in the system of education, the limits regarding medical professions are too strict; outflow abroad and outflow from the public sector)



## Staffing situation

### Current situation

**36%** entities employ medical assistants

**23%** entities employ medical caretakers

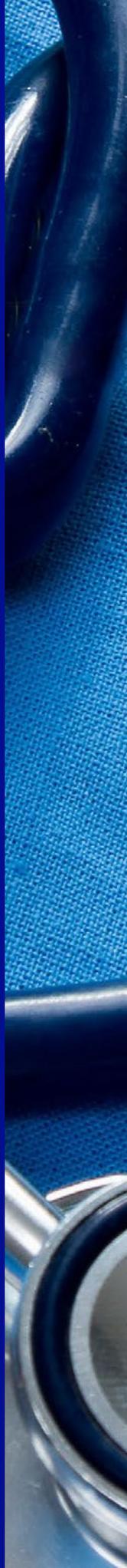
**10%** employers expect an increase in the demand for medical assistants (over a 5-year period)

**7%** of employers expect an increase in the demand for medical caretakers (over a 5-year period)

### Personnel crisis can be mitigated by:

- » regulating the profession of medical assistant (by including the right to perform medical procedures)
- » extending the skills of medical caretakers to include selected medical procedures

The solutions require the approval of the medical community and nurses



## Balance of skills

### Skills' mismatch

In healthcare, scarce skills, i.e., those assessed as relatively more important by employers while scoring relatively low in employees' self-assessment than the average of all skills for a given profile, are usually:

#### **Social skills:**

- » communication with the patient
- » showing empathy
- » using latest scientific research
- » cooperation and communication in the team

#### **but also skills specific for a given role:**

- » economic analysis
- » documentation description
- » using new technologies in diagnostic and therapeutic processes
- » exploration of clinical data to draw conclusion

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## Balance of skills

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### Competence gap

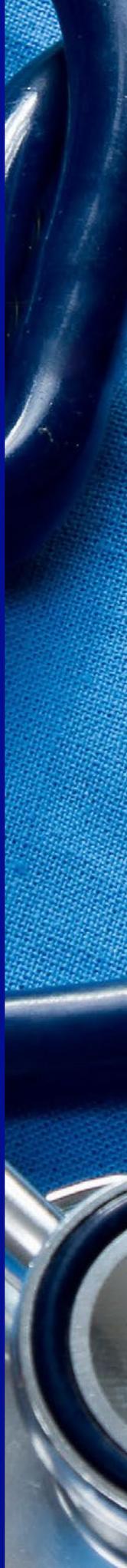
In healthcare, a competence gap affects paramedics and operations managers (at the level of both hospital ward and the entire facility). This means that, in the case of these positions, there are skills that are important according to employers while being difficult to find on the market.

**In healthcare, the competence gap is most likely to concern:**

- » Teamwork
- » Knowledge about medical procedures and the required medical documentation (care coordinator only)
- » Knowledge about economic management (operations manager only)

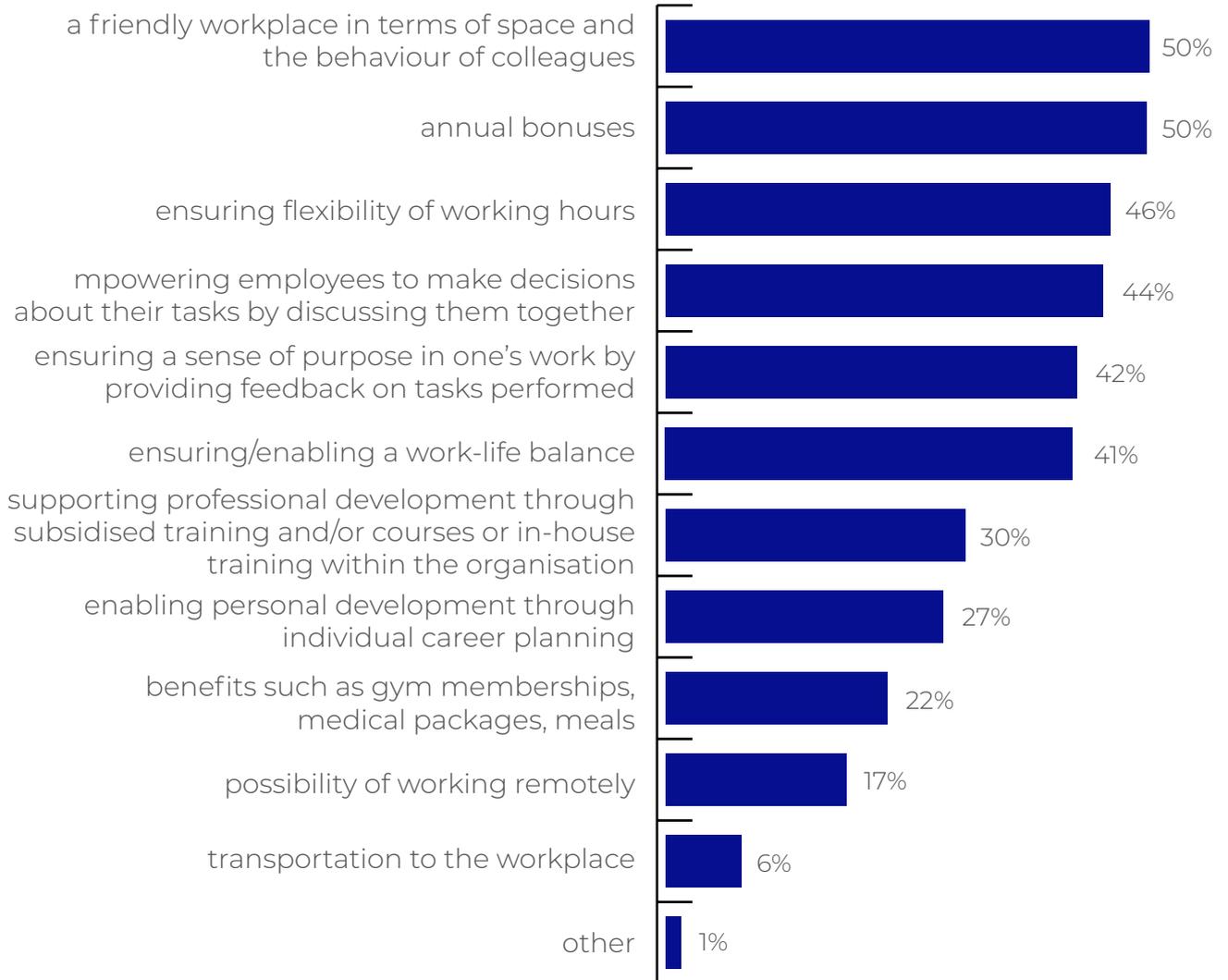
**Skills whose importance is likely to grow in the future are as follows:**

- » Use of latest scientific research (doctor, nurse)
- » Use of digital resources at work (doctor, nurse, medical data analyst)
- » Formulating clear messages when talking to the patient (medical assistant)
- » Teamwork
- » Management (operations manager only)
- » Management of medical documentation (care coordinator, medical secretary)
- » Telemedicine (all medical professions except operations managers)



## Ways of motivating employees

### Methods used by employers



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## Potential development scenarios

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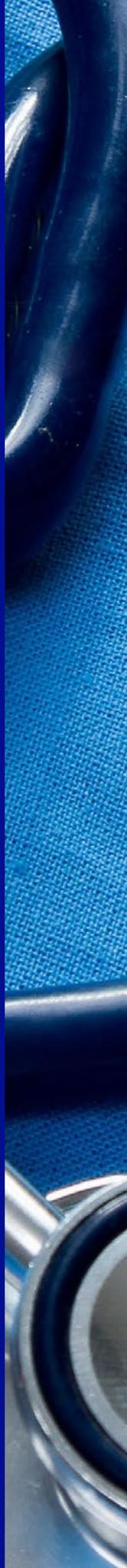
### Optimal scenario

In 5 years, significant progress will be made in all development directions, covering most of the sector's entities

#### Prerequisites:

- » Mobilization of resources and employees' effort at the central (Ministry of Health and National Health Fund) and local levels (healthcare entities)
- » Appropriate political decisions
- » Appropriate legal solutions
- » Adequate financing (increasing health insurance contribution)
- » Increasing administrative capacity: well-prepared employees, in greater numbers
- » Support for institutions: training, development and demonstration of model solutions, IT support, etc.

Unlikely scenario.



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## Potential development scenarios

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### Intermediate scenario

Significant progress, covering most entities on one direction of development (5-years' perspective)

Possible direction: widespread deployment of telemedicine

#### Prerequisites:

- » Concentration of organizational effort and system resources on the selected direction of development
- » Appropriate political decisions
- » Development of effective models of telemedicine along with development of quality standards
- » Promoting telemedicine among employers
- » Widespread support for institutions: training, development and demonstration of model solutions, IT support, appropriate co-financing etc.

### Moderately likely scenario

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## Potential development scenarios

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### Base scenario

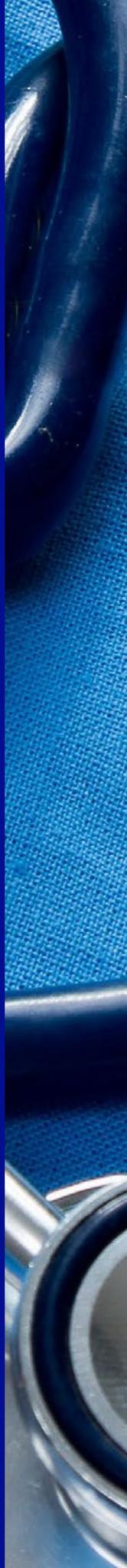
Over the next 5 years, changes in the sector will be slow and evolutionary

Clear division into institutions implementing changes (smaller part), and entities that lag behind

#### Prerequisites:

- » Continuation of the status quo
- » Changes implemented by best-managed entities with best financial situation
- » Transformation programs launched at the central level limited in scope and involving most efficient, committed entities

### Likely scenario

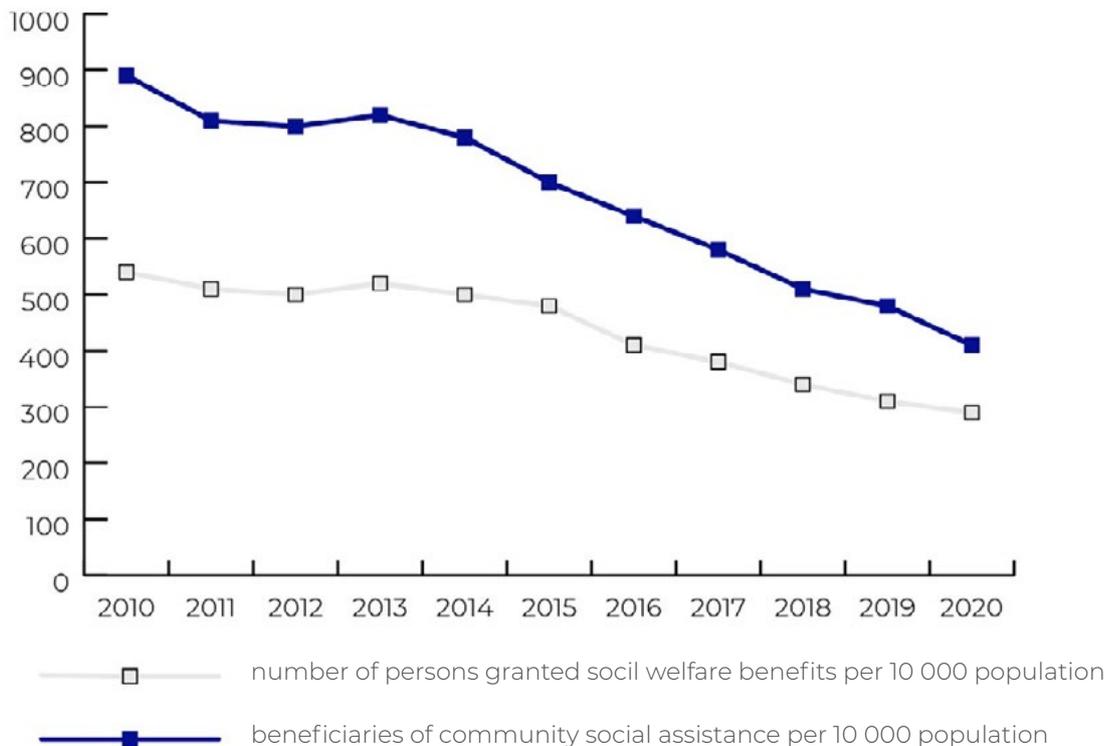


## Business processes and key positions

Key positions:	Business process:
Social worker	
Social services manager	
Local community organizer	
Assistant for groups in need of support	» support for the client and his/her family in a difficult life situation
Community caregiver	
Foster care coordinator	
Crisis intervention specialist	
Supervisor	» support for the client and his/her family in a difficult life situation » management of social welfare units

## Situation in the sector

Chart: Use of social welfare



- » The number of families and individuals covered by social welfare is decreasing
- » The use dynamic of different types of benefits varies, but decrease is recorded in both cash and non-cash benefits
- » The profile of the supported client is changing, with the share of clients in need of social welfare benefits due to health, disability - often related to age - increasing, and the share of clients in need of support due to poverty or unemployment decreasing

## Social welfare: staffing situation

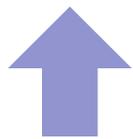
Changes in the number of employees in the surveyed social welfare units over 12 months from July 2020 to July 2021:



**2,7%** Total number of employees including:



**2,5%** employees with contracts of employment



**3,7%** contract workers

Influx of new employees was low

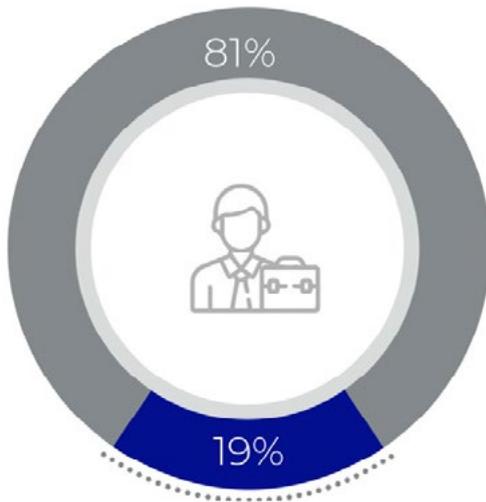
### Current demand for skills in the sector\*:

- » knowledge and skills from the field of new working methods
- » case management
- » soft skills for working with clients
- » managerial skills
- » skills related to building partner relations in supported environments, and with clients
- » digital skills

Source: BBKL Social welfare sector, 2021 (n=238), data cover the period from July 2020 to July 2021

\* Data comes from qualitative interviews with experts

## Social welfare: staffing situation

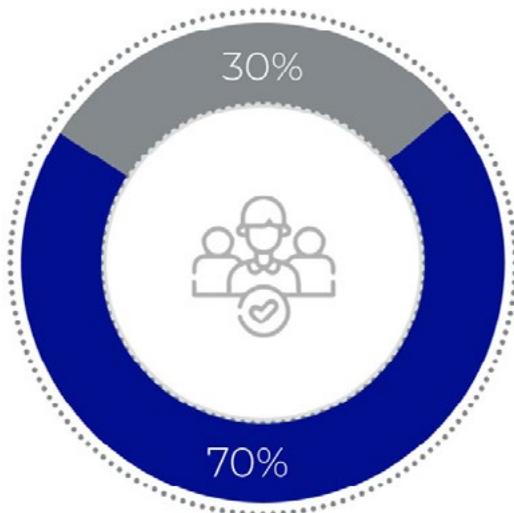


Changes in the number of employees in the surveyed social welfare units:

Employers looking for employees in the past 12 months

81% were not looking for employees  
19% were looking for employees

Source: BBKL Social welfare sector, employers, 2021 (n=238)



Percentage of employers who had/did not have difficulty finding employees in the past 12 months

70% had difficulty  
30% did not have difficulty

Source: BBKL Social welfare sector, employers, 2021 (n=46). The question was answered by employers who looked for employees in the past 12 months

## Social welfare: staffing situation

Positions for which employers were most likely to look for employees in the last 12 months



Community caregiver (**44%**)



Assistant for groups in need of support (**26%**)



Social worker (**24%**)

Positions most difficult to staff in the last 12 months



Assistant for groups in need of support (**44%**)



Social worker (**25%**)



Community caregiver (**13%**)

Currently, staff shortages mostly mean shortages of new hires entering the system; most of the workers already in the system are not looking for new jobs and do not plan to change jobs

## Staffing situation

### Job satisfaction: employees' perspective

**91%** of social welfare employees are satisfied with their jobs

#### Positive aspects

Remuneration: **72%**

Opportunity to implement one's own ideas: **88%**

Sense of purpose at work: **98%**

Development opportunities: **88%**

#### Negative aspects

Work overload: **55%**

Negative health effects of work: **37%**

Having to perform tasks for which one has not qualifications: **46%**

Source: BBKL Social welfare employees (n=331)

### Job satisfaction – job candidates

Job candidates expect higher salaries and better working conditions.

Source: BBKL Social welfare sector, employers, 2021 (n=46). The question was answered by employers who were looking for employees

## Challenges

### Ageing of the population

- » Developing new methods and ways to support families (47% of employers' responses)
- » Integration of social welfare and healthcare (42% of employers' responses)
- » Support for individualization and personalization (37% of employers' responses)

In qualitative interviews, experts indicated that due to the population's ageing the demand for specialists providing support services will increase

**9%** of employers plan to increase employment in their units within a year, and

**12%** of employers plan to increase employment in the next 5 years

## Challenges



### COVID-19 pandemic

**58%** of employers see mainly negative effects of the pandemic

- » lack of human resources
- » health hazards for employees
- » need of adapting procedures to new sanitary conditions

**37%** of employers see also POSITIVE effects of the pandemic

- » employees' acquisition of new skills, including digital skills
- » testing the ways of working in crisis conditions

### Technological changes

- » Employers see improvement in the speed: electronic exchange of documents
- » Experts see changes in the ways in which services are provided (towards community-based services)
- » Emergence of new services based on new technologies and artificial intelligence

## Balance of skills

### Skills mismatch

Scarce skills i.e., skills assessed as relatively more important by employers while scoring relatively low in employees' self-assessment are usually as follows:

- » knowledge, e.g., knowledge of the law
- » clinical psychology issues
- » ability to monitor client's progress
- » ability to follow the client when organizing and planning support,
- » motivating the client, assertiveness,
- » motivating oneself to develop or manage oneself in time

### Competence gap

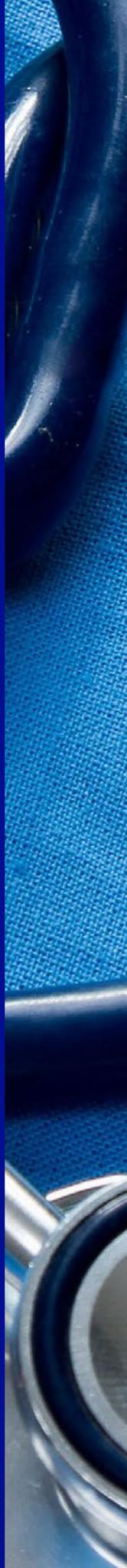
The competence gap is identified when certain skills are relatively more important for employers while – in employers' opinion – being difficult to obtain. In social welfare, competence gap is present only in the case of crisis intervention specialists, particularly as regards the following skills:

- » Knowledge of the Act on Counteracting Drug Addiction and the executive regulations
- » Knowledge of clinical psychology
- » Ensuring client safety by providing them with the support of relevant specialists and services
- » Setting expectations, enforcing agreements

## Balance of skills

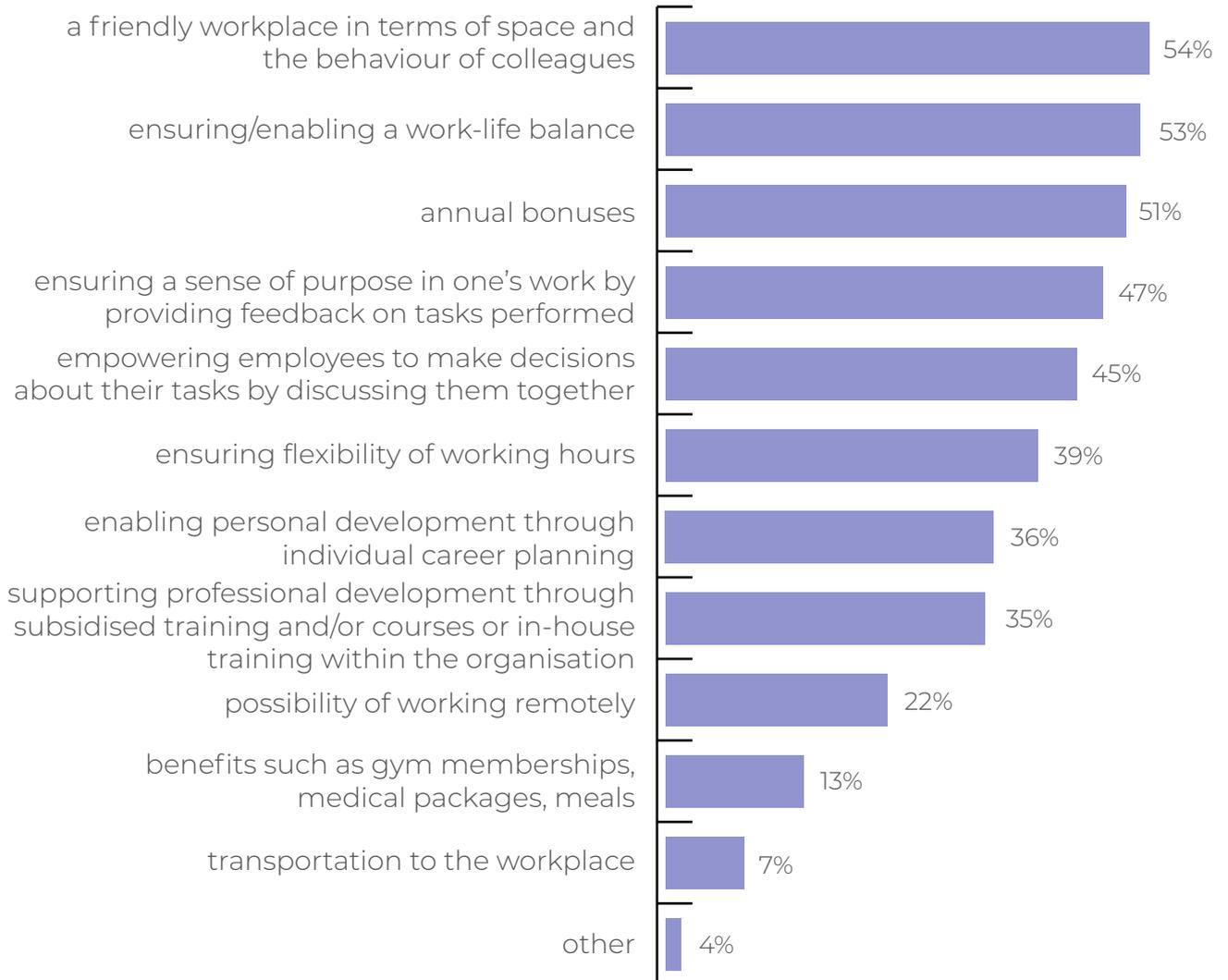
Social welfare is a sector where most skills will become increasingly important. Most important skills of the future include:

- » Knowledge of the applicable legislation (all positions)
- » Conflict resolution
- » Working with different types of clients (support assistant and social worker only)
- » Ability to work as part of a team
- » Diagnosis and appropriate selection of methods of assistance for the client



## Ways of motivating employees

### Methods used by employers



Source: BBKL Social welfare sector, employers, 2021 (n=238)

## Potential development scenarios

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### Optimal scenario

- » high quality and effectiveness of services; an adequate number of staff to ensure the appropriate level of support
- » high degree of flexibility to adapt the scope and methods of support to the needs of those supported, so that the support provided is individualised and personalised
- » integration of social welfare and healthcare systems, to improve the efficiency of both
- » use of effective methods and tools when working with different sections of the population, focusing particularly on community-based services
- » meeting the increased demand for support services that results from the population's ageing, especially demand for care and assistance services
- » high level of staff competency enabling them to support clients effectively
- » human resources training system flexibly responding to the needs of the sector
- » ensuring continuity and quality of support under crisis conditions, including under the sanitary regime triggered by the COVID-19 pandemic
- » progressive use of new technologies in the service delivery process, including testing and implementation of 'one button' solutions

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## Potential development scenarios

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### Optimal scenario - prerequisites:

- » Availability of funding,
- » Appropriate positioning of social policy at local level
- » Availability of staff with appropriate skills
- » Availability of a comprehensive training offer adapted to the needs of the system
- » Full recognition by social welfare staff, particularly managers, of the overall impact of long-term trends (e.g. related to ageing population) on the situation in the sector
- » Full availability and affordability of technologies that can be used in social welfare
- » Easy-to-use, attractive, and transparent technological tools that can be used in social welfare

### Unlikely scenario

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## Potential development scenarios

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### Intermediate scenario

Resources and efforts concentrated on the most urgent issues i.e.,

- » ensuring continuity and quality of support under crisis conditions, including under the sanitary regime triggered by the COVID-19 pandemic
- » implementation of new, more effective methods and tools for working with different sections of the population, particularly focusing on community-based services
- » partially covering the increased demand for support services resulting from the ageing of the population, especially demand for care and assistance services
- » ensuring continuity and quality of support in crisis situations, including under the sanitary regime triggered by the COVID-19 pandemic

Other directions indicated in the intermediate scenario will develop at a much slower pace

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## Potential development scenarios

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### Intermediate scenario – prerequisites:

- » Sufficient availability of funding at national, regional, and local levels
- » Improvement of the position of social policy at local level
- » Availability of qualified assistance and care services staff - improved compared to the current situation
- » Availability of training courses on new methods of working and providing care and assistance services
- » Greater awareness among managers of the possible impact of long-term trends (related, for instance, to the ageing population) on the sector

### Moderately likely scenario

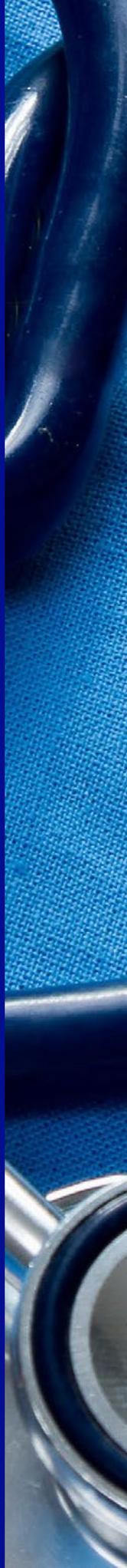
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## Potential development scenarios

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### Base scenario

- » In the next year, focus on ensuring continuity and quality of support in crisis conditions, including under the health regime triggered by the COVID-19 pandemic.
- » Longer term, gradual, evolutionary change towards partial coverage of the increased demand for support services resulting from the ageing of the population, especially demand for care and assistance services.
- » Further implementations in social welfare units, new working methods and tools - first, those that require little investment.
- » Slow and evolutionary change.
- » Some units implementing the desired changes (those better managed, in better financial condition) but most units lagging behind (not implementing changes).



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## Potential development scenarios

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### Base scenario - prerequisites:

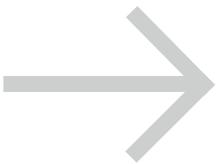
- » Limited availability of funding at national, regional, and local levels
- » Low status of social policy at local levels
- » Gradual improvement of availability of qualified staff to provide assistance and care services
- » Gradual improvement of availability of training courses on new working methods and provision of care and assistance services
- » Gradual, partial improvement of managers' awareness of the possible impact of long-term trends (related, for instance, to the ageing population) on the sector

Very likely scenario

Full survey results can be found  
in the study:

**Sectoral Human Capital Study.  
Healthcare and Social welfare sector**

Report from the first edition  
of the survey (in Polish):

 <https://www.parp.gov.pl/component/publications/publication/branzowy-bilans-kapitalu-ludzkiego-branza-opieka-zdrowotna-i-pomoc-spoieczna-raport-z-i-edycji-badan>