



## WP2

# ANALYSIS GUIDELINES FOR THE SPECIFIC NEEDS OF THE ASSISTANTS IN THE HEALTH AND SOCIAL SECTOR

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## INTRODUCTION

The several changes that involved health and social sector in the last years (the progressive ageing of population, the increasing in illness prevention against treatments and a higher demand, by the citizens, of integrated services to cover their specific needs) require - from a workers' point of view – a skills adaptation to this new situation in order to be able to match the market's demand.

One of the characteristics of health and social sector is the emotions' exchange, which involve both the user and the professional assistant. Thus, to ensure the best performance in accomplishing their tasks, it is very important that workers focus of their own emotions, because material resources and high technologies are not useful enough if emotions are not duly managed in carrying on the health and social assistance services.

Within this context, CarEIn Project aims at elaborating a Web 2.0 learning environment for the promotion and development of Emotional Intelligence competences among health and social assistance workers, in order to contribute to a qualitative improvement of their daily activities.

The Web 2.0 learning environment will contain training material on Emotional Intelligence (EI) and it will be addressed to promote EI competences among health and social assistance sector workers in order to foster higher responsibility, team working, trust and self assurance, better organisation of work, conflict solving, the capacity to learn how to learn, better communication, etc.

In particular, CarEIn Project focus on:

- Making available for health and social assistance workers useful learning contents that will improve the quality of the work and services provided;
- Improving the qualification of workers through the promotion of a series of transversal competences, resulting from the use of Emotional Intelligence (self-knowledge, emotional management, self-motivation, empathy and social ability);
- Fostering a higher flexibility of workers that will allow them to quickly adapt to the changes that can occur in the health and care sector;

- Increasing the motivation and satisfaction of the workers of health and care sector, as they will be able to manage their work in an emotionally intelligent way;
- Promoting continuous training for workers of health and care sector;
- Improving the quality of life of the health and care sector's public.

The skills that the project will promote are:

- a) The knowledge of emotions: Self awareness and recognition of an emotion as it's happening;
- b) The management of emotions: The ability to act and react properly handling feelings and emotions;
- c) Self motivation: The use of emotions to achieve a specific goal;
- d) The recognition of other's emotions: Empathy and social awareness;
- e) The management of relationship: The ability to help others in managing their emotions.

## 1. PRESENTATION OF WP2

WP2's objective is the analysis of the situation in each partner country with regards to health and care sector with a specific focus on the specific needs of the workers. It's fundamental to grant the final outcome's high quality, to adapt it to the specific situations of the partners' Countries. WP2's results will be used to create a final product suited to the single territorial needs.

For the analysis of specific needs of workers in health and care sector, we developed a four steps methodology:

1. Definition of the guidelines and methodology for the analysis – Associazione Equilibrio
2. Research (databases, interviews, Internet)- All Partners
3. Elaboration of National Reports regarding the results – All Partners
4. Elaboration on the needs of workers in health and care sectors- Associazione Equilibrio

WP2's target was, beside the training need's analysis in the EI area, to create and analyze a comprehensive frame of the various situations in the different involved Countries. Not only with regard to the emerged needs, but also to the knowledge of the EI-related subjects and to Web 2.0 tools use (even informal) in the training sector. The knowledge of the workers'

training needs and, with it, of their operative sectors helps in developing a training project that is coherent with the needs and the expectations and moreover that isn't separated from the reference context.

## 2. METHODOLOGICAL APPLIED

To analyse the different situations related to the specific needs of the target group, a Methodological Tools Dossier was created, including fundamental elements for the compilation of the National Report, as:

- Target group;
- Aim;
- Methodology for data collection;
- Structure of national report;
- Tools for the national reports' application.

Beside it, procedures, requirements and criteria, outlines and/or questionnaires and/or interviews and a scheme for participants data were included in the Methodological Tools Dossier to elaborate comparable works and highlight the peculiar elements of the target related to the referential Country.

Each project's partner carried out a qualitative analysis in its country through primary and secondary sources. Using analysis' results, each project's partner elaborated a National Report that we used as a basis for the elaboration of the Report on the Needs of Workers in the Health and Care Sector.

The immediate target group includes workers in the health and social assistance sector, also in consideration of the assistance that requires the integration (cooperation) between health workers and social workers.

The analysis of the specific needs of workers from health and care sector was based on a mixed methodology: qualitative methodology and desk- research.

Each project's partner carried out a qualitative analysis in its corresponding country through primary (interviews) and secondary sources (bibliographical research, databases, Internet).

## 2.1 Primary Sources Research

A qualitative method had been chosen to explore in detail the specific needs of workers in the health and care sector and to study their training needs and their knowledge about technological tools for an ICT-based training: It has been focused on experts' (Trainers, experts, psychologists and others) and workers' interviews. The combination of the two interviews permit to investigate the needs from two different perspectives. The interviews also permit the detection of good practices. We chose to interview **4** experts per country and **4** health and/or social assistance workers<sup>1</sup>.

## 2.2 Secondary Sources Research

This work took place primarily through the internet.

### **Bibliographical research**

Partners developed a shared database of bibliographical materials. The minimum contributions from each partner was 15 titles.

- The bibliography focused on:
  - EI competences issues regarding health and care sector workers
  - Emotional competences issues regarding health and care sector workers (dealing specifically with degenerative diseases)
  - Evolving landscape of the health and care sector
  - Training of health and care sector workers (aims, methodology, needs etc)

### **Data Web research (minimum of contributions from each partner: 10)**

- The browsing of the web in order to check if there are contexts or community forums dedicated to information, experience or opinions exchange between health and care sector workers.
- The use of web 2.0 or platforms for the training of health and care sector workers.
- The use of web 2.0 for the implementation of the skills needed by health and care sector workers.

This research permits to analyze the development level (even informal) of web 2.0-based communities and helps to study the needs' level of the target group.

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<sup>1</sup> Two interviewees had to be women (gender), one had to be a social worker (activity), whenever possible.

### 3. NATIONAL REPORTS

Below we include the full version of the National Reports elaborated from the results of the research activities. They have been listed in alphabetical order:

- Bulgaria
- Czech Republic
- Denmark
- Italy
- Poland
- Spain
- United Kingdom

### 3.1 BULGARIA NATIONAL REPORT

#### INTRODUCTION

##### **An overview of the health care and social workers in Bulgaria**

##### **Health care workers**

The community of health care workers is the largest in the entire health system – around 50 000. This community includes different health-care specialists – medical nurses, midwives, laboratory technicians, totalling 11 different professions. All the workers possess different educational levels – semi-higher, specialists with higher degree from colleges, bachelors, MSc and PhD. They all offer different type of care – preventive, promotive, diagnostic, clinical, rehabilitation, management of care, training, etc., and they are employed in different structures related to the health-care system. This includes educational, hospital, outpatient, administrative, professional, hospices and other structures. Approximately 2/3 of the health-care workers are medical nurses and midwives. Their median age is 47 years and 10.9% are working after retirement age. According to the data from National Institute for Health Information to the Ministry of Health for the last 20 years the number of medical nurses has shrunk nearly twice – in 1990 they were 53 810, while in 2008 their number was 32 314. Additionally since Bulgaria's membership in EU an average of 1800 nurses leave the country each year seeking better employment and this process starts to threaten the entire health care system.

##### **Challenges faced by the health care workers**

There are 421 medical nurses per 100 000 inhabitants in Bulgaria compared to the average EU level of 745 per 100 000.

There are many reasons for this situation, and some of them are:

- the low salaries which in some hospitals are as low as 350 - 400 BGL per month (approx 175 – 200 EUR) lead to a recession in the number of people willing to study for nurses;

- at the same time most of the already working nurses approach retirement age and the unoccupied work positions are constantly increasing;
- in the recent years because of the optimisation of the health care system the number of hospital beds were cut down and together with that the personnel;
- in some medical facilities due to lack of personnel one health care specialist has to cope with the workload of 2 or 3 job positions without remuneration increase. This results in greater load and increase stress levels;
- in the recent years the medical nurse education increased from 3 to 4 years which also had a negative impact.

The Bulgarian health care workers have their official professional community - Bulgarian Association of Health Care Professionals.

(please try to adapt the table format so it be wider and less long)

AUXILIARY MEDICAL PERSONNEL BY YEAR						
Year	1980	1990	2000	2005	2007	2008
Number						
Auxiliary medical personnel Incl.:	77532	88387	49840	47657	48631	48378
• medical assist.	7355	7617	3158	2466	2660	2508
• midwives	7897	7544	4131	3455	3401	3336
• nurses	45449	53810	31479	31235	32244	32314
• clinical laboratory and X-ray	6757	7604	5964	5935	5793	5730
• technicians dental technicians	2342	2858	1305	1401	1422	1412

• pharmaceutica l assist.	4057	4089	658	238	248	243
• other	3675	4865	3145	2927	2863	2835
Per 10 000 population						
Auxiliary medical personnel	87.3	102.0	61.2	61.7	63.7	63.6
Bulgarian National Statistical Institute						

### Social workers

In Bulgaria the social worker is not amongst the most attractive professions. It is not well-paid and the constant interaction with people experiencing health and social problems that make them incapable of coping with the difficulties in their lives is a serious challenge. Generally most workers are either determined professionals or altruistic young people that volunteer to work in the social sphere.

Higher education is not obligatory for social workers. It is desirable that the social worker had passed courses in psychology skills keeping in mind that he will mostly work with people facing various problems. However some social workers have a higher education degree, mainly but not only in social pedagogics and management of social care. Nevertheless, the type of the work and the corresponding salaries are not co-related to the educational level.

There is no introductory formal training and the newly recruited social workers usually get help from their colleagues in the first months, especially when learning how to correctly process the loads of paperwork. Sporadically training courses for qualification improvement are organized - for example gesture mimic training in order to facilitate contacts with people with impaired hearing; English language courses – since the country joined the EU new social programs have become available and participating in them requires the knowledge of a foreign language.

The social worker is responsible for the whole documentation for each case allocated to him regardless of the different social programs - such as people with disabilities, socially unequal, children, one-time financial help.

Each social security worker covers a certain district and processes all paperwork related to his area. He also pays visits to the corresponding addresses. As average one social worker works with around 500 people – those, who receive heating and energy bills support,

disabled people, mothers that receive child support, etc. Twice per week for half a day each social worker meets people in his office, accepting applications and providing social consultations. In some larger districts the tasks are divided – some social workers are dealing only with child-raising support, others with people with disabilities and etc.

After an application is received the social worker for the corresponding district pays a visit to the applicant's home address, filling in the so-called "social questionnaire" and checking whether the declared details match the living conditions. Usually the peak is when the new heating season is approaching and lots of energy support applications are submitted. Every month the social workers have to check that the people engaged in the "Helping mothers" program really help in raising the children.

### **Challenges faced by the social workers**

One of the main problems is the lack of equipment. Lots of work that is done manually on paper could be done by pressing a few buttons on the computer. The huge amount of paper work consumes significant part of the worktime that could be allocated to personal contacts face-to-face with people needing assistance.

As part of the job description the social workers should be kind, patient and able to explain everything in detail. When asked about the difficulties in their work the social workers mention that it is frustrating for them to not be able to provide help to people who need it just because their income is just several cents above the legal support limit. Equally disappointing is when a person clearly not in need has all the rights to receive financial help because the requirements are formally met. Another demanding and exhausting task is to meet old and ill people most of whom don't have a living relative to rely on. Even harder and more challenging is to work with and try to help sick and suffering children especially in cases when the government help is not adequate. Despite all the difficulties the social workers feel satisfied from the efforts they are making to help people in need. Most of the social workers like their job and the contacts involved, however many admit that the psychological stress is a serious problem. In addition the salaries in the sector are among the lowest in the country.

The sources of information for the social workers are the official documents, letters and regular updates distributed in paper form. Unfortunately the social care offices are still not connected to Inter/Intranet and receiving the documentation in digital form is not possible.

The Bulgarian social workers do not have an official professional community or union like doctors and nurses.

The current research and the face-to-face contacts with medical and social professionals indicate that due to the continuing and intensifying economic crisis in the country and the corresponding restricting financial policies of the government towards the health care and social sectors favourable conditions for implementing innovative and progressive practices are unlikely to be expected in near future.

## **A. PRIMARY SOURCES RESEARCH**

### **1. METHODOLOGY FOR THE SELECTION OF THE INTERVIEWEES**

When preparing the survey a special care was taken to select participants with different professional backgrounds.

One man and three women participated in the survey.

All of them possess university degrees but have different professional experience.

They are:

1 Expert trainer, psychology and psychiatry, professor at Medical University – Plovdiv

1 Expert trainer, psychology, professor at Medical University – Plovdiv

1 Manager, pedagogy expert, director of Care home – Plovdiv

1 Health care expert with many years of experience in emergency care.

#### **1.2 Workers' interviews:**

Professionals from different organizations participated in the survey. They are one chief nurse, one nurse, one ward-maid and one physiotherapist. The participants have different professional experience, one possess university degrees, one semi-higher degree, one professional secondary and one secondary education degree.

Some general remarks:

- During the visits to the home for Medico-Social care in Plovdiv the interviewed participants highlighted that the main reasons for the emotional tension and stress at the work place are the lack of sufficient financing to cover some of the major necessities at work, the low salaries, high median age and the insufficient training of personnel. The existing system (centrally organized by the Ministry of Health Care) for conducting regular yearly qualification courses is currently stopped due to financial and organizational reasons.

- At Medical University Plovdiv was stressed that in general the topics about emotional intelligence, as well as techniques for overcoming stress at the workplace in the health institutions are being studied in some courses during the course of the studies of the

students but mainly on theoretical level. Their practical implementation in the country is significantly lagging due to many reasons – financial, educational, cultural specifics and etc.

## 2. RESULTS OF THE INTERVIEWS

### 2.1 Results of experts' interviews:

#### Question 1

**Which training experiences were more useful in the stress and emotional disease management for workers in the health and care sector who deal with degenerative illnesses?**

- A. Interactive and networking.
- B. Theoretic and practical.
- C. Work of multidisciplinary team on the topics of problems relating to the direct work with children, monthly supervision for coping with problems in the team.
- D. -

#### Question 2

**Considering your experience, specify the needs of the workers in the health and care sector**

- A. There is a need for ventilating, debriefing and supervising of risk groups
- B. Implementation in the corresponding medical institutions – practical application and supervision.
- C. There is a variety of problems related to the work with children with disabilities, the medical staff works under constant overload. Lack of sufficient number of personnel with specialised qualification.
- D. Adequate qualification; workplace equipment.

#### Question 3

**In your opinion, are there any particular social risks of stress and burn out in social and health care professions? Which are the elements that produce the greatest risks?**

- A. Yes. Low or unstable salaries, anomalies in the leadership styles, unclear motivation.
- B. Moderate overload with learning activities.
- C. Yes, related to overburden with entire care for children at risk, the policy for future closing of these institutions, which creates uncertainty among the personnel.
- D. Exists. Main reason lack of respect towards the doctor from the patient. Also the lack of possibility the patient to be consulted by another specialist due to restrictions by the National health insurance fund. Irregular payments from the National health insurance fund. The emergency night shifts related to road traffic accidents, domestic traumas and poisonings. Cardiovascular incidents.

#### Question 4

**Do you think that workers in the health and care sector are: insufficiently, sufficiently, well trained in the stress and emotional disease management coming from the interaction with degenerative illness? Please briefly specify your opinion about your choice.**

- A. Insufficient
- B. Insufficient
- C. The workday at the care home is 100% filled with care for the children, I'm trying to provide the necessary training as much as possible
- D. Sufficient. They are trained but the specifics of the work requires additional qualification and postgraduate training. Necessity of possessing a stable nervous system.

#### Question 5

**Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?**

- A. Work in small groups for dealing with crisis and traumatic stress.
- B. Need for supervision
- C. 1 - In direction of increasing motivation through clarification in detail of the policies of the reform. 2 - Building of a barrier against the stress using psycho training.
- D. 1. Educational work with the society for developing appreciation of the highly specialised labour of the healthcare worker. 2. High salaries for achieving occupational security. 3. Specialised qualifications for obtaining higher level **Errore. Il segnalibro non è definito.**

### Question 6

#### Difficulties and barriers of the usage of the new technologies/web 2.0

- A. -
- B. Forums to be organized
- C. From financial point of view the training outside the institution is restricted. It will be good if they are conducted at the workplace, free or as a project.
- D. 1. Not every healthcare worker has access to forums. 2. Lack of computers and computer literacy for the older healthcare workers. 3. Insufficient financial provision of the young people for obtaining a degree. 4. Lack of medical handbooks for the new and imported medications

### 2.2 Results of workers' interviews:

#### Question 1

##### The knowledge and use of the new technologies:

###### - Do you use the computer at work?

- A. Yes
- B. Good
- C. Enough to work
- D. Yes

###### - Do you use the computer at home?

- A. Yes
- B. Good
- C. No
- D. Yes

###### - Do you use it frequently (daily, occasionally, etc)

- A. Medium
- B. Relatively often.
- C. Rare
- D. Often

###### - Do you have interest in the new technologies?

- A. Yes
- B. Satisfactory
- C. Weak
- D. Yes

**Question 2****The use of new technologies at work for training purposes****- Difficulties**

- A. No
- B. Seldom, due to lack of time
- C. Yes
- D. No

**- Benefits**

- A. Yes
- B. -
- C. Probably
- D. Yes

**Question 3****Specify the typology of training (self-training, professional training managed by employer, etc.). Skills targeted by the training (emotional or technical)**

- A. Self-training, technical skills
- B. Internal and external supervision. Course on Vojta diagnosis and therapy
- C. Professional training – courses. Technical.
- D. Self-training

**Question 4****Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.**

- A. Improving technical skills
- B. Training for stress and dissatisfaction management.
- C. Medical skills
- D. Training in new rehabilitation techniques.

**Question 5****Training courses frequented (in the last 3 years)**

- A. None
- B. “Continuous vocational training: The role of the medical nurse for the development of the professional health care”

- C. None
- D. None

**Question 6**

**How useful is for the professional growth to exchange experience with other professionals and why**

- A. Necessary but not intensive
- B. Exceptionally useful because I work in closed team dealing with monotonous problems
- C. Very much
- D. Moderately useful

**Question 7**

**Comments and further information: Bibliography and web sites indicated by the interviewee**

- A. None
- B. -
- C. None
- D. None

**Question 8**

**Other feedbacks**

- A. None
- B. -
- C. Low salaries
- D. None



### 3 BIBLIOGRAPHICAL RESEARCH

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Соня Колева Тончева	Образователни, организационни и социални аспекти на дейността на медицинската сестра в първичната медицинска помощ	МУ : Варна	Bulgaria	2001
Христина Евлогиева Живкова	Емпатията в социалните взаимоотношения	Филвест	Bulgaria	1998
Гена Грънчарова, Анжелика Велкова, Силвия Александрова; Ред. Гена Грънчарова	Социална медицина	Медицински университет - Плевен, 2009	Bulgaria	2009
Запрян Запрянков, Захари Зарков	Психично здраве на работното място : Управление на стреса - професионална ефективност	София : Национален център по опазване на общественото здраве, 2010	Bulgaria	2010

**ANNEX III. WEB RESEARCH RESULTS (the format of this table should follow the layout of the document, using only the “CAREIN blue and grey”**

#	Forum	URL	Description	Sphere	Access
1	<b>Bulgarian doctors forums</b>	<a href="http://bggp.net/">http://bggp.net/</a>	Forums for Bulgarian doctors and patients. Forums for GPs, specialists and other health care workers. Forum for alternative medicine and treatment. Health news. Free medical consultation.  The site contains sections for different health care professionals, patients and the National Health Insurance Fund.	Medical/Health care	Unrestricted
2	<b>Forums of Portal Integration &gt; Subforum Social services</b>	<a href="http://www.integracia.org/?q=forum/129">http://www.integracia.org/?q=forum/129</a>	Day care centers, centers for social rehabilitation and integration, protected homes, family advisory centers, homes for children and adults with disabilities, social workers working in social services, worktherapy, art-therapy	Social care/Health care	Unrestricted
3	<b>All.bg Forums &gt; Subcategory Health</b>	<a href="http://forum.all.bg/ubbthreads.php/Cat/0/C/4">http://forum.all.bg/ubbthreads.php/Cat/0/C/4</a>	Yoga – advice, discussions, yoga; Selfimprovement - Harmony of body, mind and spirit, the need for positive thinking, positive action, soothing, meditation and personal satisfaction; Future parents - Forum for future parents (conceiving, pregnancy, birth, etc); Medicine - Advice, opinions. Questions and answers from Dr.	Medical/Health care	Unrestricted

		Kostova; Homeopathy and Alternative Medicine - All about homeopathy in Bulgaria			
4	<b>ABV forums</b> > <b>Subforum Health</b>	<a href="http://forum.abv.bg/index.php?showforum=106">http://forum.abv.bg/index.php?showforum=106</a>	<p>The messages in forum Health are posted not only by medical professionals (doctors, nurses, midwives and others) but by all participants and most of the advice is based on life experience rather than specific qualifications. The Forum does not guarantee the resolution of the problem situation. People who have a health problem, should seek qualified medical help. Diagnosis and treatment, relying only on the writing in the forum, can lead to serious consequences for the health.</p>	Medical/ Health care	Unrestricted
5	<b>Bulgarian Medical Association Forum</b>	<a href="http://www.blsbg.com/index.php?option=com_fireboard&amp;Itemid=228&amp;lang=bg">http://www.blsbg.com/index.php?option=com_fireboard&amp;Itemid=228&amp;lang=bg</a>	<p>The forum is designed for physicians. Consumer identity can be verified by the administrator. Participants must comply with professional ethics. It is mandatory for consumers to use Cyrillic, unless you need the spelling of foreign words, names, links and more.</p>	Medical/ Health care	Restricted to medical professionals only
6	<b>Data.BG Forums</b> > <b>Subforum Health</b>	<a href="http://forums.data.bg/index.php?showtopic=298498">http://forums.data.bg/index.php?showtopic=298498</a>	<p>Topics related to human health, hygiene and preventive measures. You can also discuss health care reform or problems with medical care. Advice that you can get here are mostly organizational in nature and guidance and in no case should you rely entirely on them if you have a health problem. In that</p>	Medical/ Health care	Unrestricted

			case, visit the doctor for a medical examination.		
7	GP forum	<a href="http://www.gpforum.net">www.gpforum.net</a>	<p>Forum for (about) general practitioners.</p> <p>This forum was created to serve and protect the interests of GPs and their patients. The idea is to achieve it through exchange of views, experiences and recommendations.</p>	Medical/ Health care	Unrestricted
8	Dir.bg Clubs > Section Social Work	<a href="http://clubs.dir.bg/postlist.php?Board=socialwork">http://clubs.dir.bg/postlist.php?Board=socialwork</a>	<p>Topics encompassing all aspects of social work. The club allows users to discuss related matters, provide different points of view and seek opportunities for joint initiatives with other organizations and initiatives of social workers.</p>	Social care	Unrestricted
9	Dir.bg Clubs > Section Health	<a href="http://clubs.dir.bg/wwwthreads.php?Cat=159">http://clubs.dir.bg/wwwthreads.php?Cat=159</a>	<p>Place for health care help, advice, etc. Note: Opinions and advice given in these clubs can be hazardous to your health. Try to consult a specialist before that.</p>	Medical/ Health care	Unrestricted
10	Forum.BG-Mamma > Subforum Health problems, health fund, healthcare	<a href="http://forum.bg-mamma.com/index.php?board=14.0">http://forum.bg-mamma.com/index.php?board=14.0</a>	<p>Forum for discussing health issues, prevention, research, disease, rights of patients, problems with the health fund and health insurance, aspects of social work (in other subforums as well – e.g. Adoption, adoptive parents; Integration of Children with Disabilities; Children with disabilities and chronic illnesses; Our children; Home and Family; etc). The purpose of the Health forum is to exchange personal experiences and information</p>	Medical/ Health care/ Social care	Unrestricted

			<p>contained herein is not intended to replace guidance, prescribed treatment or recommendations by health professionals. Before you start using any medicine or treatment discussed in the forum - seek advice of your personal physician or other medical professional.</p>		
1	GP Forum of National Association of GPs in Bulgaria	<a href="http://soft.sofianet.net/">http://soft.sofianet.net/</a>	Updated new version of the previous forum for GPs in Bulgaria.	Medical/ Health care	Unrestricted
1 2	Zdravenforum.com	<a href="http://www.zdravenforum.com/">http://www.zdravenforum.com/</a>	Forum for Users and Providers of Healthcare services. Contains different sections for patients and health professionals.	Medical/ Health care	Unrestricted
1 3	Club DSP – Forum for social workers	<a href="http://klubdsp.forumsplace.com/">http://klubdsp.forumsplace.com/</a>	Forum for social workers	Social care	Unrestricted

## 3.2 CZECH REPUBLIC NATIONAL REPORT

### A. PRIMARY SOURCES RESEARCH

#### 1. METHODOLOGY FOR THE SELECTION OF THE INTERVIEWEES

##### 1.1 Experts' interviews:

The interviewees for the research were chosen in collaboration with the external expert of ATHENA, Mrs. Dagmar Mastilikova, working at Silesian University in Opava, Institute of Nursing.

All experts have been working at Institute of Nursing of Silesian University of Opava at different positions, mainly as teachers or expert assistants. All of them have wide professional background in the field of health (3) or social care (1). All of the interviewees have had university degree (masters' and higher).

The experts know well not only the situation in health and social service field but they are also aware of educational needs of workers in these fields. Their reflection is therefore very valuable.

##### 1.2 Workers' interviews:

The workers were also chosen in collaboration with external expert from Silesian University. Six people were interviewed (5x health care worker, 1x social care worker). People working in different institutions were chosen intentionally. They have been working at hospitals, in physiotherapy institute, and at university, too. . All of them have got long-term working experience. One of them has a university degree, the rest have secondary level of education (with A-levels) in the field of health care.

## 2. RESULTS OF THE INTERVIEWS

### 2.1 Results of experts' interviews:

#### Question 1: Distress:

- In your opinion, are there any particular social risks of stress and burn out in social and health care professions?
- Which are the elements that produce the greatest risks?

#### Answers to question 1:

1. The risk of burn out depends on the time factor, work load and the personality of the concrete worker

2. It depends on the work load, kind of work. The more intensive the work is, the higher is the risk.

Then it is up to the personality of each worker – how s/he can manage the stress and how s/he can relax.

3. There are many factors that can cause the burn out syndrome – the environment of the health institutions, the regular contact with seriously ill people, dying people and mourners; the difficult communication with seniors and most of the patients with serious illnesses.

4. Yes, there are the risks. Care workers get in contact with seriously ill people, and with people in the terminal stadium of the disease. Not only the care work is demanding, also the communication with the patients and their families is very hard.

#### Summary of answers to question 1:

The main risk factors in the field of the health and social care are:

- Work load: „the more intensive the work is, the higher is the risk“
- Time factor
- Working environment
- Work with seriously ill people – demanding work + difficult communication with them and their family members
- Personality of the concrete worker

#### Question 2: Do you think that workers in the health and care sector are:

##### 1- insufficiently

**2- sufficiently**

**3- well**

**trained in the stress and emotional disease management coming from the interaction with degenerative illness? Please briefly specify your opinion about your choice.**

**Answers to question 2:**

1. **(2)** I am convinced that the workers are sufficiently trained. The problem arises from time pressure and missing relaxation during the working hours.
2. **(2)** It is sufficient, only the conditions for having a rest during the working process are missing.
3. **(1)** Insufficient. They have some knowledge from their studies but the daily contact with seriously ill people and the environment in the hospitals are so demanding that it would be useful to offer new possibilities of gaining further information in this field.
4. **(2)** – They are sufficiently trained. Care workers do have basic knowledge about stress and burn-out syndrome. Considering the demanding work, it would be good to offer to them more information on stress management issues and a practical training of stress management techniques.

**Summary of answers to question 2:**

Three of the respondents claimed that the health and social care workers are sufficiently trained in the field in EI. However, they admitted, that the conditions of “time pressure and missing relaxation” do not allow the workers to practice their knowledge. They admitted that the theory and practice are quite far.

One of the respondents claimed that the workers are not trained sufficiently. More information on stress management issues and **practical training** would be useful.

**Question 3: Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?**

**Answers to question 3:**

1. Communication with a patient in difficult situations.
2. Training is sufficient, only the realisation is missing.
3. First of all the capability of recognition of own emotions, the capability of working with them and thus being able to manage demanding environment and situations.

4. They should learn: emotion control, principles of proper communication, understanding of interpersonal relationships and respect to the others.

**Summary of answers to question 3:**

Health and social care workers should learn according to experts' interviews:

- Communication (in difficult situations)
- Capability of recognition of own emotions and their management
- Understanding of interpersonal relationships and respect to the others

**Question 4: Difficulties and barriers of the usage of the new technologies/web 2.0**

**Answers to question 4:**

- Insufficient IT skills
- Lack of knowledge of web 2.0 and its usage
- Communication: language barriers

**2.1 Results of workers' interviews:**

**Question 1: The knowledge and use of the new technologies:**

- **At work or at home**
- **The frequency of use**
- **Interests in the new technologies**

**Answers to question 1:**

The description here does not concern the web 2.0 specifically, as the interviewees do not use these applications very much. The answers therefore concern rather ordinary use of IT (internet, office work).

1. I use new technologies at work and at home for daily communication. It is impossible to work effectively in contemporary society.
2. At home as well as at work, I am a self-learner, I like learning new programmes very much.
3. At home as well as at work, daily. I am interested in new technologies.
4. Daily at work, sometimes at home. I am interested.
5. Use of IT: mostly at home, daily. Not any special interest.
6. Mostly at work.

**Summary of answers to question 1:**

- most answers concerns using of IT generally; term Web 2.0 not known
- All of the respondents: daily usage of IT at work as well as at home

Motivation:

- considering it necessary in contemporary society; like learning new programmes.

**Question 2: The use of new technologies at work for training purposes:**

- **Difficulties**
- **Benefits**
- **Specify the typology of training (self-training, professional training managed by employer, etc.). Skills targeted by the training (emotional or technical).**

**Answers to question 2:**

1. Benefits – possibility of gaining lot of information, possible self-study, possibility to study in own pace. Difficulty: loosing of contact and communication with other students (e.g. in e-learning courses). Technical skills.
2. I like self-learning. I want to study by myself, nobody pushes me and I can motivate myself. Skills targeted: technical (IT)
3. Benefits: making the work faster and more effective, self-study; training at work – with a trainer (tutor). Difficulties: limited availability.
4. Benefits: Fastness, wide range of information, self-study. Difficulties: None. Skills targeted: professional.
5. Use of new technologies is absolutely necessary. Benefit: up-to date and available information. I use new technologies for education at university (e-learning modules), which I study now besides of being on parental leave. The University I study (Institute of Nursing at University of Opava) is focused on practical, theoretical, technical as well as social/emotional knowledge.
6. Self-study benefits: any time, calm and peace. Difficulties: it is not possible to consult the unclear issues with immediate feedback.  
  
F2F training benefits: possibility of asking questions, personal contact. Difficulties: loosing of free time, sometimes boring; connected with financial costs

**Summary of answers to question 2:**

**A) Benefits:**

- Possibility of gaining lot of information
- Possibility of self-study – any time, calm, peace, own pace, without a pressure
- Wide range of up-to-date and easy accessible information
- Less time consuming and money saving (travelling)

**B) Difficulties:**

- Lack of contact and communication with other students
- It is not possible to consult the unclear issues with immediate feedback
- Limited access – necessity of being online

**C) Skills targeted:**

- Technical skills (IT)
- Professional training
- Study at university (e-learning modules) in blended form of learning

**Question 3: training needs: Specify the main needs, which are the skills that the interviewee consider to be the most important to be focused on.**

**Answers to question 3:**

1. Deepening of knowledge and skills in the field of care
2. Communication between the care worker and the patient
3. Stress management, prevention of the burn-out syndrome
4. In the nursing sector, the training needs are as follows:
  - improve the organisation of work
  - learn to understand the relationships
  - management of difficult situations
  - improve technical knowledge
5. Communication among client and the staff, more prevention and information for citizens. Improvement of knowledge of new processes, work with technologies, development of psychological “immunity” of the staff, training of assertivity, communication with a problematic patient etc.

6. Independence, ability of searching for new information, knowledge of the importance of new information acquisition, new trends and knowledge. Proper communication, assertivity, dialogue, knowledge of specific issues.

**Summary of answers to question 3:**

- Communication (in difficult situations), understanding of relationships, assertivity
- Stress management, management of difficult situations, prevention of the burn-out syndrome, development of „psychological immunity“
- Management (work organisation)
- Independence
- Ability of searching for new information, knowledge of the importance of acquisition new information in the field
- Improvement of technical knowledge, work with modern technologies
- Deepening the professional knowledge and skills in the field.

**Question 4: Training courses frequented (in the last 3 years)**

**Answers to question 4:**

- Course of mentoring
- Training course: general nurse
- Congresses of suture nurses.
- Only seminars in the professional field
- Gerontological Days,
- Hart-attack
- Katarkt school – practical execution of the grey kataract surgery;
- Seminars on surgery, on vascular issues, etc.
- Congresses, festivals

**Summary of answers to question 4:**

All of the respondents: various professional courses, congresses, festivals, and seminars in the filed of care.

No Emotional Intelligence courses were mentioned.

**Question 5: How useful is for the professional growth to exchange experience with other professionals and why?**

1. Gaining of new information enriches not only us personally but also the field we work in.
2. Exchange of experience helps to develop good practice also on workplaces where there have been problems. Professionals can listen to each other and exchange experience.
3. Collaboration and exchange of experience is very important for getting to know new trends in the field.
4. Exchange of information is extremely important, as the verbally transferred information and experience is easier to remember and afterwards easier to apply, than only some information read in scope of some text.
5. Exchange of experience with care workers from foreign countries is also interesting way how to draw new information. From this point of view, it is necessary to pay attention to development of language knowledge, too.
6. Exchange of experience is useful for omitting mistakes.

**Summary of answers to question 5:**

Exchange of experience is very important for:

- Personal and professional enrichment, gaining knowledge of new trends – improvement of processes, development of good practice
- Informal learning (e.g. by communication) is more effective than simple text reading (easier implementation of the gained knowledge to practice)
- Exchange with foreign countries is very important => language knowledge must be developed

**Question 6: Bibliography and web sites indicated by the interviewee**

Magazine „Nurse“ – 3x

B – Brown

[www.mzcr.cz](http://www.mzcr.cz)

[www.zdravi.cz](http://www.zdravi.cz)

[www.zdravky.cz](http://www.zdravky.cz)

[www.pharmnews.cz](http://www.pharmnews.cz)

## B. SECONDARY SOURCES RESEARCH

### 1. RESULTS OF THE BIBLIOGRAPHICAL RESEARCH

Country	Autor	Title	Description	Editorial	City of publication	Year
CZ	Schulze Ralf; Robert Richard	Emoční inteligence	“Emotional Intelligence”: definition of terms, theoretical approaches to EI, methods of EI measurement, main application areas, progress and challenges in the field.	1. vydání Portál ISBN: 978-80-7367-229-4	Praha	2007
CZ	Greenberger Dennis; Padesky Christine A.	Na emoce s rozumem	“Intelligent Emotions”: the book helps to learn emotional control – to be able to manage bad emotions like depression, anger, anxiety, panic, jealousy, shame etc. The methods can be used also in situations of overcoming drug addictions etc.	Portál ISBN: 80-7178-742-6	Praha	2003

CZ	Baštecká Bohumila; Goldmann Petr	Základy klinické psychologie	„Basics of clinical psychology“: textbook of clinical psychology is devoted to the tools for understanding psyche of individual who is somehow suffering. It develops possibilities and psychosocial support. The approach build bridges between mental and physical problems of an individual as well as between the two worlds of people receiving and providing assistance (the attention is paid also to psychological problems of care providers).	1. vydání Portál ISBN: 80-7178-550	Praha	2001
CZ	Laura Janáčková; Petr Weiss	Komunikace ve zdravotnické péči	The communication with patients is extremely important also for the treatment process. The book is divided into three parts: ontogenesis of communication skills, principles of communication and the third part: specialities and principles of	1. vydání Portál ISBN: 978-80- 7367-477-9	Praha	2008

			communication in some fields of medicine as e.g.: oncology, surgery, gynaecology, sexology. Special attention is devoted to communication with handicapped patients.			
CZ	Naděžda Špatenková, Jaroslava Králová	ZÁKLADNÍ OTÁZKY KOMUNIKACE: Komunikace (nejen) pro sestry	Communication is source of all emotions that we experience – positive as well as negative ones. Its basic rules are valid for all fields of human activity. However, there are some specifics of communication in different professional fields. Health care is one of them.  The publication brings answers to basic questions from the field of communication. There is not only the theory but also practical recommendations, exercises etc.	1. vydání Galén ISBN: 978-80-7262- 599-4	Praha	2009
CZ	ŠKRLA, P., ŠKRLOVÁ, M.	Kreativní	Creative care management	1. vyd. Advent-	Praha	2003

		ošetřovatelský management		Orion s.r.o. ISBN 80-7172-841-1		
CZ	GROHAR-MURRAY, M.E., DiCROCE, H.R.	Zásady vedení a řízení v oblasti ošetřovatelské péče	Leadership and Management in Nursing	vyd. Grada Publishing, ISBN 80-247-0267-3	Praha	2003
CZ	NAKONEČNÝ, M.	Lidské emoce	“Human emotions“	1. vyd. Academia, ISBN 80-200-0763-6	Praha,	2000
CZ	KŘIVOHLAVÝ, J.	Konflikty mezi lidmi	Conflicts among people	2. vyd. Portál ISBN, 80-7178-642-X	Praha	2002
US	RILEY, J.B.	Communication in Nursing		5th. ed. Mosby, ISBN 0-323-02401-7	St. Louis	2004
CZ	VÁGNEROVÁ, M.	Psychopatologie pro pomáhající profese: variabilita a patologie lidské psychiky	Psycho-pathology for helping professions: variability and pathology of human psyche	1. vydání Portál, 448 s. ISBN 80-7178-214-9	Praha	1999

CZ	VENGLÁŘOVÁ, MAHROVÁ:	Komunikace pro zdravotní sestry	Communication for Nurses	Grada ISBN 80-247- 1262-8	Praha	2006
CZ	Daniel Goleman:	Jak odstartovat úspěšnou kariéru	“How to start a successful carrier“	1.vyd./ 2.vyd. Columbus ISBN: 80-7249-017-6	Praha	2000/ 2002

## 2. RESULTS OF THE WEB RESEARCH

(It is not clear nor comfortable for the reader this number code, complete information should appear in each cell)

Country	Type: 1. Forum 2. Blog 3. Website 4. Other	1. Formal (managed by public institutions, associations, private entities, etc.)  2. Informal (managed by experts, health and care sector workers, persons involved in the area)	Main activities: 1. Exchange of experiences 2. Technical information (medical information, therapies etc) 3. Juridical information (employment, contract, insurance, law etc)	Link
CZ	3	2	2	<a href="http://www.prozivot.info/ei/index.php">http://www.prozivot.info/ei/index.php</a>
CZ	3	1	2	<a href="http://www.softskills.wz.cz/html/emocni.html">http://www.softskills.wz.cz/html/emocni.html</a>
CZ	3	1	2	<a href="http://tbsd-eq.wz.cz/emocnieq/index.php">http://tbsd-eq.wz.cz/emocnieq/index.php</a>
EN	3	2	1, 2	<a href="http://www.6seconds.org/">http://www.6seconds.org/</a>
CZ	3	1	2	<a href="http://www.bbrounweb.cz/">http://www.bbrounweb.cz/</a>
CZ	3	1	2, 3	<a href="http://www.mzcr.cz">www.mzcr.cz</a>
CZ	4 – information portal	2	1, 2, 3	<a href="http://zdravi.idnes.cz/">http://zdravi.idnes.cz/</a>
CZ	4 – information portal	2	1, 2, 3	<a href="http://www.zdravky.cz">www.zdravky.cz</a>
CZ	4 – information portal	2	1, 2, 3	<a href="http://www.pharmnews.cz">www.pharmnews.cz</a>

## C. CONCLUSIONS

### 1.1 Experts' interviews

The interviewed experts admitted there are huge risks of stress and burn out in social and health care professions. The risks are connected with inadequate workload and demanding environment.

The experts claim that the workers are trained in the field of EI; however, they admit that there is a big gap between theory and practice. (Practical implementation of the knowledge is missing).

Learning needs of workers:

- Communication (in difficult situations)
- Capability of recognition of own emotions and their management
- Understanding of interpersonal relationships and respect to the others

Barriers for learning:

Insufficient knowledge of IT, especially of Web 2.0

Barriers in communication (missing language skills).

### 1.2 Workers' interviews

#### Usage of IT:

IT is used by most of the workers on daily basis – at home as well as at work.

Term Web 2.0 not known

#### Usage of IT for training purposes:

- Benefits – possibility of gaining lot of information, possible self-study, possibility to study in own pace, without pressure, wide range of up-to-date and easy accessible information; less time consuming and money saving (travelling)
- Difficulties: lack of contact and communication with other students; it is not possible to consult the unclear issues with immediate feedback – these matters can be solved by tutoring and discussion forums; however, we need to take in consideration the missing language skills of the trainees; limited access – necessity of being online – not all the

households neither the health care providing institutions are equipped with internet connection yet.

- Skills targeted: none of the interviewees used IT for EI training – there is a gap on the market!

### **Learning needs in the field of EI according to care workers themselves:**

Communication (in difficult situations), understanding of relationships, assertivity, stress management, management of difficult situations, prevention of the burn-out syndrome, **development of „psychological immunity“**, management (work organisation).

### **Training courses:**

The care workers are used to attend training courses regularly. However; these courses are F2F and are focused mainly of professional/expert knowledge.

**Exchange of experience** is considered to be extremely important in the field of care. Exchange of information with the other countries is limited by the insufficient language skills. Exchange of experience is considered a way of informal learning, which is more efficient.

## **1.3 Bibliography**

**1.3.1** There are some books available in the Czech Republic, which are devoted to communication and other matters in the field of health care. The books, which concern the topics of EI specifically, are not usually connected with this professional sector directly. Some of the books are just translations of foreign authors (e.g. Goleman).

Generally, it can be said that there are some literal sources that can be used for the Carein course development.

**1.3.2** There are some web sources concerning EI or health and social care issues. However, there are no sites, which would contain both. There are almost no forums for care workers concerning their training. It can be said that there is a space of the market for the Carein idea.

### 3.3 DENMARK NATIONAL REPORT

#### INTRODUCTION

In this report some examples of problems among social and health care staffs in Denmark are presented. This regards problems that are related to emotional intelligence.

The results have been obtained by means of interviews with 4 employees and 4 experts within the sector. Also, concrete needs of, and wishes for further training - including web-based training - have been identified.

The section about Web 2 starts with a definition of how we view Web 2 in Denmark. Succeeding, we have been able to find four examples of the application of Web 2 in the health sector. Out of these, one is about communication among patients, but we have included it because the theme is relevant in this connection, and because the results and the experiences are transferable.

The last section provides examples of *Danish* websites and links, books and articles related to the subject.

#### Interviews

In connection with the preparing of this report four social and health care employees and four experts within the area have been interviewed.

All the interviews have been conducted in February and March, 2010.

The four social and health care employees have been selected randomly among the staff at four elder care centres in Aarhus, Denmark. Three women and one man have been interviewed. The gender lopsidedness of the majority of women reflects the fact that the majority of this trade group in Denmark is women.

Similarly, four experts have been interviewed out of which the two are men. This is a more equal gender division which reflects the fact that when you reach the management and specialist level the men are more represented.

#### Interviews with Social and Health Care workers.

The interviewed individuals are between 19 and 59 years old, and they have been working in the sector for respectively 1, 5, 8 and 25 years. They are ordinary social and health care workers, and thus they are typical representatives of the trade.

All the interviewed individuals work with care for the elderly, dying, handicapped, or mentally ill persons.

They all say that they do not feel sufficiently trained in areas concerning emotional intelligence. They mention that the subjects provided in their education are very good, and the right ones, but there is far too little time for in depth studying and analyzing, because you are so busy going through the curriculum in too little time. Therefore many of the relevant subjects are only briefly dealt with.

It is stressful that the working places in this sphere are so busy. Stress at the work place can easily imply a rough tone of communication among the colleagues which causes further straining.

All the interviewed individuals say that it is psychologically stressful that you are not able to provide the individual citizen with the care that you would like to give him or her because of time pressure. One of the interviewed persons says: "I have a constant bad conscience. It hurts me that there is no time for the individual. It all works like an assembly line".

It is more stressful to be busy within the care for elderly and ill persons than it is e.g. to be busy working in a shop, doing factory or administrative work because care work causes the employee to have a bad conscience when he/she has to leave a human being who is sad or in pain.

Busyness contributes to some localities having a bad working environment in which you do not feel solidarity with your colleagues, or even slander each other and gossip about each other.

All the interviewed individuals have undergone further training courses within the past three years. Ostomy care, treatment of wounds, transfer of citizens, hygiene, legislation, ethics, communication, co-operation and coping with stress are mentioned.

All the interviewed persons would like to learn more. They mention the following subjects as some of the most important subjects to learn more about:

- Coping with a bad working environment
- Coping with stress
- To acquire more self-confidence
- To acquire more self-insight
- Communication
- Conflict management

- Personal appearance – “I would like to appear with more authority so that I can be regarded as an authority”
- To foresee conflicts
- To act appropriately in conflict situations
- To work with very depressed individuals without being too affected personally.

They all say that they would like to participate in self training as well as professional training managed by the employer and they all think that there are too few possibilities of emotional as well as technical training.

All the interviewed persons are used to using IT from their education period when schedules, homework and assignments were only accessible online. They are also used to using IT in their work. In the care sector, all employees are equipped with a PAD which is used for registration and documentation of each home care visit. IT is also used for the planning and for internal communication at the local care centre and for the external communication as well.

All the interviewed persons also use IT at home.

Regarding the view in relation to using IT for further training, the attitude is divided from sceptical to positive. However, everyone agrees that under no circumstances this can be an independent approach, and that it must be combined with face-to-face teaching. They all mention that it is important to have contact to fellow students who are physically present.

As a benefit from training yourself through IT one of the interviewed persons says: “I would really like that. Then I could slow down and learn in my own way”.

It is mentioned that web-based teaching is flexible in every way, and you are spared of the transport to the training centre!

Another person mentions that it would be good and most efficient if you could do your technical and medical upgrading on the Internet. Then you would have more time to participate in further training by means of face-to-face teaching concerning emotional issues and subjects such as conflict management and communication. IT is suitable and effective updating of knowledge. You can easily learn about symptoms of diseases online, but you cannot learn how to solve conflicts online. This requires a social context, the Internet is not sufficient!

All the interviewed persons give positive statements about exchange of experiences in relation to professional and personal development. "I can learn a lot from the experience of others and they can probably also learn from hearing about my experiences and problems because each person has his/her way of approaching things and problems" is a typical statement.

Collegial supervision is also mentioned as a good method of working with subjects and issues related to emotional intelligence.

They all mention that it is necessary for the supervision and exchange of experience to be managed by a competent person who is able to ask the hard questions that are more personal. Otherwise it can develop into being merely a "chit chat" about issues not relevant, or that only the negative things are brought forward, which you then mutually affirm. Several of the interviewed persons mention that in order to learn something from supervision and exchange of experience, not only management and the right settings are required. It is also necessary for the participants to have self-insight and is able to reflect upon things, as well as the will to develop themselves.

### **Interviews with experts**

An interview has been conducted with *the head of department of further training/in-service training* at Aarhus Social and Health Care College. A Social and Health Care College in Denmark is the sort of institution in which social and health care helpers and assistants are educated, and similarly, the location where employees in this sector undergo continuous further training after they obtain an employment. The interviewed head of the department for further training is a professional ergo therapist.

The concerned individual is a key person because he has a profound knowledge of the contents of the education which the care staffs get before they obtain a job as well as knowledge of the possible further training for this staff once they are employed. Furthermore, he will be a relevant person when the results of this project are to be exploited and disseminated.

An interview has also been conducted with *a manager of an elder care centre*. She has knowledge of the practical work conducted within the care area, and she has knowledge about the actual competences and lack of competences among the staffs in the sector. The concerned individual is a trained nurse and she has succeeding undergone management training.

Furthermore, an interview with *an education and trainee period manager* has been conducted at an elder care centre. She was selected for an interview because she is used to reflection in relation to education, training and further training of care and nursing staff. She is a trained nurse with further training in supervision. Furthermore she has a diploma degree in the teaching of adults.

Finally, an interview has been conducted with the *BCW employee* of Aarhus Social and Health Care College. The letters BCW stand for Behaviour, Contact and Well-being (in Danish: AKT= Adfærd, Kontakt, Trivsel). The concerned person works 50 % of his working hours with class coaching, conflict solving and as a learning employee for the students at the college, and the rest of his working hours on the further training courses, e.g. at elder care centres, with conflict management, and communication. He is a trained nurse, and furthermore he has a diploma degree in pedagogic as well as a master in conflict resolution. Besides having professional competences in relation to emotional intelligence, thus this person is updated in relation to which conflicts occur at the social and health care workers education institutions as well as on their work places.

The interviewed experts all agree that in Denmark there is a great and positive awareness of the importance of emotional intelligence in connection with training and further training of care staff. The curriculum of the social and health care educations includes empathy, assertion, communication, conflict management etc. However, the experts agree that not enough work is done in relation to this, and not least that the work on these issues is not carried out in the correct manner. There should be more training in communication and in coping with stress and with other people's diseases, in managing of conflicts and coping with citizens suffering from dementia, as well as with mentally retarded and mentally ill persons.

Some of the interviewed individuals mentioned that the best way to acquire these competences through the teaching is by doing role playing, e.g. about conflict situations and situations of powerlessness as well as by collegial supervision. It was mentioned that there is *teaching* in these subjects in the education, but that there is not sufficient *training* in relation to confrontations through which the students get to know themselves better. Therefore, there is no change of attitude, and therefore you are not sufficiently equipped for coping with the situations. Therefore more work should be done in relation to communication *training* and emotional *training*. You need to provide action competences and not only inputs of knowledge. There must be a relation pedagogic. You need to get closer to the care worker and work with emotional images.

Others mention the care staffs must develop themselves – You cannot disregard who they are as persons and that role playing does not make sense in training of emotional

intelligence. Exercising of emotional competences can only be done in the real world, not if you play a role. You need to relate to yourself.

Instead, you can reflect upon previous experiences and identify your own emotions: “How did I feel in that situation? And why”? And then the reflection can take place in dialogue or in small reflection groups. The participants must be able to have contact with their feelings and know their resources. They are not supposed to play a role, but to be themselves, and relate to themselves.

When you learn something that is vocationally or pedagogically new and thus acquire a new insight, the personal approach towards the patient must be considered. This is not something you can read in a book.

Regarding the use of IT in the teaching of subjects related to emotional intelligence, all the interviewed persons are somewhat sceptical.

This sort of teaching is based on a good contact, and this is not possible through the Internet. All learning implies an emotional, a cognitive and social part, and IT Medias can cause many misunderstandings. After all, it regards human emotions. Body language and tone of voice is important. These requirements, however, can be met by means of microphone and webcam. But we should not forget that it is about making people feel themselves.

It is also about being aware of the transfer issue. In this connection knowledge about the issue is not worth much if there is no transfer of knowledge in relation to a change of attitude and not least a change of behaviour. Theory is not automatically transferred into practice.

It is mentioned as positive options of exploiting IT that it could be very profitable to show video recordings through the Internet of situations in which misunderstandings and conflicts occur, and with poor communication.

The recordings could be supplemented by questions in relation to the films.

You can also work on e.g. grief. You can watch interviews in which different people tell about their grief. In this way, you encounter the grieving reactions of others, and you are confronted. You could also show three examples of aggression. But afterwards, you should be able to talk about how it affects you, and what you feel.

The interviewed experts agreed that the Internet can be used for mediating theoretical knowledge concerning the subject, and in this connection it is a great advantage that the individual can acquire the contents at his/her own speed, and where and when it is most convenient.

You can also ask questions of the sort: “How were conflicts coped with in your childhood home?” online, which the individual can then work with, and reflect upon.

## WEB 2.0 IN DENMARK – DESIGN PARADIGM AND USER INFLUENCE

The internet-based applications that Web 2.0 has implied, all allow the user to cooperate and share information online. The exact definition of what Web 2.0 is still the object of debate based on two aspects. The one aspect is the technical aspect, also known as the design paradigm. That is to say the ways the different technologies are structured. The other aspect is the social aspect which concerns the new possibilities of the influence of the individual citizen, and how this can influence the manner in which we use and perceive the Internet. The Web 2.0 technologies benefit from the opportunities offered by the internet, and in that manner they create relations between humans to a much larger extent than previous technologies. The social aspect is precisely what is relevant in relation to the users' unfulfilled communication needs.

Examples:

The first example is a dissertation about web-based communication within the health sector (University of Copenhagen in cooperation with the University Hospital of Copenhagen). "Patient network - Social recognition through Web 2.0" (Patient netværk – Social anerkendelse via Web 2.0).

[www.kommunikationsforum.dk/file.asp?id=3328](http://www.kommunikationsforum.dk/file.asp?id=3328) (summary in English)

The dissertation is about communication among patients – not among staff - but we have included it anyway because the theme is relevant in this connection, and because it has a transfer value to our CarEIn project.

Quote from the introduction:

"You can spend a long time discussing what Web 2.0 is. You can also just transfer it into practice somewhere where it is really needed, and let the users be co-designers".

The following two Web. 2.0 examples are about lifelong further training of Danish health care staff.

[www.Sosu-hjaelp.dk/index123.html](http://www.Sosu-hjaelp.dk/index123.html)

[www.regionweb.itslearning.com](http://www.regionweb.itslearning.com)

Our college is involved in the production of this program (If you wish, we can provide you with a guest password.)

In both cases the social and health care staff can acquire information and knowledge about different subjects (Health, activity and culture subjects, social and society subject, pedagogic, psychology, medical subjects, Danish.

You can exchange experiences, views and attitudes and you can upload your own teaching material. Through the program you can activate and apply a web cam.

[www.sosutube.com](http://www.sosutube.com) is another example of an opportunity of communication and exchange of experiences among staffs in the social and health sector.

**WEBSITES AND LINKS:**

Country	Typology:	<p><b>Formal</b> (managed by public institutions, associations, private entities, etc.)</p> <p><b>Informal</b> (managed by experts, health and care sector workers, persons involved in the area)</p>	<p>Main activities:</p> <p>Exchange of experiences</p> <p>technical informations (medical information, Therapies etc)</p> <p>juridical informations (employment contract, Insurance,law etc)</p>
DK	website	<p><a href="http://www.arbejdsmiljoforskning.dk">www.arbejdsmiljoforskning.dk</a></p> <p>is the site of the Danish National Research Centre for the Working Environment (“Det nationale forskningscenter for arbejdsmiljø”)</p>	<p>The overall management of the NRCWE is carried out by a board of governors appointed by the Minister of Employment, Research itself is organized in projects. The site of the Centre has an English version.</p>
DK	website	<p><a href="http://www.psykiatrifonden.dk">www.psykiatrifonden.dk</a></p>	<p>Since 2001, the Psychiatry Fund (“PsykiatriFonden”) has provided counseling for companies, institutions, managers and staffs about the promotion of well-being, a good psychic work environment and in prevention of stress. In recent years, the business counseling has had a major growth. The network of psychologists now covers the entire country and the number of</p>

			companies and institutions attached to this kind of counseling services is continuously increasing
		<a href="http://www.socialpsykiatri.dk/vidensbase/bladet/2008/blad4/udbredthed-turretur">www.socialpsykiatri.dk/vidensbase/bladet/2008/blad4/udbredthed-turretur</a>	An article in "Socialpsykiatri" ( Social Psychiatry), 2008, issue no.4 about burnout among health care staff which is a major problem in Denmark.
		<a href="http://www.arbejdsmiljoforskning.dk/upload/AMl rapp59.pdf">www.arbejdsmiljoforskning.dk/upload/AMl rapp59.pdf</a>	Examination of 59 cases of work conditions among social and health care staffs within the care trade group in relation to the psychic work environment (Psychic draining, stress, burnout etc.).

**BOOKS, ARTICLES, CD'S**

BIBLIOGRAPHICAL REFERENCES						
Country	Autor	Title	Description	Editorial	City of publication	Year
Denmark	Bo Netterstrøm	"Klar besked om stress"(Full information about stress	About symptoms of, and prevention of stress.	Aschehoug	Copenhagen	1997

Denmark	Bo Netterstrøm	"Stress",	About experiencing stress at your work place.	DR Multemedie	Copenhagen	2002
Denmark	Articles	"At arbejde i brugernes hjem" (To work in the user's home)	Dilemmas you experience when you work in home care	BAR Social og Sundhed	Copenhagen	2004
Denmark	Bo Netterstrøm	"Stress på arbejdspladsen - årsager, forebyggelse og håndtering" (Stress at the work place – causes, prevention and coping with it) It is described how stress can be	It is described how stress can be defined and who is struck by stress, and how it appears. The book also enlightens the historical perspective, the physiological background and the causes of stress.	Saxo	Copenhagen	2002
Denmark	Henrik Hopff	"Det psykiske arbejdsmiljø i Ældreplejen" (The mental work environment in elder	About how to avoid burnout in elder care	BAR Social og Sundhed	Copenhagen	2002

		care)				
Denmark	Bobby Zachariae	"Lær at håndtere stress" (Learn how to cope with stress)	Four efficient exercises	Rosinante	Copenhagen	2009
Denmark	Kitty Dencker	"Det psykiske arbejdsmiljø på sygehusene" (The mental work environment at hospitals)	About the mental work environment at hospitals	Videnscenter for Arbejdsmiljø	Copenhagen	2005
Denmark	Hanne Nørby	"Mødepakke for handicaphjælpere" Working with disabled people	For staff working with disabled people in their homes	BAR Alene-arbejde	Copenhagen	2006
Denmark	Bobby Zachariae	"Stresskompetence" (Stress competence)	Exercise book and CD. Tools for coping with stress),	Rosinante	Copenhagen	2009
Denmark	Bobby Zachariae	"Lær at håndtere usikkerhed - Ved Præstationer" (Learn how to cope with insecurity - By	How to handle in-security	Rosinante	Copenhagen	2006

		performing)				
Denmark	Bobby Zachariae	"Få mere selvværd og bedre relationer" (Get more self-esteem and better relations)	A low self-esteem causes insecurity in social as well as professional situations. With this CD you acquire tools for clearing thoughts and feelings concerning persons that you wish to improve your relation to.	Gyldendal	Copenhagen	2009
Denmark	Irene Oestrich	"Bedre selvtillid"(Better self-esteem)	This publication is about how to enforce your self-esteem and social skills	Psykiatrifondens forlag	Copenhagen	2009
Denmark	The care staff at Trekanten, Nærheden and Ålunden	"Praktikmappe for Institutionerne Trekanten, Nærheden og Ålunden" (Trainee period material for the institutions "Trekanten", "Nærheden" and "Ålunden"),	The publication is made by the staff of 3 institutions and is about the residential and activity offers for mentally retarded. About the requirements in relation to working with mentally retarded individuals.	Trekanten	Grenaa	2008
Denmark	Susanne Møberg	"Er du også særlig sensitiv?" (Are you also very sensitive)	How to live with and even to benefit from being very sensitive	Møbergs Forlag	Copenhagen	2009
Denmark	Articles	"Værktøjer i social og	Tools to solve the mental	BAR Social og	Copenhagen	2008

		sundhedssektoren” (Tools for the social and health care sector)	challenges in social and health care sector	Sundhed		
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### 3.4 ITALY NATIONAL REPORT

#### INTRODUCTION

The social and medical training for assistants and operators in Italy is almost entirely under the ECM<sup>2</sup>'s training credits rules.

It concerns the **organized and controlled** system of training activities, both theoretical and practical (courses, seminars, symposiums etc.), developed by **any interested Entity**.

It's an interest of the social and health operators to participate to the training courses that can grant them an amount of credits, also for their need to reach a certain amount of credits every year.

Every operator has, autonomously, to care about his/her training, with a special focus on training aims of national and regional interest. ECM is aimed to the final evaluation of the training events, so that every single operator should have a granted quality and utility in terms of his/her expertise. ECM is, moreover, a tool that remembers to every operator his/her duty to participate to a certain amount of professional training and retraining activities.

Traditionally, the social and health services are mostly public, with the possibility to be supplied by private entities contracting with the public sector (that, in practice, purchases goods and services to offer it to the citizens) or that operates without any convention. On the whole, more than **the 74% of the social and health assistants refers to Institutions, so the importance of public structures in the health services is evident. It's a role that becomes more relevant in the social area, where Institutions absorb more that the 92% of the total amount of the workers.**

The roles interested in the health and social area can be divided into four groups:

1. **Medical health professions**, where a Master's degree in Medicine is needed;
2. **Non-Medical health professions**, where a Bachelor's degree in Medicine is needed;
3. **Technical social and health professions**, where a Bachelor's degree in Psychology, Sociology or Social Assistance is needed;

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<sup>2</sup> program for continuing medical education (**ECM**).

4. **Auxiliary social and health professions**, where no graduation is needed.

## 1. METHODOLOGY FOR THE SELECTION OF THE INTERVIEWEES

### Experts' interviews

Interviewees were selected for their different skills and professionalisms, to start a collection of information from different cultural backgrounds. All interviewees work in different territorial contexts and structures, and have different educational backgrounds. They all know well the social and care workers' world.

Two men and two women were selected, to have gender balance.

All of them have a university degree and a long professional experience.

They are:

1 Expert in training, who works with Ausl (Local districts).

1 Psychotherapist, expert in stress problem, with training and therapy experience.

### Workers' interviews:

People working in different institutions were chosen intentionally. They work in hospitals, healthcare providers part of the medical insurance plan, public structures. They have different professionalisms: 1 nurse, 1 social assistant, 1 educator, 1 paramedic manager.

All of them have long-term working experience. All of them have a university degree.

## 3. RESULTS OF THE INTERVIEWS

### a. Results of experts' interviews:

#### Question 1

In your opinion, which are the more suitable training experiences for helping social and care workers to face stress and disease, mostly while assisting persons with degenerative illnesses?

- A. Class training, experience-based training with appropriate exercises and a constant help and support for operators, one by one or as a group, to let them manage emotions and crisis.
- B. About problems concerning patients and their families. A generic reference is impossible. It's possible to consider mourning's phases and its elaboration.
- C. Training for small, homogeneous groups, divided by clinic field, oriented to rielaboration "of experience in a protected context".

- D. The motivational/transversal nature's ones, that's to say initiatives that help the comprehension of ourselves and the operated role/function.

### Question 2

**Considering your experience, which are the specific needs of social and care workers in training?**

- A. Stress management, conflicts management, patient relation management.
- B. Know and be able to do about the specific area, especially knowing how to be
- C. To know emotions linked to care-relation's experiences with a high risk of failure. To be able to manage emotions and contextualize experiences.
- D. As my experience is prevalently referred to healthcare sector, I noticed also through surveys and experience that the didactic methodology of the peer discussion about concrete cases is preferred. Cases and adopted solutions analysis is a didactic method appreciated by healthcare workers.

### Question 3

**In your opinion, is there any particular risk for these workers' categories relating to stress and burn out? If yes, which elements generate the main risk?**

- A. Yes. The management of communication with patient and the family, where operators are often left alone without any tool; conflicts between operators caused by a lack of assertive communication, structured inside the department; a lack of places and time where and when operators could confront and support each other in their crisis.
- B. Individual Modeling. To have good teachers at work.
- C. Yes. Stress and burnout risk is always present in healthcare professions. Risk factors are connected to the mission, which originates operators' values and expectations. Long exposition to emotional relations generates incapability and rage sense.
- D. Yes. Risk exists and is highlighted by literature. Elements that negatively influence are caused by work's organization. The main risk is worker's isolation caused by different reasons.

### Question 4

**In your opinion, is the training now sufficient, not sufficient or good for social and healthcare workers that deal with degenerative illnesses? Why?**

- A. It's not sufficient because it leaves the institutional studies' path without an appropriate training in psychologic subjects. In some cases there's an almost

sufficient training, but it's intermittent and not structured. Training is left to managers' sensibility and resources to develop projects are not suitable.

- B. Insufficient. Burnout and turnover
- C. Not sufficient because it doesn't concern, since the basic training, elements that orient and direct the care's relation and the emotions' flux, as it relates on cognitive aspects and on technical skills.
- D. I can't answer, but stress and burnout risks' incidence is high for social and care categories, so evidently a better training must be possible.

### Question 5

**In your opinion, which aspects should be more emphasized in social and care workers' training to improve the working conditions?**

- A. To provide needed skills to manage ourselves, first, and to let workers to understand communicative modalities to interface with others, to gain a better consciousness of their interpersonal dynamics; continuing support.
- B. Knowing how to be
- C. Teamwork is a resource for everybody to realize emotions' growth and development. Self-consciousness and ability to change inner frames of mind.
- D. Aspects that must be emphasized refer to a better self-representation during work activities.

### Question 6

**In your opinion, which are the difficulties in the use of web 2.0 technologies for training?**

- A. None, if a practical and experience-based help will be provided to support operators, and if it will be constantly used in a structured way.
- B. The lack of human contact, so the possibility of dialogue in comparison to losing the non-verbal aspects, the dynamics of identification and modelling
- C. Technology access at work. The research for interaction with another person.
- D. Scarce personalization and low feedback.

## 2.2 Results of workers' interviews:

### Question 1

	A	B	C	D
<b>Which kind of IT knowledge do you have?</b>	good	adequate	sufficient	good
<b>A) When do you use the computer (at home? At work? ...)</b>	Home and work	Home and work	Only at work	Home and work
<b>B) Do you use it frequently (daily, occasionally, etc)</b>	everyday	everyday	occasionally	everyday
<b>C) Are you interested in new technologies?</b>	Yes	Yes cause I want to learn more	No	yes

### Question 2

**Which advantages or disadvantages the new technologies' use for training could bring?**

- A. As the time used relating with others while working is a lot (families, structures, social services, etc), it would be advantageous to get training with e-learning modalities, because of the lack of time.
- B. Advantages are the rapid users' information filing and activities planning; disadvantages could be an excessive mechanization in inserting persons' data.
- C. Advantages: Immediacy, correctness of information, pragmatism, data exchange between more persons and different workers, choice and selection of news, etc; Disadvantages: sedentarism, lack of human relations (communications, ideas exchange, information, etc.).
- D. It helps in fulfilling the terms of training; relations are mediated so maybe limited.

### Question 3

**In which contexts are more appropriate (selftraining, professional training provided by entities, etc.)**

- A. A mix of the three
- B. Selftraining, but also and mostly data insertion, annual activities planning, users' evaluation forms filling-in, sensible data storage.

- C. Mainly for selftraining, but appropriate also for professional training managed by entities.
- D. For all the examples, I guess, but now I think that, in my opinion, if it was for training provided by entities it would bring to time gain for “thinking” about the faced situations.

#### Question 4

**In your opinion, which are the kinds of competence where it would be more appropriate to use IT platforms-based training methodologies? (relational skills as emotions management, communication, team work, etc. or technical, specific skills)**

- A. Technical more than relational skills; To consider relationships, details are needed and a technic system probably doesn't recognize them. Technically, it could be valid, but relationship isn't made up only of verbal, but of many components difficultly recognised by IT aspects.
- B. Skills above all linked to work organization: from forms filling-in to users and activities, weekly, monthly and annual planning of a residential day-service, collective meetings' verbals editing, etc.
- C. Absolutely in technical and specialist skills: I can't recognize in these IT modalities the management of relational skills as emotions management.
- D. For technical skills.

#### Question 5

**With regards to your professional activity, which skills do you consider it would be better to improve through training and which ones do you think it would be better to be focused on?**

- A. Skills concerning the relation with families, that is more complex than the relation with patients. Alzheimer presents big criticalities also because the structure can't always satisfy patients' expectations. Skills concerning the management of conflicts inside family relations. For example, Alzheimer impede to recover the past said and not-said things to the family and this frustration is often turned to social and care assistants. It's almost impossible to recover the unsettled relational issues. I have never had problems in relations with operators. My situation was problematic because I was managing difficult cases, but later trust increased because I protected my patients. Beside this, I created monthly meetings to avoid problems from the not-said things. It's difficult and stressing to look after patients that cannot get better. You feel

unsuccessful because you see only worsening, even if you are doing of your best. Dementia offers pathologies that leave the body healthy, but the mind disappears and the course is long. Your job is attending and if you are not strong enough and you have not the right support you can get mad and have emotional problems. I remember operators fully burn out that weren't able to understand what was going on from an emotional point of view. A survey was to commit them in other occupations, maybe more difficult physically but more relaxed psychologically.

- B. The main problem I can see in my sector is burn out mostly connected to a very scarce turnover, that would be desirable and is already adopted in different sectors. To me, a training concerning it is essential, beside a psychologic help for teams working for long time with patients affected by mental and serious physic diseases. I use classic softwares as word and excel.
- C. Continuous training for nurses, doctors, technical staff, pharmacists and legal consultants.
- D. Conflicts management, communication and mostly the supervision of the situations I have to manage.

### Question 6

**Which are the training courses you attended to in the last three years and what modalities were used? (For example, distance learning, e-learning, class learning, on-work training, etc.)**

- A. Courses managed by the Entity with internal staff or external trainers, always in class. Courses were technical, not concerning relational subjects.
- B. Class training
- C. Specific nursing sciences course: legal documents, course for tutors, bls course through class training.
- D. Class training, communication skills

### Question 7

**Do you think that is useful for the professional growth the opportunity to exchange ideas and information with other professionals working in your field? If yes, why?**

- A. Yes, absolutely. My Entity projected a study centre, but it's still an empty box.
- B. Yes, because through comparison with my colleagues there's a profitable and constructive ideas and experiences Exchange that can enrich the professional background.

- C. Yes, because ideas and information Exchange is always an opportunity for growing and confrontation.
- D. Confrontation is always useful and can enrich knowledge.

**Question 8**

**Do you often use internet or handbooks that you consider as particularly important for your profession?**

- A. “Stare vicino ad un malato di Alzheimer” Gabelli C., Gollin D.(curated by) - Il Poligrafo, Padova 2006
- B. No answer
- C. On the internet there're many specific websites for nurse training with worldwide fame, where you can find updated and scientific information. Regarding books, University handbooks are important and referential, to me.
- D. Some websites that I use for a fast information.

**Question 9**

**Do you want to underline any other element about training in your profession?**

- A. No answer
- B. No answer
- C. In such an important sector for society, in continuing evolution, I think continuous training is essential, either in class or through IT.

I think that what is underestimated is a training that consider relations with the others, as colleagues, professionals or patients of the healthcare structure. Unfortunately, often a “task” oriented work organization prevails on professionalism and on the true philosophy of this profession.

Code of conduct

**Article 1**

Nurse is the healthcare professional responsible for the nursing assistance.

**Article 2**

Nursing assistance is a service for persons, families and the community. It's realized through specific, autonomous and complementary interventions of intellectual, tecnica-scientific, managerial and educative nature.

- D. In my opinion, actually continuous training should be more like a supervision of the past experiences: using new technologies maybe there could be a loss of specificity in every situation and the strength of doing it in group

### 3. BIBLIOGRAPHICAL RESEARCH

Regarding the bibliographical research, some considerations are appropriate. The first regards the distinction that in Italy exists between workers in the social context. They are now under ECM rules if they work into a healthcare structure, not if they work in other structures, even if public. This reflects also on bibliographical and websites research, as EI-related subjects are developed for social and care workers mostly regarding juvenile contexts. The bibliographical research focused exclusively on the production and considerations in Italy, so Goleman's texts on EI were left out. It was divided in two macroareas: one about classical publications (books), the other about studies and surveys of great relevance about the subject. Some of these studies, considering the actual regulation with Regions as main actors in ECM training, have a territorial connotation, but provide a picture of the situation.

Texts were catalogued in macro items (4) given for their main vocation. Point 1 was highlighted and many texts were included in it, as relational skills and mostly EI result as essential in different working contexts. It's useful to highlight the texts about it, even if from different perspectives: It helps in gathering elements that are applicable also in the social and care sector.

- EI competences issues regarding health and care sector workers (1)
- Emotional competences issues regarding health and care sector workers (dealing specifically with degenerative diseases) (2)
- Evolving landscape of the health and care sector (3)
- Training of health and care sector workers (aims, methodology, needs etc) (4)

### 4. WEB RESEARCH

Web research pointed out some elements that emerged also in the bibliographic research, first of all the sector's specialization. Beside the distinction between social operators and health and care workers, the distinction between professions (mostly nurses and doctors) appeared as evident above all in non-institutional websites, not directly managed by users. It

was opportune to include websites that grant the possibility to access or to be informed on distance learning (FAD) with e-learning modality. Even if during the distance learning's courses discussion forums are often used, especially web 2.0 technology, in Italy it's not so used, or at least it's not explicit. Some situations that include web 2.0 methodologies start, timidly, to be present, but not in public institutions' websites: They are present mostly in websites that offer training and, above all, in the informal, social networking ones. From this point of view, this is a verification of the rankings presented by the Global Information Technology Report 2008-2009 (World Economic Forum), that classify Italy as the 26<sup>th</sup> in the individual technology use, 56<sup>th</sup> in the business use and only 68<sup>th</sup> in the governmental use. Also in this case, a three-items index was given to catalogue websites. FAD methodology includes several possibilities to supply training courses and, as web 2.0 (which is scarcely used, now) will be used for training and it must be included inside this box, we decided to highlight websites that give the possibility to subscribe and the distance learning courses (point 2).

- The browsing of the web in order to check if there are contexts or community forums dedicated to information, experience or opinions exchange between health and care sector workers (1)
- The use of web 2.0 or platforms for the training of health and care sector workers (2)
- The use of web 2.0 for the implementation of the skills needed by health and care sector workers (3)

## ANNEX I – BIBLIOGRAPHICAL RESEARCH

Country	Author	Original Title	Edited by/ Published by	Published in		Year
Italy	Claudio Foti	Cura del Sé e consapevolezza di gruppo	Sie Editore, Torino	Italy	1	2009
Italy	Eugenio Roberto Giommi, Stefano Cristofori	Il Benessere nelle Emozioni Manuale di counseling biosistemico	La Meridiana Edizioni	Italy	1	2009
Italy	Alessandro D'Orlando	Intelligenza Emotiva e Respiro	Amrita Edizioni	Italy	1	2006
Italy	Mario Polito	Educare il Cuore L'intelligenza emotiva degli adolescenti a scuola	La Meridiana Edizioni	Italy	1	2005
Italy	Enrico Cheli	Relazioni in Armonia Sviluppare l'intelligenza emotiva e le abilità comunicative	Franco Angeli Edizioni	Italy	1	2004
Italy	Luciano Rizzo	I segreti del Subconscio Liberarsi da stimoli e reazioni automatiche sviluppando l'intelligenza emotiva	Il Punto d'Incontro Edizioni	Italy	1	2005

Italy	Kira Stellato	SOS Adolescenti Insicurezze, emozioni, amicizie, linguaggio del corpo, intelligenza emotiva, sesso, droga, alcol	Red Edizioni	Italy	<b>1</b>	<b>2009</b>
Italy	Franco Manuela; Tappata' laura	Intelligenza socio-emotiva	Carocci	Italy	<b>1</b>	<b>2007</b>
Italy	Martello Maria	Intelligenza emotiva e mediazione	Giuffre'	Italy	<b>1</b>	<b>2004</b>
Italy	Di Fabio Anna M.	Potenziare l'intelligenza emotiva in classe. Linee guida per il training	Giunti Editore	Italy	<b>1</b>	<b>2010</b>
Italy	Iori Vanna	Quaderno della vita emotiva. Strumenti per il lavoro di cura	Franco Angeli	Italy	<b>2</b>	<b>2009</b>
Italy	Pellegrino Ferdinando	Personalita' e autoefficacia. Come allenare ragione ed emozioni	Springer Verlag Italia	Italy	<b>1</b>	<b>2010</b>
Italy	De Felice F., Cioccolanti B.,	Il rischio di burnout negli operatori socio-sanitari,	Ed. Goliardiche, Trieste	Italy	<b>2</b>	<b>1999</b>
Italy	Giusti E., Masiello L.	Il Counseling sanitario	ed. Carocci Faber, Roma,	Italy	<b>2</b>	<b>2003</b>
Italy	Mauri A., Tinti C.,	Formare alla Comunicazione,	ed. Erickson, Trento,	Italy	<b>1</b>	<b>2002</b>
Italy	Rossati A. Magro G	Stress e Burnout,	Ed. Carocci, Roma,	Italy	<b>2</b>	<b>1999</b>
Italy	Sandrin I	Aiutare senza bruciarsi	Ed. Paoline, Milano,		<b>2</b>	<b>2004</b>
Italy	Sommaruga M	Comunicare con il paziente,	Ed. Carocci Faber, Roma	Italy	<b>2</b>	<b>2005</b>
Italy	Aitini; Barni	Intermezzi di nuvole. Emozioni in oncologia negli scritti di medici e pazienti	Franco Angeli	Italy	<b>2</b>	<b>2009</b>

Italy	Carpineta Sandro	La comunicazione infermiere-paziente	Carocci Editore	Italy	2	1995
Italy	Gabelli C., Gollin D.(curated by)	Stare vicino ad un malato di Alzheimer	Il Poligrafo, Padova	Italy	2	- 2006
Italy	Castoldi R., Longoni B.	Prendersi cura della persona con demenza	- CEA, Milano	Italy	2	2005
Italy	Longoni B., Perucci G.	Noi ci siamo. Guida psicosociale per gli operatori dell'assistenza	- C.E.A., Milano	Italy	2	1993
Italy	Troiani S. - Spairani C.	Nursing e sclerosi multipla. Protocolli per l'assistenza infermieristica	Carocci- Collana La professione infermieristica	Italy	2	2005
Italy	Franco Ginanni Andrea Vittori	Intelligenza emotiva ed empatia in sanità	Clinical governance	Italy	2	2009
		<b>Studies, surveys and publications (Original title)</b>	<b>Review:</b>			
Italy	Carla Fiori, Walter Orsi	e-Care e anziani fragili: l'accesso come percorso comunicativo	SALUTE E SOCIETÀ	Italy	3	2009
Italy	M. Matera, E. Ciulli	Il demente ed i suoi familiari: i negletti dell'assistenza The family of dementia patient	G GERONTOL 2004;52:515-518	Italy	3	2004
Italy	P. Bernocchi, L. Comini, S. Rocchi, G.	Le nuove tecnologie telematiche applicate in sanità	Giornale Italiano di Medicina del Lavoro ed Ergonomia	Italy	3	2008



			dossier/doss149.htm			
Italy	Luca Scacchi, Fulvia Ortalda	L'analisi dei bisogni formativi nelle professioni sanitarie della Valle d'Aosta Indagine 2006	<a href="http://www.regione.vda.it/gestione/gestione_contenuti/allegato.asp?pk_allegato=5514">http://www.regione.vda.it/gestione/gestione_contenuti/allegato.asp?pk_allegato=5514</a>	Italy	4	2007

## ANNEX II. WEB RESEARCH RESULTS

Country	Medium typology (a forum, a blog, a web site, etc.)	Status of the medium (official, unofficial)	Description	
ITALY	Web site <a href="http://www.eduiss.it/fad/index.php">http://www.eduiss.it/fad/index.php</a>	Official Istituto superiore di sanità	Access to all FAD courses accredited by the Istituto Superiore di Sanità. Courses are structured on “Problem Based Learning” didactic methodology. Experimental project of distance learning about the doctor/patient, doctor/family, nurses/patients communications.	2
ITALY	Web site <a href="http://www.med3.it/">http://www.med3.it/</a>	Official Med3 is a non profit consortium between Public Institutions, created for e-learning and distance learning	Access to FAD courses of Emilia Romagna region. No EI or relational skills courses are now provided.	2

		(FAD and mixed) under the ECM rules for Healthcare sector. Med3 is an experimental ECM provider for FAD, accredited by the <a href="#">Ministero della Salute</a> and the <a href="#">Regione Emilia Romagna</a> .		
ITALY	Web site <a href="http://www.ecme.it">http://www.ecme.it</a>	Unofficial (NGO)	Website for the training, updating and distance learning of Italian doctors. English texts are included.	1
ITALY	Web site <a href="http://www.corsiecm.com/portale/index.php">http://www.corsiecm.com/portale/index.php</a>	Unofficial (NGO)	Designed by Italwebdesign to create a community about Continuous training in Medicine. It contains forums, newsletter, publications, surveys and private messaging.	2
ITALY	Web site <a href="http://ecm.sanita.it">http://ecm.sanita.it</a>	Official Ministero della salute	<a href="#">FAD</a> Organizers, RES Events and FAD Events collection	1
ITALY	Web site <a href="http://www.infermieriattivi.it/portale/index.php/home">http://www.infermieriattivi.it/portale/index.php/home</a>	Unofficial Website for every nursing professions	news, publications, courses, law. A Web 2.0 for nurses. Free access	2
ITALY	Forum	Unofficial	The forum contains several technical and information	1

	<a href="http://www.infermieriattivi.it/phpbb3/">http://www.infermieriattivi.it/phpbb3/</a>		discussions for the profession. Registration required. Also present on Facebook (700 members)	
ITALY	Website <a href="http://www.infermierionline.net/">http://www.infermierionline.net/</a>	Unofficial Website for nursing professions, both specialistic and generic; it contains also Graduation thesis and papers.	900 members It contains a forum, a blog, uploaded publications, information about training courses, news, law.	1
ITALY	Website <a href="http://www.aiio.it/area2/">http://www.aiio.it/area2/</a>	Unofficial Associazione italiana infermieri oncologia	It contains updated documents, emails, graduation thesis and papers, training information.	1
ITALY	Website <a href="http://www.aeffetraining.it/">http://www.aeffetraining.it/</a>	Unofficial Non profit association between nurses	It's a virtual platform, a common space where to exchange ideas, news, information, professional culture.	2
ITALY	Website <a href="http://www.sisip.it/index.php?option=com_content&amp;view=article&amp;id=19&amp;Itemid=4">http://www.sisip.it/index.php?option=com_content&amp;view=article&amp;id=19&amp;Itemid=4</a>	Unofficial Società Italiana di Scienze Infermieristiche Pediatriche is a free association of Paediatric Nurses and other paediatric care operators	Newsletter Review Graduation prizes Research advertisement	1
ITALY	Website	Unofficial	Publications	1

	<a href="http://www.cnai.info/">http://www.cnai.info/</a>	Consociazione nazionale delle associazioni infermieristiche	Law Events	
ITALY	Website <a href="http://www.aniarti.it/">http://www.aniarti.it/</a>	Associazione Nazionale Infermieri di Area Critica.	It contains many downloadable documents, audio-documents included. It contains also a forum. Death considered also from a EI point of view.	2
ITALY	Website <a href="http://portale.fnomceo.it">http://portale.fnomceo.it</a>	Official Federazione nazionale ordini medici chirurghi e odontoiatri	Publications, Surveys, News, Law It contains a female doctors' section	1
ITALY	Website <a href="http://www.aifi.net">http://www.aifi.net</a>	Unofficial <b>A.I.FI.</b> is a non profit, voluntary association. It aims to Physiotherapists' right to have their own Association and a Professional Register.	It contains a forum, university courses' proposals for physiotherapists, news and a section with palliative cures for terminally ill patients.	2
ITALY	Website <a href="http://www.sicp.it/">http://www.sicp.it/</a>	Unofficial Società Italiana di Cure Palliative (SICP) 's main target is to represent and coordinate the cultural and scientific petitions, in Italy, coming from care and assistance operators	Review News about ad hoc National professional training Projects Symposia Events	1

		that deal with incurable diseases.		
ITALY	Website <a href="http://www.sviluppointelligenzaemotiva.it">http://www.sviluppointelligenzaemotiva.it</a>	Unofficial	It concerns EI developments, courses, publications with regard to social aspects and childhood.	3
ITALY	Website <a href="http://www.corem.unisi.it/comrel.php?id=index">http://www.corem.unisi.it/comrel.php?id=index</a>	Official Università di Siena – Facoltà di lettere e filosofia	CO.R.EM. (COmunicazione, Relazioni, Emozioni) project's website.. Research and high training on interpersonal skills and conflicts management	3
ITALY	Website <a href="http://www.automutuoaiuto.it">http://www.automutuoaiuto.it</a>	Unofficial “A.M.A.” (Auto Mutuo Aiuto) ONLUS Association's website. It's based in Trento and it activates mutual help groups made of persons with common aims or experiences.	Mutual help's experience, group creation, publications, courses about EI and relational skills.	1

### 3.5 POLAND NATIONAL REPORT

#### 1. METHODOLOGY APPLIED TO SELECT RESPONDENTS

The purpose of the analysis was to diagnose a demand of healthcare and welfare sector personnel for **developing Emotional Intelligence competences and for using modern IT technologies in development of the skills by the project target group.**

In order to collect the required pool of data, the following research methods were used:

1. desk analysis (review of Internet sources, available literature on Emotional Intelligence)
2. Direct interviews included:
  - Interviewing persons directly involved in working with healthcare and welfare personnel i.e. trainers, experts in the field, psychologist. Number of interviews: 4.
  - Interviews with healthcare and welfare employee. Number of interview: 4 including 2 interviews with healthcare employees and 2 interviews with welfare sector employee.

Interviews based on the scenario prepared by the Italian project partner.

Experts' interviews profile:

- 2 trainers, educators, a specialists in adult education (specialisation on personal development, interpersonal development, stress management, etc.) working in training institution or company with 5-20 years experiences, university degree and professional background.
- 1 psychologist and 1 psychotherapist and social educator with experience on therapy and consultations for people in need of assistance in the field of depression, burnout, etc. 5-10 years experiences with university degree (psychology, psychotherapy)

Workers' interviews profile:

- 1 psychotherapist and social educator with university degree (psychology, psychotherapy)

- 1 nurse working in medical insurance unit with long-term vocational experiences; 1 social professional with university degree and long-term experiences, working in home care for the elderly.

## 2. RESULTS OF THE INTERVIEWS

### 2.1 Results of experts' interviews:

#### Question 1

- *In your opinion, are there any particular social risks of stress and burn out in social and health care professions?*
- *Which are the elements that produce the greatest risks?*

#### Answers:

- Persons like doctors, nurses, psychotherapists, welfare sector employees, in connection with their work, are definitely more prone to stress and burnout than representatives of other professions. They do work which impact on other person (their psycho-physical behavior); they also work in socially difficult environment.
- Yes. They work with persons (patients, clients) with whom they often establish long-term, emotional relations; they also work in socially difficult environment. Emotional intelligence is essential when handling emotions when acting under stress and when the ability of reading other persons' emotions is required.
- Yes. Work of this professional group is often considered a vocation and service and, because of that, this group is expected to show higher commitment which may additionally contribute to stress.
- Yes. Stress and burnout are typically caused by the type of work, such as caring for patients who, due to their illness, require particular support. Another factor stress-causing factor is financial - insufficient remuneration of healthcare and welfare employees in Poland (in particular in public clinics and centres).

#### Question 2

*Do you think that workers in the health and care sector are:*

1- *insufficiently*

2- *sufficiently*

3- *well*

*trained in the stress and emotional disease management coming from the interaction with degenerative illness?*

*Please briefly specify your opinion about your choice.*

**Answers:**

- Insufficiently. There is no training in this area for this group (or rather marginal character).
- Insufficiently. It is mostly related to burnout and focused on releasing stress and not on dealing with such phenomena in daily work.
- Insufficiently. There is no such training for these professional groups (mostly for managers).
- Insufficiently. Such training are not enough.

**Question 3**

*Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?*

**Answers:**

- Emotion handling when in distress and difficult situations, staying in control and controlling triggers of their negative emotions and communicating in emotional state.
- Stress management in difficult situations (for example corresponding to the specificity of this professional group)
- Working with a difficult patient. Communication in difficult situations. Emotions management.
- Emotions management. Skills to influence others. Strengthening the skills for active development of interpersonal relations.

**Question 4**

*Difficulties and barriers of the usage of the new technologies/web 2.0*

- No difficulties.
- Only technical with access to new technologies.

- Awareness of benefit of the usage of the new technologies (in compare with traditional technologies of learning).
- No barriers.

## 2.2 Results of workers' interviews:

### Question 1

*The knowledge and use of the new technologies:*

- *At work or at home*
- *The frequency of use*
- *Interests in the New technologies*

### Answers:

- At work and home. But mostly at home. Looking for information. Exchange information and experiences.
- Work and home. Exchange information and experiences. Looking for news.
- At work and home. Looking for information, sources, etc.
- Both place: work and home. Looking for information and sources.

### Question 2

*The use of new technologies at work for training purposes*

- *Difficulties*
- *Benefits*

*Specify the typology of training (self-training, professional training managed by employer, etc.). Skills targeted by the training (emotional or technical).*

- Difficulties: IT skills. Benefits: self –training, time saving
- Difficulties: only time and self-organization aspects for self-training; Benefits: self-training, gaining knowledge and information without losing time for work.
- Difficulties: Technical competences for using IT. Benefits: self–training, communication online with other specialist in the same professions, gaining knowledge and IT skills.

- Difficulties: IT skills. Benefits: self-training and meet and communication with other specialist.

**Answers:**

**Question 3**

*Training needs:*

*Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.*

**Answers:**

- Psychology and communicating with patients, with a particular emphasis on elements of working with the so-called "difficult" patient and his environment.
- communicating with patients
- Communication with a patient, his family. Stress-handling tactics.
- Stress management. Communication with patients.

**Question 4**

*Training courses frequented (in the last 3 years)*

**Answers:**

- Technical
- Mainly technical, specific for daily work
- Communication with patient in difficult situation
- Management

**Question 5**

*How useful is for the professional growth to exchange experience with other professionals and why*

**Answers:**

- It is very important to make possibility to exchange information and experiences with other professionals; it is another way for personal development and competences development
- Very useful. It give opportunity for exchanging information and knowledge.
- Very important. We can exchange information and helps each other in daily work.
- Very important and useful. It is possibility for gaining information and practice from another specialist. We can learn from other persons experiences.

**Question 6**

*bibliography and web sites indicated by the interviewee*

**Answers:**

<http://www.pielegniarki.info.pl/>

<http://opp.pl/>

<http://www.moipip.org.pl/>

**3. Conclusions**

- According to both respondents' groups, representatives of professions often referred to as services to the community (or, alternatively, vocations with a mission) i.e. doctors, nurses, psychotherapists, welfare sector employees, in connection with their work, are definitely more prone to stress and burnout than representatives of other professions. They work with persons (patients, clients) with whom they often establish long-term, emotional relations; they also work in socially difficult environment. Emotional intelligence is essential when handling emotions when acting under stress and when the ability of reading other persons' emotions is required. It is important that doctors, nurses or social welfare assistant can recognize fear in their patients or clients and are aware of consequences of such fear during treatment or their work with their client. It is the emotional intelligence which is responsible for the skill. In addition, work of this professional group is often considered a vocation and service and, because of that, this group is expected to show higher commitment which may additionally contribute to stress.

- Stress and burnout are typically caused by the nature (type) of work (such as caring for patients/ clients who, due to their illness, require particular support). But it is not the only stress-causing factor. According to experts and practitioners in the field, stress and burnout are also caused by the financial factor i.e. insufficient remuneration of healthcare and welfare employees in Poland (in particular in public clinics and centers).
- According to experts, welfare and healthcare sector employees do not have sufficient training in emotion handling when in distress and difficult situations, staying in control and controlling triggers of their negative emotions and communicating in emotional state. In such cases, they follow their intuition, in particular those with longer history of employment. No training in this area, addressed to this vocational group, is offered. Even when such training is offered, it is mostly related to burnout and focused on releasing stress and not on dealing with such phenomena in daily work.
- According to respondents, a programme supporting professionals from these groups is needed. It is necessary to introduce a system of courses/training in methods of dealing with cases/conditions difficult for doctors, nurses, psychotherapists, social welfare assistants and other persons working for those in the process of treatment or therapy. Unfortunately, medical universities and schools do not offer such courses and, even if some training which cover these issues is organised, is not the mainstream activity.
- According to respondents, workshops on Emotional Intelligence should include sessions on psychology and communicating with patients, with a particular emphasis on elements of working with the so-called "difficult" patient and his environment.
- All respondents have access to the Internet and use it often. They use the Internet for work to communicate with other employees and colleagues. Apart from working in the Internet, they typically search for updates from many areas, not necessarily connected with their practiced profession. They have not come across educational e-learning platform. They have Heard about such form of training but they have not used it so far.

#### 4. Results Of Analysis Of Available Literature

Polish does not offer one common definition of the "emotional intelligence" concept. The Dictionary of Polish Language (source: Wydawnictwo Naukowe PWN, Warszawa 2003) offers separate definitions of both elements of the term: quote: „intelligence – the ability to understand the environment and its developments and to find the right, appropriate reactions to them" and "emotional - prone to emotions, pagesg psychological experiences, evoking emotions or pagesg feelings".

In available publications on emotional intelligence, authors tend to use the definition of emotional intelligence formulated by Daniel Goleman<sup>3</sup>, reading: „the ability to recognise one’s own feelings and emotions of others, the ability to motivate and manage both own emotions and emotions of those with whom we have some bonds”.

According to various internet resources devoted to the topic, emotional intelligence is composed of five emotional and social competences. These are:

- self-awareness – knowledge about one’s inner states, preferences, abilities and intuitive assessment i.e. emotional awareness, correct self-awareness, self-confidence i.e. a pagesg feeling of own importance and awareness of one's abilities and skills;
- self-regulation – handling and doping with one’s emotional states, impulses and abilities i.e. self-control, observance of fairness and righteousness standards, diligence, flexibility in adjusting to changes, innovation;
- motivation – emotional inclinations leading to new goals or facilitating their achievement i.e. strive to achievements, commitment, initiative, optimism;
- empathy – awareness of feelings, needs and concerns of other persons i.e. understanding the others, political awareness i.e. recognition of emotional currents of a group and relations among representatives of the authorities;
- social skills – the ability of evoking desired reactions in others i.e. the skill of influencing people, reaching agreement, conflict soothing, leadership, bonding, collaboration and cooperation, team working skills.

The above-mentioned competences are those typically mentioned in various available publications devoted to this issue (books, articles, doctorate theses, etc.) and form the basis of training for various groups of professionals.

Below find selected literature related to the topic of emotional intelligence.

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<sup>3</sup> Daniel Goleman, „*Emotional intelligence*”, Media Rodzina, Poznan 1999 and „*Emotional intelligence in practice*” Media Rodzina, Poznan 1997

## 5. Books Bibliography

In Poland, there are no books which focus directly on the emotional intelligence in the healthcare or welfare sector. We have identified books on the emotional intelligence typically used in such areas as: business, child rearing and private life.

Country	Author	English (Polish) Title	Edited by/ Published by	Published in	Year
Poland	Goleman Daniel; Boyatzis Richard; McKee Annie	<i>Natural leadership: exploring the power of emotional intelligence.</i>  Naturalne przywództwo: odkrywanie mocy inteligencji emocjonalnej.  296pages	Jacek Santorski – Wydawnictwa Biznesowe.	Wrocław, Warszawa	2002
Poland	Goleman Daniel	<i>Emotional intelligence in practice .</i>  Inteligencja emocjonalna w praktyce.  492pages	Media Rodzina of Poznań	Poznań	1999
Poland	Goleman Daniel	<i>Emotional intelligence.</i>  Inteligencja Emocjonalna  526pages	Media Rodzina of Poznań	Poznań	1997

Poland	Greenspan, Stanley I.; Benderly Beryl Lieff	<i>Development of mind, emotional intelligence base.</i>  Rozwój umysłu: emocjonalne podstawy inteligencji.  399pages	Dom Wydawniczy "Rebis"	Poznań	2000
Poland	Hochschild Arlie Russell	<i>Managing emotions: commercialization of human feelings.</i>  Zarządzanie emocjami: komercjalizacja ludzkich uczuć.  286pages	Wydawnictwo Naukowe PWN	Warszawa	2009
Poland	Janiszewska, Maria	<i>Improving mental and social skills.</i>  Doskonalenie umysłu i umiejętności społecznych.  70pages	Text	Kraków	2001
Poland	Jaworowska A, Matczak A.	<i>Emotional Intelligence Questionnaire.</i>  Kwestionariusz inteligencji emocjonalnej.  67pages	Pracownia Testów Psychologicznych PTP (Psychological Test's Laboratory PTL)	Warszawa	2001
Poland	Konrad Stefan,	<i>Emotional intelligence: a manual with a set of</i>	Videograf II	Katowice	2000

	Hendl Claudia	<i>exercises.</i> Inteligencja emocjonalna: podręcznik z zestawem ćwiczeń. 174pages			
Poland	Krokowski Marcin	<i>Managing emotions: emotional intelligence: the user manual.</i> Zarządzanie emocjami: inteligencja emocjonalna: vademecum użytkownika. 238pages	Imperia	Łódź	2002
Poland	Liebertz Charmaine	<i>Education Treasure of the good heart: emotional intelligence: basis, methods, and fun.</i> Skarbnica edukacji dobrego serca: inteligencja emocjonalna: podstawy, metody i zabawy. 168pages	Jedność	Kielce	2007
Poland	Lubit Roy H.	<i>Toxic People: How to work with them.</i> Toksyczni ludzie: jak z nimi współpracować. 317pages	Helion	Gliwice	2006
Poland	Manz Charles C.	<i>Emotional Discipline.</i> Dyscyplina emocjonalna.	Świat Książki	Warszawa	2005

		190pages			
Poland	Martynowicz Emilia	<i>From a sense of identity to be a victim: contemporary issues - what psychology can tell you about them?</i>  Od poczucia podmiotowości do bycia ofiarą: problemy współczesności – co psychologia może o nich powiedzieć?  282pages	Impuls		Kraków 2006
Poland	Matczak Anna	<i>Questionnaire of social competence.</i>  Kwestionariusz kompetencji społecznych.	Pracownia Psychologicznych (Psychological Laboratory PTL)	Testów PTP Test's	Warszawa 2001
Poland	Matczak Anna, Piekarska J., Studniarek E.	<i>Emotional Intelligence Scale.</i>  Skala Inteligencji Emocjonalnej.	Pracownia Psychologicznych (Psychological Laboratory PTL)	Testów PTP Test's	Warszawa 2005
Poland	Merlevede, Patrick E.; Bridoux Denis; Vandamme Rudy	<i>The development of emotional intelligence.</i>  Rozwój inteligencji emocjonalnej.  416pages	Helion		Gliwice 2008

Poland	Segal Jeanne	<i>How to develop the emotional intelligence.</i> Jak pogłębić inteligencję emocjonalną. 350 pages	Jacek Santorski & Co Agencja Wydawnicza	Warszawa	2006
Poland	Segal Jeann	<i>How to develop the emotional intelligence: training program disclosing the power of feelings and intuition.</i> Jak pogłębić inteligencję emocjonalną: program treningu ujawniającego potęgę uczuć i intuicji. 227pages	Warszawa: Jacek Santorski & CO	Warszawa	1997
Poland	Schmidt Peter	<i>Emotional Intelligence Training .</i> Trening inteligencji emocjonalnej. 175pages	Amber	Warszawa	2000
Poland	Simmons Steve	<i>How to determine the emotional intelligence.</i> Jak określić inteligencję emocjonalną. 331pages	Dom Wydawniczy "Rebis"	Poznań	2001
Poland	Tallar Grażyna	<i>ABC of emotional intelligence in practice.</i> ABC inteligencji emocjonalnej w praktyce. 148pages	Studio Emka	Warszawa	2002

Poland	Wilks Frances	<i>Intelligent emotions.</i> Inteligentne emocje. 417 pages	Wydaw. Jacek Santorski & Co	Warszawa	2004
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## 6. Articles Bibliography

Country	Author	English (Polish) Title	Published in	Year
Poland	Caban Magdalena Joanna; Rewerski Tomasz	<i>Emotional intelligence and social competence in persons employed and unemployed.</i> Inteligencja emocjonalna i kompetencje społeczne u osób pracujących i bezrobotnych.	<i>Polityka Społeczna</i> no. 2 p: 8-10	2005
Poland	Czubaj, Mariusz	<i>Practice in magnetism: whether you are socially intelligent?</i> Ćwicz się w magnetyzmie: czy jesteś inteligentny społecznie?	<i>Polityka</i> no. 29 p. 36-37	2007
Poland	Greenspan, Stanley I.; Lief Benderly, Beryl	<i>Development of mind, emotional intelligence base.</i> Rozwój umysłu : emocjonalne podstawy inteligencji. Rec. Czesław S. Nosal.	<i>Nowe Książki</i> no. 5 p. 72.	2000

Poland	Henne, Kamil	<i>Social competence and emotional intelligence and commitment to the Internet.</i>  Kompetencja społeczna i inteligencja emocjonalna a zaangażowanie w Internet.	<i>Psychologia Jakości Życia,</i> no. 1, p. 111-130	2003
Poland	Jasielska, Aleksandra; Leopold, Mirosława Anna	<i>Competence and emotional intelligence - the concept of same or different?</i>  Kompetencja a inteligencja emocjonalna – pojęcia tożsame czy różne?	<i>Forum Oświatowe,</i> vol. 2, p. 5-32.	2000
Poland	Jaworowska-Oblój; Olszańska, Justyna; Stefański, Rafał; Kiljańska, Małgorzata	<i>Emotional Intelligence: Think before you invest.</i>  Inteligencja emocjonalna: pomyśl, zanim zainwestujesz.	<i>Harvard Business Review Polska,</i> no. 3, p. 17-19.	2007
Poland	Karczewski, Leszek	<i>Education for self-knowledge.</i>  Edukacja dla samowiedzy.	<i>Prakseologia,</i> no. 145, p. 75-84.	2005
Poland	Karwowski, Maciej	<i>Intuition as ability, dimension of the personality and the</i>	<i>Studia</i>	2006

		<p><i>functioning style: an overview of some psychological positions.</i></p> <p>Intuicja jako zdolność, wymiar osobowości i styl funkcjonowania: syntetyzujący przegląd niektórych stanowisk psychologicznych.</p>	<p><i>Psychologica</i>, no. 6, p. 189-206.</p>	
Poland	Knopp, Katarzyna	<p><i>The role of emotional intelligence in human life.</i></p> <p>Rola inteligencji emocjonalnej w życiu człowieka.</p>	<p><i>Studia Psychologica</i>, no. 6, p. 221-235.</p>	2006
Poland	Korczyńska, Iwona	<p><i>The emotional intelligence of team - success factor in work.</i></p> <p>Zespołowa inteligencja emocjonalna – czynnikiem powodzenia w pracy</p>	<p><i>Problemy Profesjologii</i>, no. 2, p. 123-148.</p>	2006
Poland	Krokowski, Marcin; Rydzewski, Piotr	<p><i>Managing of emotions.</i></p> <p>Zarządzanie emocjami.</p> <p>Rec. Joanna Gronowska.</p>	<p><i>Polskie Forum Psychologiczne</i>, no. 2, p. 174-178.</p>	2002
Poland	Matczak, Anna	<p><i>The role of emotional intelligence.</i></p>	<p><i>Studia Psychologica</i></p>	2007

		Rola inteligencji emocjonalnej.	zne, no. 1, p. 9-17.	
Poland	Ogińska-Bulik, Nina	<p><i>Occupational stress and its consequences in a group of employees of the social services sector - the role of emotional intelligence.</i></p> <p>Stres zawodowy i jego konsekwencje w grupie pracowników sektora usług społecznych – rola inteligencji emocjonalnej.</p>	<p><i>Przegląd Psychologiczny</i>, vol. 51, no. 1, p. 69-85.</p>	2008

## 7. Doctoral and 2nd doctoral degree theses

Author	Title of the thesis	Abstract
Borkowska Anna Maria	Impact of emotional intelligence on methods used to solve cognitive and social tasks	The paper presents a theoretical analysis of the emotional intelligence concept and, in particular, the concept of Salovey and Meyer and results of own research in this area. The research was aimed at creating a tool (a scale) measuring the EI level. Existence of three dimensions creating the emotional intelligence structure: the perception of emotions and empathy, appearance and emotional knowledge and mood regulation. All three compose a configuration which forms the profile of emotional intelligence. Three experiments were made on the impact of the EI on performance of social and cognitive tasks. They confirmed the impact of the EI profile on the level and methods used to solve tasks.
Knopp	Family environment	The purpose of the thesis was to answer the question about the origin of emotional intelligence. It is

Katarzyna Anna	and the level of emotional intelligence	mostly focused on family environment which is the first and, most likely, the most important context of developing emotional skills. Importance of temperament features was also emphasised and their interaction with environmental impact for the emotional development process. Emotional intelligence was measured on a sample of 201 respondents aged 20 to 26. Research results indicate that emotional intelligence is partially based on parental attitudes of mothers and fathers and determined by the traits/characteristics of the analysed subject in terms of temper.
Szczepaniak Agnieszka	Personality features and the level of emotional intelligence in juvenile patients with self-induced carvings or scarification	In the past few years, the phenomenon of autoaggressive behaviour of the young has intensified. Current knowledge on self-induced carving or scarification and their etiopathogenesis is insufficient. Apart from biological factors, available results of research on circumstances causing such behaviour, take also psychological factors into account; however, as for the latter, impact of many variables, including susceptibility, should be expected. For this reason, it seems worthwhile to analyse the relationship between personality features of a personality, which determine man's behaviour and the level of emotional intelligence, which determines our handling social situation and autoaggressive behaviour of children.

## 8. Literature – references

Country	Author	Title	Description	Edited by/ Published by	Published in	Year
Poland	Magdalena Śmieja (edit.), Jarosław Orzechowski (edit.)	<i>Emotional intelligence. Facts, myths, controversy.</i> Inteligencja emocjonalna. Fakty, mity, kontrowersje	Emotional intelligence has recently become a popular concept. A lot is said about major importance of this group of skills in all areas of human life. The emotionally intelligent are supposed to have more satisfactory relations with others, find their work more fulfilling, be healthier and experience more happiness. Authors invited renown Polish and foreign scientists and scholars, practitioners and researches to discuss emotional intelligence. They presented basic facts (definitions, models, measuring tools) as well as presented research problems of interest to the circle of researchers.  Number of pages: 280	Wydawnictwo Naukowe PWN	Warszawa	2008
Poland	Ewa Trzebińska	<i>Positive psychology.</i> Psychologia	A handbook addressed to psychology students and students of social prevention, management, pedagogy, medicine and social rehabilitation. It presents positive	Wydawnictwa Akademickie i	Warszawa	2008

		pozytywna.	<p>psychology as a new trend in psychology, focused on constructive aspects of psychiatric and social life. Selection of topics and their problem-focused presentation show broad knowledge of the discipline as well as a new, original approach to psychological practice which it develops.</p> <p>Number of pages: 238</p>	Profesjonalne		
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**9. Training offered to healthcare and welfare sector employees:**

<b>Title:</b>	<b>Emotional intelligence in welfare work</b>
<b>Programme:</b>	<ol style="list-style-type: none"> <li>1. Core information on emotional intelligence and emotional intelligence in one's professional work</li> <li>2. Emotional intelligence in servicing welfare clients</li> <li>3. Emotional intelligence as a factor supporting the culture of collaborating with other welfare employees</li> <li>4. Emotional intelligence as a factor supporting the culture of collaborating with employees in other institutions</li> <li>5. Emotional intelligence as a factor supporting the culture of collaboration with local groups</li> <li>6. Own development</li> </ol>
<b>Addressed to:</b>	Employees of welfare institutions or those, who aspire to work in welfare institutions and are interested in own development, in particular in terms of recognising, communicating one's emotions and handling one's emotions in difficult cases when working in the welfare sector.
<b>Organised by:</b>	Opolskie Forum Organizacji Socjalnych Pl. Św. Sebastiana 3, 45-030 Opole
<b>Source:</b>	<a href="http://www.ofop.opole.pl">http://www.ofop.opole.pl</a>

<b>Title:</b>	<b>Developing Emotional Intelligence</b>
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<b>Programme:</b>	The module is focused on acquisition of knowledge on the essence of emotional intelligence and developing the skill of helping to develop emotional intelligence in a child, together with the child's sensitivity, self-awareness and creative thinking.
<b>Addressed to:</b>	Post-graduate students in the area of psychoprophylaxis, in particular: psychologists, teachers, school counsellors, doctors, nurses, management in education and healthcare sector, welfare employees, journalists, representatives of local government, priests, etc.
<b>Organised by:</b>	<i>Maria Curie Skłodowska University</i> Department of Pedagogy and Psychology, Institute of Psychology 20-080 Lublin, Plac Litewski 5 <a href="http://www.psychologia.umcp.lublin.pl">www.psychologia.umcp.lublin.pl</a>
<b>Source:</b>	<a href="http://www.umcp.lublin.pl/articlep.php?aid=141">http://www.umcp.lublin.pl/articlep.php?aid=141</a>

<b>Title:</b>	<b>Post-Graduate Studies “Trainer of Cognitive Skills”</b>
<b>Programme:</b>	The programme of the studies (the curriculum) is divided into three thematic blocks. The second block entitled "Selective Cognitive Skills Training" includes courses on <b>Emotional and social intelligence</b> . <i>The duration of the course is 16 hours, including: 4 hrs of lecture and 12 hrs of workshops</i> The lecture is focused on emotional and social intelligence components, types of emotional intelligence and possibilities of their assessing. The workshops are dedicated to developing social skills and the ability to recognise, analyse and control emotions.

<b>Addressed to:</b>	The studies are addressed to all those interested in improving cognitive operation of others, primarily to those working or intending to work as personal development trainers, memory skill trainers, teachers from all level of education, HR employees and trainers organising personnel training.
<b>Organised by:</b>	Warsaw University, Department of Psychology ul. Stawki 5/7 00-183 Warszawa
<b>Source:</b>	<a href="http://www.psych.uw.edu.pl/podyplomowe/trenerprogram.php">http://www.psych.uw.edu.pl/podyplomowe/trenerprogram.php</a>

<b>Title:</b>	<b>Course “Nursery Basics” at the nursery studies</b>
<b>Curriculum:</b>	<p>Objective of the course:</p> <ul style="list-style-type: none"> <li>– Factors supporting development of nursing practice</li> <li>– Introduction of the theory of nursing to care for the ill</li> </ul> <p>Topics covered:</p> <ul style="list-style-type: none"> <li>– Collaboration of a nurse with care and therapeutic team</li> <li>– Health concepts: a holistic health concept and social and ecological health concept</li> <li>– <b>Emotional intelligence and reflective thinking in nursing care</b></li> <li>– Theories of nursing</li> <li>– Communication with a patient, patient’s family, important persons and the therapeutic team</li> <li>– Stress-handling tactics</li> </ul>
<b>Addressed</b>	Nursery students (1 <sup>st</sup> degree studies)

<b>to:</b>	
<b>Organised by:</b>	State Vocational College, Institute of Nursing - Specialised Nursing Department ul. Kolbego 8, 32-600 Oświęcim
<b>Source:</b>	<a href="http://www.pwsz-oswiecim.edu.pl">http://www.pwsz-oswiecim.edu.pl</a>

<b>Title:</b>	<b>Trainer's emotional intelligence – a fashion or a need of our times?</b>
<b>Training programme:</b>	<ol style="list-style-type: none"> <li>1. Emotions and how they affect us:           <ul style="list-style-type: none"> <li>– Four levels of competence in emotional intelligence</li> <li>– how to recognise and name specific feelings and emotions which we feel</li> </ul> </li> <li>2. Effective dealing with emotions and feelings without harm to ourselves and others – holistic satisfaction and the impact of what we eat on our well-being</li> <li>3. Emotional and sentimental convictions</li> </ol>
<b>Addressed to:</b>	Trainers
<b>Organised by:</b>	MATRIK Management Trainers' Club
<b>Source:</b>	<a href="http://www.matrik.pl">http://www.matrik.pl</a>

### 10. Web browsing results

Country	Medium typology (a forum, a blog, a web site, etc.)	Status of the medium (official, unofficial)	Description
Poland	<a href="http://inteligencjaemocjonalna.com">http://inteligencjaemocjonalna.com</a>	The service is Publisher by a private company Kotyrap.com Daniel Kotyras, Zamiejska Street 11a/10, 30-382 Kraków	<ul style="list-style-type: none"> <li>– Articles about EI, mainly about business, child rising, private life</li> <li>– A list of publications on the EI</li> </ul>
Poland	<a href="http://www.psychologia.edu.pl">http://www.psychologia.edu.pl</a>	Internet service of the Scientific Information Center of the Psychology of Health Institute set up by the National Agency for Solving Alcohol-Related Problems	<p>Dissemination and popularizing of knowledge about:</p> <ul style="list-style-type: none"> <li>– psychology of health, with a particular emphasis of knowledge about alcohol-related problems,</li> <li>– problems of addictions and addition therapy,</li> <li>– psychological aspects of functioning of persons who live in families with an alcohol problem</li> <li>– the issue of violence</li> </ul>

Poland	<a href="http://www.goldenline.pl">http://www.goldenline.pl</a>	A community portal for professionals with various interests, positions and professional goals	<ul style="list-style-type: none"> <li>– Communication (contacts) with persons of the same professions</li> <li>– Employment offers – the portal offers innovative solutions in order to reach the most interesting offers while employers can find and hire good employees in a fast, easy and efficient manner,</li> <li>– knowledge resources – participants of the portal participate in forums where they discuss issues and build their base of experience and information</li> </ul>
Poland	<a href="http://www.pielegniarki.info.pl/">www.pielegniarki.info.pl/</a>	The portal is operated by WortalMED Mariusz Mielcarek 63-000 Środa Wlkp. Sportowa Street 3/7	<ul style="list-style-type: none"> <li>– Legal regulations and legal advice,</li> <li>– Information on educational offer,</li> <li>– Employment offers,</li> <li>– Reports and information bulletins,</li> <li>– A discussion forum</li> <li>– 6 thousand of registered members</li> </ul>
Poland	<a href="http://opp.pl/">http://opp.pl/</a>	Portfal for employees of Social Welfare Centers, members of various organizations and institutions operating in the field of welfare and for commercial enterprises	<ul style="list-style-type: none"> <li>– Welfare-related information and updates</li> <li>– Information about training</li> <li>– Employment offers,</li> <li>– A discussion forum</li> </ul>

		<p>offering their services to SWCs.</p> <p>The service created in cooperation with the Polish Society of Social Workers</p>	
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## 11. Conclusions

- The concept of Emotional Intelligence is known in Poland and applied in various vocational areas. Still, typically, EI is mentioned in business in the context of relations (how to use EI to build satisfactory relations with the boss and subordinates, keep control of projects and tasks, how to use EI to solve an unfortunate conflict with a colleague or handle many challenges which affect professional success, etc.) or in the context of child-rearing.
- Emotional Intelligence is studied at various levels of education, mostly during university studies but is not a common part of curricula, listed in the recommended list of compulsory subjects of the Ministry of Higher Education and the Ministry of Education. EI has not been yet considered a recognised area of scientific research. Attempts are made to ensure its full recognition but they are mostly focused on the concept of popularising the EI as a scientific innovation rather than applying the EI in practice in various aspects of professional life.
- Social awareness is well-developed when it comes to EI (although, so far, we have no hard evidence to support this statement), welfare and healthcare sector employees are aware of the importance of EI in their work and approach EI more intuitively than practically with support of scientific knowledge.
- Training in Emotional Intelligence on offer on the market are typically organised as short (2-3 day) training events delivered by using traditional active didactic methods. Usually, they are addressed to: employees in the business sector (managers, sales staff, employees), school teachers, educators, trainers (mostly business trainers). No training offer in the area of Emotional Intelligence involving e-learning has been identified on the market for any group of professionals.
- We have revised available publications in Polish on Emotional Intelligence and we found many publications (books, articles and even scientific works) devoted to this topic. These are typically either scientific works or self-help books describing how to use EI in daily personal or professional life. During the research, we have not found any publications addressed directly to personnel of the healthcare and social welfare sector and employees of similar service-related professions.
- There are many community portals for groups of various professionals, including Internet services dedicated to professionals from the healthcare and welfare sector (e.g. a portal for nurses and midwives, welfare employees' portal, portals for doctors, psychotherapists,

etc.). Primarily, all the services facilitate exchange of information and experience among community members, publish updates, information and legal advice addressed to specific professional groups, employment offers, training offers, etc. Most of them use their discussion forums as basic communication tools. Typically, the forum can be accessed after registration. No Internet community service dedicated to the professional group of interest contained or presented any information on Emotional Intelligence (search with the "Search" function). No other interactive communication methods supporting e-learning were identified, either.

- Note that, in Poland, access to the Internet is not a standard and approximately 17.3 million people i.e. about 40% of the population has access to the Internet (Source: GfK report *"Net Index" of March 2009*). In the age group 15 to 75, Internet users represent 58%. Use of the Internet varies depending on the age group. Young people aged 15 to 19 (96% of the age group) use the Internet the most. In the age group 60 to 75, Internet users represent as little as 14%. The Internet is the medium daily used by 71% of Internet users while 84% Internet users have been using it for at least one year.

## 12. Summary

The analyses and interviews show that the educational platform promoting and developing Emotional Intelligence among healthcare and welfare sector employees in Poland, planned under CAREIN project may be a solution innovative both in terms of topics covered by the training offer and in terms of training methods applied. Emotional Intelligence is a concept known to the project target group but, so far, the group used it intuitively without any educational background.

### 3.6 SPAIN NATIONAL REPORT

#### 1. METHODOLOGY USED FOR THE SELECTION OF INTERVIEWEES

According to the Methodological Tools Dossier provided by the WP leader, the target group of the research activities is:

- Workers of the Health and Social Care Sector, if possible working with degenerative diseases and/or processes.
- Experts on Emotional Intelligence, psychologists, managers of health and social sector organizations knowing the needs of their team.

For the selection of the workers, we have considered that the multidisciplinary team of ABDEM met the profile required: they work in the health and social sector, deal with users suffering a degenerative disease and represent all the technical and professional categories. Below, we include a detailed description of the interviewees' profile, all them working daily with people suffering from Multiple Sclerosis:

Experience in the sector	From 2 to 10 years
Educational level	University degree (4)
	Vocational training degree (1)
Area of expertise	Neurophysiologist
	Social worker
	Physiotherapist
	Nurse assistant
	Occupational therapist

Regarding the selection of the experts we have looked for a variety of points of view and experience which could support the project implementation, pointing out the key aspects that are to be taken into account for an effective training on Emotional Intelligence addressed for professionals of the Health and Social Care Sector. Thus, we have interviewed the following profiles:

- 1 psychologist with more than 30 years experience in training actions in health and social sector organizations (AIDS groups, people suffering Alzheimer, cancer associations, etc.) She has worked with both professionals and the users, providing them training and monitoring on different issues related to Emotional Intelligence (self-esteem, social skills and self-knowledge...)

- 1 psychologist with three main areas of expertise: clinic psychology, training and human resources. As clinic psychologist he has worked as freelance and has been working with the unit of palliative care of one Hospital in Biscay and a psychiatric hospital in Gipuzcoa. Nowadays, the 80% of the training he provides on Emotional Intelligence takes place in elder houses.

- 1 psychologist working as free-lance for different health and social care organizations, supporting mainly patients/users in managing their emotions. She is specialized in degenerative illness and processes.

- 1 manager of a health and social care organization, with more than for 20 years in the sector. He started in his current organization in 2001 as social worker, and nowadays he is the manager, leading a team of 15 people providing health and social care to people affected by Multiple Sclerosis. He is interested in the Emotional Intelligence as tool for improving the emotional health of his workers

## 2. RESULTS OF THE INTERVIEWS

In order to facilitate the reading of the results, we present separately the results obtained from the workers group from those of the experts' interviews.

### 2.1 Workers' feedback

Before asking the questions included in the outline proposed by the Methodological Tools Dossier, the interviewer made an introduction to the project and its objectives, as well as a short summary of the interview's aim and the subject of the questions.

Below we list the main conclusions extracted from the interviewees' answers for each of the questions proposed

#### 1. The knowledge and use of the new technologies

All of them declared to have a broad knowledge of ITCs and to use them every day at work. Nevertheless, just the youngest professionals use the ITC for a personal use. Following this issue, the discussion group agrees that the use of the ITC for a personal use depends on the interest you have in a particular subject. All of them admit that the ITCs are an essential source of information and communication.

#### 2. The use of new technologies at work for training purposes

All the interviewees have a profile based on the direct relation / contact with the user, so mainly the training they receive is essentially on site. For example, the physiotherapist finds that *"online or distance courses has no sense, because he needs to be in touch with the patient all the time"*.

When asked about the difficulties and benefits of a training based on New Technologies, they agree that the possibility of managing your own time, the faster communications and best investment of time, are great benefits of using the new technologies with training purposes. However, they declared that it is necessary to have a great self-discipline and perseverance. Also, there is a risk of being less motivated due to the lack of interaction with both the trainer and other trainees. One of the respondents considered that training based on

new Technologies may be of less quality, since trainees have less attention and contact with the trainer.

When asked about their experience in training based on new Technologies, only two of them declared to have followed on-line courses, both of them for technical skills.

### 3. Training needs

It is to highlight that most of the respondents declared that their main training needs were related to the technical skills they need for their job, although the physiotherapist stressed *“but not through online courses”*. Other training need pointed out by respondents was ICT use. It is to highlight the answer of one of the interviewees, who considered that those high level educational professionals don't need any special additional training. None of the respondents mentioned the necessity of training on emotional issues related to their job.

### 4. Training frequented in last 3 years

The training followed by interviewees in the last 3 years was mainly on technical issues (i.e. tele-rehabilitation); also a mail manager training and language courses were also mentioned.

### 5. How useful is for the professional growth to exchange experience with other professionals and why

All the respondents agreed that it is very useful to learn and work with other professionals in order to improve the learning process. They highlighted the importance of learning other ways to do their job, new techniques, approaches, etc.

The benefit is especially high when you learn from other professional working on the same sector or with the same users than you, but on a different aspect (i.e. physiotherapist and occupational therapist) this last case allows them to have different points of view to achieve a common objective which is the welfare of the final user. In the case of the neuro-psychology, where not many people are specialized, the contact with other professionals and the exchange of experience is very important, even for supporting each other.

## 2.2 Experts feedback

*"There is a general ignorance on the own feelings, when you provide people with tools on learning how the person works, the results are really positive. This is the great unresolved question in our society and it is a key factor for social relations."*

In the above statement we can summarise the general opinion of all the experts interviewed: the lack of training in emotional issues it is not a particularity of the health and social care sector workers, but of the society in general. Nevertheless, they considered that due to the specific characteristics and circumstances of this kind of work, the emotional education may be considered as a key part of their training process and an excellent tool to manage and deal daily situation.

We present the experts' opinion following the questions proposed in the Methodological Tools Dossiers. In some cases the experts' answers have been quoted in order to clarify or illustrate the ideas extracted.

### 1. Training Experiences

From the question *Which training experiences were more useful in the stress and emotional disease management for workers in the health and care sector who deal with degenerative illnesses?*

All the respondents declared to have up to some extent experience in training addressed to health and social care sector workers. It is to highlight that the experience with professionals working with degenerative illness are related to Alzheimer, cancer, palliative cares and elder people. The experience of the experts may be summarised as follows:

- at university level in Social Work degree courses with last year students which receive different training workshops including some on social abilities;
- health and social associations (both professionals and users)
- all type of professionals (nurses, therapists, psychologist, etc.) except doctors which are usually more reluctant to participate in this kind of courses

- workshops for un-paid carers related to the emotional aspects of the care

In general, the experience was very positive for the trainees, since they learn *“to solve situations they usually face to in a more constructive way”*

## 2. Needs of the workers in the health and care sector

First of all, it is to point out that one of the respondents made two groups according to the needs in emotional training: Low and high qualified workers.

- The workers with a lower qualification are usually those who work daily and directly with users (carers), thus having a more personal and close relationship with users. They have a lower training in technical aspects and also in EI, *“but they need to adapt faster (...) they learn by experience (a hard learning, anyway)”*
- The professionals with a higher qualification, such as physiotherapists, social workers, psychologists, etc. usually have more difficulties related to the personal relationship and they tend to focus the attention on the technical part. There's no training in EI in their curricula and *“they have not the immediate need of learning to manage emotions. Thus, they have personal problems (even physical), services become rigid and sometimes there is a risk of unattended users”*.

Other expert pointed out that Emotional Intelligence is *“something that everyone knows but it is not applied”*. Thus, the objective of the training should be to remind the already learned strategies to apply them when necessary. This kind of training related to the emotions management should be compulsory not only for the health and social care professionals, but also since the elementary school.

Following Goleman's referential framework for intelligent competences chart and according to the respondents, the main competences in which the workers of the health and social care sector need to be trained are:

- One-self recognition: Emotional awareness and Accurate self-assessment & Self-confidence (*“the two last ones may be grouped under the Self-esteem concept”*)

- One-self regulation: Emotional self-control (not negative), Adaptability and Achievement drive (motivation – vocation). (*“These are professions with a limited acknowledgement, compared to doctors, for instance, so they need to be really motivated to carry out their job and to deal with patients with are suffering and therefore they cannot confront”*)
- Others’ recognition: Empathy (*“put ourselves in the other’s place, but not losing ours”*) and Organizational conscience, which is clearly related to motivation.
- Others’ regulation: Communication, conflicts resolution, building bonds and team working.

One of the experts considered as a priority the area related to the one-self recognition and self-knowledge. She pointed out two concepts to be considered, especially for those who work with people suffering a degenerative illness:

- *“Tolerance to frustration”*. The professionals need to have real goals and objectives and have a clear limit among the personal and professional field. *“All professionals of care need to have a very clear idea of what is support and what they are responsible for”*.
- *“Living on the present”*, that means not to carry anything to the personal life. *“The work is just a role not an identity (...). We have to make clear up to where we can (and want) to arrive, in sum we need to know and define the limits.”*

It was also stated the personal environment and the motivation as key aspects, since workers need to learn *“not make of their job their life”* and *“they are just a piece in the machine, not anyone’s rescuer”*.

In other words, the main competences required for these professionals are:

- Management of emotions (one-self recognition and regulation)
- Personal involvement (one-self motivation)
- Team working and relational skills (others’ recognition)

### 3. Distress

From the questions

- *In your opinion, are there any particular social risks of stress and burn out in social and health care professions?*
- *Which are the elements that produce the greatest risks?*

In general, all the experts agreed on the fact that one of the main sources of emotional problems and stress come out from the work environment itself: the relationships with colleagues and bosses, team work, culture organization, work conditions, etc. *“It would be very important to train the working team in emotional aspects, with no difference among the coordinator and the rest of the team, including all levels”*

Also the empathy (*“too much empathy”*) was pointed out as an aspect producing stress, since the worker is continuously in contact with others’ suffering. A factor which increases the risk for workers is dealing with degenerative illness and/or process, because the professional may be frustrated by no relieving the patient’s pain.

Nevertheless, this statement needs to be clarified under the light of the different points of view and solutions expressed by the experts:

- Firstly, one of the interviewees declared that in his opinion it was the lack of training on emotional intelligence the main reason for suffering stress: *“since you are not aware of the importance of these issues (...) you do not search the solution in this field”*
- Secondly, other point of view stressed the fact that aspects generating stress may be divided in two groups: What a person can do to avoid/prevent the situations generating stress and what does not depend on his/her capacity to change things. However, *“every person has tools to face up the external situations (...) even if the source of stress is external the main field to search the solution in is oneself”*. This means that most of the times is easier is to work on one-self’s abilities and attitudes rather than to change the organization, furthermore *“in some cases is the only possible solution to solve stressing situations”*.
- Finally, one of the experts highlighted the origin of the burn out syndrome in *“the lack of realistic objectives (...) it is necessary to work with what I have and not with I’d wish to have”*. This is related to lack of one-self’s recognition: *“(…) in the professional world is important to accept ourselves and our limitations, but first we*

*need to be aware of them*". According to this point of view, people relate to others in the same way they relate to themselves: *"How do I feel? How important are for me other people's expectations on me?"*

As conclusion, we can state that even if the opinions are different on the nature of the reasons that point out the relations to others and the organization as main stress source, the general conclusion is that a lack of training in emotional aspects is behind most of the emotional conflicts. Therefore, workers are not aware of the possible solution to their situation and look for other ways of solving that will not help them in the same way.

#### 4. Training

Interviewees were asked: *Do you think that workers in the health and care sector are: insufficiently/ sufficiently/ well trained in the stress and emotional disease management coming from the interaction with degenerative illness?*

According to the experts' opinion in general, professionals of the health and social care sector are insufficiently trained in stress and emotional disease management. Nevertheless, they point out that, even if especially necessary in this sector, it is something common to all economical sectors and population in general.

#### 5. Suggestions

From the question *Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?* Respondents provided two different feedbacks: on the most interesting areas/topics and on the training methodology.

Regarding the most necessary competences that professionals of health and social care sector should be trained, below we list those mentioned by the experts:

- Self-esteem (*"it is linked to everything else"*)
- Relational competence (*"specially focused on team work"*)
- Emotions management

- Stress management
- Knowledge of own strengths and weakness

As for the methodology, one of the experts explained how she carried out her training sessions on emotional issues, *“with the aim of reducing the conflicts that have an origin in the multiple interactions of different points of view”*.

1. Workshop on the personality structure: a global knowledge on how the mind works, helping trainees to identify the weakest part of their personality.
2. Presentation of the abilities: social skills, Emotional Intelligence
3. Working groups on the interpersonal relations (*“(…) essential in the labour market”*)
4. Monitoring of the training results, acquired skills, new situations, solutions for real cases, etc.

#### **6. Difficulties and barriers of the usage of the new technologies/web 2.0**

All the respondents declared that the training on Emotional Intelligence based on new technologies was a good and an interesting initiative for providing a theoretical framework or as information tool. However, it was not considered enough to provide the professionals with the necessary tools by itself, and a complementary training would be required:

*“The personal interaction is essential in the learning process: to put into practice what we have learned in books and to contrast the knowledge acquired. Self-learning risks making people assimilate concepts in a personal way that may be not the best or most useful for them.”*

*“The training based in this format is not enough, it has to be complemented with working groups and the monitoring of an expert. It might be very useful for the theoretical framework, as an introduction, to carry out the necessary personal work before the working group.”*

*“(…) it is to point out that some aspects as communication skills, team working etc. need to be trained in group. You can include auto-assessment exercises, auto-test, etc. but it is true that it should be complemented with personal courses.”*

"(...) personal contact is essential, since workers have this contact with users, and verbal communication is only 10% of the whole communication."

Nevertheless, many advantages were also pointed out such as:

- Starting point for information, raising awareness on Emotional Intelligence usefulness, etc.
- Making the training less personal "*In my experience, people show some reticence to be trained in these issues. At some point the professional experiences and emotions are mixed with the personal ones, and people are afraid of what they may find if they search in their inside.*"
- All the advantages of New Technologies themselves (paper, availability of information by anyone...).

## 7. Comments and further information

When asked about any bibliography or references that might be useful for the project, experts mentioned the following:

- Humanistic psychology
- Transaction analysis approach (Eric Berner)
- Emotional ecology (emotions transformation by Maria Merce Conangla)

### 3. RESULTS OF THE BIBLIOGRAPHICAL RESEARCH

*Emotional labour should be formally recognized as a key skill in facilitating the patients' journey, with emotional skills being taught in innovative ways outside the formal classroom setting. Health care professionals should be offered training on coping with the effects of emotional labour performance (Sandi: 2005)*

The landscape of the health and care sector has undergone some recent changes in Spain. Recent policy developments in public health care systems led to a greater diversity in health care (Lopez – Cazanovas: 2007). Decentralization encourages innovation and local initiatives in health care provision, though at the same has its “cons” while this diversity may generate a feeling of a lack of commitment to a national health service and ultimately a loss of social cohesion. Besides the decentralization process, immigration stands as an important factor as well in Social Care Sector. Due the important demographic changes caused by the last two decades of immigration and multicultural spread, social workers and care professionals are meeting new challenges in providing quality services to multicultural ethnic populations (Enrique Reboloso Pacheco et al: 2003). The implications of immigration for the provision of social services shape a special need for the *cross –cultural competences* for social workers. What is more, the rapidly changing context of social work: the merge of social services departments with larger more powerful bureaucracies, the movement towards integrated service delivery, and the new social work degree requires the capacity to handle one's own and other's emotions effectively (Morrison: 2007).

As far as the investigations and researches about the health and care sector workers training needs are concerned, the majority of the conducted studies are focused on the Syndrome of Burnout and the strategies of psychosocial risks prevention at the workplace. Regarding the definition of the syndrome of Burnout, the syndrome consists of three fundamental aspects: emotional exhaustion, the depersonalization and the absence of personal achievements (Villena: 2003). Prevention and treatment issues are discussed stressing the Burnout as a professional occupation disease that usually leads to lowered production, increase in absenteeism, health care costs and personnel turnover. In addition, a specific attention is also given to the emotion regulation mechanisms and strategies, mental stress measurement methods and stress management.

Throughout the bibliographical research, emotional intelligence is more commonly discussed as far as *nurses* are concerned, *service sector* or *emotional work* in general. In various researches the discussions about aptitude of the emotions in the nursing practice, the *interpersonal relations*, positive results of nursing emotional implication and potential risks are stressed. Emotional work requires emotional management skills as well as emotional competences. As far as emotional competences issues regarding health and care sector workers dealing specifically with degenerative diseases are concerned, very few researches have been carried out. In effect, all health and care workers are required specific knowledge of both the unique needs of people facing death and their own responses to these needs. “The extent of this knowledge ranges from simple awareness of the availability of palliative care through to the highly specialized skills required for referral practice” (Cairns: 20003)

According to a recent study on the training needs detection, carried out by the Health Studies of Valencia School (EVES), languages, humanization and emotional intelligence are among the training preferences of the health sector professionals. Among the most requested training courses, we can note the following: “English for health sector workers”, “self-esteem and personal development”, “Psychological wellbeing at workplace”, “Palliative care, emotional support and care of the chronically ill”, “Coaching for the development of emotional abilities”, “Mobbing. Psychological harassment at work”, “Dying process. Accompanying the ill and pain”.

To sum it up the main finding of the bibliographical research, the categories: *interpersonal relations*, *stress management*, *burnout* and *psychosocial risks prevention* at the work place have been most commonly dealt with as far as far the needs and training of the health and care sector workers are concerned.

## Conclusions

Below, we list the main conclusions derived from the bibliographical analysis carried out on Emotional Intelligence competences issues regarding health and care sector workers in Spain:

- Health Care Sector and Social Sector are considered separately, each sector and its workers have different needs and challenges to face.

- There is no reference, study or analysis on the special situation of professionals working with people suffering a degenerative illness or process, although there are some references for palliative care givers.
- Studies and references are more numerous in Health Care Sector, and specially focused on nurses other than other health professionals. In general, we can state that most of the conclusions and experiences included in these papers may be transferred and adapted to the target group of the project: Health and Social Care Sector Workers.
- The only study referring to the training needs of Health Care professionals, states that the most appreciate courses by the health sector professionals are keys for communication and personal development.
- Emotional Intelligence as a global concept is scarcely present in the bibliographical references, however, skills and competences such as *interpersonal relations*, *stress management*, *burnout* and *psychosocial risks prevention* may be included as Emotional Intelligence are studied and promoted for the Health Care Sector and other Emotional Professions.

#### 4. RESULTS OF THE WEB RESEARCH

During the data web research, browsing of the web has been applied in order to check the context and forums dedicated to information, experience or opinion exchange between health and care sector workers, as well as the use of Web 2.0 or platforms for the training of health and care sector workers has been analysed.

In general, we can state that Web 2.0 tools are not still very developed in Spain as training tools for the Health and Social Care Sector is concerned. Nevertheless, we have been able to identify the following tools related to the subject of research:

- 4 blogs
- 2 forums
- 2 wikis
- 1 video sharing platform
- 2 training search engines
- 2 web platforms

As far as the content is concerned, the results show that once again it is a clear distinction among Health Care sector and Social Care sector, differentiating clearly the two spheres of action: Health Care and Social Work.

Only two Web 2.0 resources have been identified with the label Health and Social Care, and one of them is directly related with the official training existing in Spain for the Health and Social carers. In none of them we have found any reference to the Emotional Intelligence in the sector.

The available resources in Emotional Intelligence (training materials, training offers, etc.) are located in general tools such as Wikis, Training Search Engines and Web Platforms where users and experts in Emotional Intelligence have uploaded several and useful materials. It is to point out the large offer of training search engines, where users can search for any kind of training related to Emotional Intelligence and/or Health and Social Care Sector.

As conclusion, we can state that any person interested in exploiting the resources on Emotional Intelligence applied to Health and Social Care Service, which are currently available on the Internet through Web 2.0 tools, need to focus the search on the concepts separately, since the relation of both concepts is not very developed on the net. Nevertheless, it is to point out that through some of the training search engines we have found interesting references regarding the existing training offer that, doubtless, may be included as Best Practices in the promotion of the Emotional Intelligence in the Health and Social Care sector.

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1. With the purpose of obtaining information that serves as base for the elaboration of programs of promotion of the personnel's of Infirmary health was carried out the present study of investigation of type descriptive correlation, in the Hospitals Belen, Regional and Victor Lazarte you of Trujillo, during the months of June–December of 2002. The sample was constituted before by 56 nurses of the hospitals mentioned. To value level of Syndrome of Burnout the inventory of Maslach Burnout it was used (MBI) (1986) that values three fundamental aspects of the burnout syndrome or of waste professional: the emotional exhaustion, the depersonalization and the absence of personal achievements. The main conclusions are:

- The personnel of infirmary of the hospital services of the county of Trujillo present a low level in the dimensions of emotional fatigue and depersonalization of the burnout syndrome and high in the dimension of personal realization.
- Significant statistical relationship doesn't exist among the dimensions of the burnout syndrome in the personnel of infirmary of the hospital services of the county of Trujillo with the variable age, civil state, children's existence, years of service, work areas.

**2.** According to a recent study on the training needs detection, carried out by the Health Studies of Valencia School (EVES), languages, humanization and emotional intelligence are among the training preferences of the health sector professionals. Among the most requested training courses, we can note the following: “English for health sector workers”, “self-esteem and personal development”, “Psychological wellbeing at workplace”, “Palliative care, emotional support and care of the chronically ill”, “Coaching for the development of emotional abilities”, “Mobbing. Psychological harassment at work”, “Dying process. Accompanying of the ill and pain”. To it sum up, the most appreciate courses by the health sector professionals are keys for communication and personal development.

**3.** Grief support for relatives of patients in palliative care is recognized as a fundamental practice within palliative medicine. The aim of this research was to determine the nature and extent of grief support programs offered to relatives of patients in palliative care in Spain. A postal survey was carried out among members of the Spanish Society of Palliative Care. The members’ names were obtained through the Society’s 2000 Directory, which lists 160 different teams, of which 50% answered a questionnaire made up of 34 questions, some open-ended and others multiple choice. Results show that 88.6% of the services include grief support, that mainly emotional and one-to-one care is provided (92.4 and 89.9%, respectively), and that the number of psychologists and social workers in each team is limited. The risk factors most commonly taken into account by professionals are: absence of family support (36.92%) and the bereaved case history (21.54%); while the most widely used diagnostic criteria for complicated bereavement are blame and depression (12.5 and 11.36%). In conclusion, it can be seen that bereavement services are not completely consolidated in Spain and there is a need for a greater variety of intervention strategies.

**4.** Recent policy developments in public health care systems lead to a greater diversity in health care. Decentralization, either geographically or at an institutional level, is the key force, because it encourages innovation and local initiatives in health care provision. The devolution of responsibilities allows for a sort of ‘deconstruction’ of the status quo by changing both organizational forms and service provision. The new organizations enjoy greater freedom in the way they pay their staff, and are judged according to the results. These organizations may retain financial surpluses, develop ‘spin-off’ companies, and commission a range of specialized services (such as Diagnostic and Treatment Centres in UK) from providers outside the institutional setting in order to have more access to capital markets. However, this diversity may generate a feeling of a lack of commitment to a national health service and ultimately a loss of social cohesion. Here, I offer an assessment of the ‘pros’ and ‘cons’ of the health care decentralization process in Spain, drawing on the experience of regional reforms from the pioneering organizational innovations implemented in Catalonia in 1981, up to the currently observed dispersion of health care spending per capita across the regions.

**5.** This article summarizes the organization, financing and delivery of health care services in Spain, and discusses the elements that made it possible to maintain high levels of health among the population while spending comparatively fewer resources on the health care system than most industrialized countries. The case of Spain is of particular interest for newly industrialized countries, because of the fast last evolution that it has undergone in recent years. Considered, by United Nations economic standards, a developing country until 1964, Spain become in a few years the fastest growing economy in the world after Japan. By the early 1970s the infant mortality rate was already lower than in Britain or the United States.

**6.** Important demographic changes have been taking place in Spain during the last two decades as a result of immigration. Due to an ever – increasing multicultural spread, social work professionals are faced with the new challenge of providing quality services to diverse ethnic populations. After briefly describing the main characteristics of immigration in Spain, their implications for the provision of social services and the need to provide multicultural training for social workers are analysed. The conceptual framework proposed addresses some of the main variables that professionals working with these minorities

should take into account. It is to be highlighted: culture, language, family support, community resources, clients, explanatory model of the problems, and provision of services for multiple problems, ethnic discriminations, and assessment instruments. Some key points for multicultural training in this field are discussed, paying special attention to the need to develop culturally sensitive and bias-free diagnostic tools, accreditation and funding of professional programmes and cross-cultural competences training. The main contents and objectives of a multicultural training course for social workers are described.

**7. Objectives:** During the final period of life, patients with cancer in the Basque Country are given treatment in different types of hospital care. This study compared the quality of care according to the type of care in one of the autonomous communities in Spain. A retrospective study was carried out of cancer patients who died in conventional hospital services, home hospitalization services, and palliative care units. In addition to hospital stay and readmission number, variables based on the recommendations of Spanish Society for Palliative Care were studied. Conclusions: End-of-life in cancer patients was diagnosed too late. The quality of care in palliative care units and by home hospitalization service was better than that in conventional hospitalization. Nevertheless, there were areas for improvement in the three modalities of care.

**8.** This paper is aimed to highlight the necessity and benefits of the emotional intelligence for the Health and Social Care Sector.

**9.** Aspects of work that relate to this kind of emotional demands and control of these emotions is what we call emotional labour. As with the physical or mental stress, exposure to emotional demands for long periods of time may lead the person to deterioration in their psychosocial health and produce specific psychosocial harm (e.g. burnout). Like other work demands, emotional demands make necessary the management of emotions and in this sense some level of emotional competence from the worker, provide good performance and execution of work.

**10.** In some occupations, particularly in the service sector, dealing with patients or clients may require an employee to pretend to have emotions that they do not really have, or to actually experience required emotions. The regulation of emotion can be either automatic or controlled. This study extends research on the consequences and processes of emotional labour in two ways. First, it examines how the use of different emotion regulation strategies with patients relates to doctors' emotional exhaustion. Second, it tests two mechanisms that may explain those relationships. A survey of 345 general practitioners (GPs) working in a large urban community in Spain was conducted for the study. Based on Cote's (2005) social interaction model, GP satisfaction with the responses of their patients was tested as a potential interpersonal mediator between their use of automatic, surface, and deep emotion regulation strategies and their emotional exhaustion. Psychological effort was tested as a potential intrapersonal mediator in the same pathway. Regression analysis indicated that emotion regulation was negatively associated with GP emotional exhaustion when it was performed automatically, but that it had a positive and a neutral association when it was performed using surface and deep acting respectively. The mediating role of interpersonal and intrapersonal factors helped explain the differential associations between the GPs' emotion regulation strategies and their emotional exhaustion.

**11.** Although it is known and recognized that hospital work is a source of stress and mental load, is difficult to have tools to predict when a work situation is likely to cause workers stress or mental fatigue. This has been done: a conceptual comparison of two methods (FPSICO and ISTS-21) and evaluation of psychosocial factors in a hospital with the two methods. These methods do not assess exactly the same psychosocial factors, or with the same content. With the Method FSIC is obtained that 50% of participants are in an unsatisfactory situation for the factors "mental burden" and "temporary autonomy. With the method presented ISTAS21 factors unfavorable results for health are "double presence", "psychological demands: sensory and emotional" hide emotions "and" timing. "

- 12.** The present work discusses about aptitude of the emotions in the nursing practice and exposes different arguments from which the author tries to draw a conclusion, considering the interpersonal relations, the positive results of nursing's emotional implication and the potential risks that from this implication could be derived, and of course, the vision of the patients as opposed to this.
- 13.** There are several studies addressing psychosocial risks in the health sector, but few focus on the emotional. In this article, the Psychosocial Prevention team assesses the effectiveness of a workshop on emotional intelligence in nurses at a hospital. The results obtained in the pre-intervention evaluation showed high emotional demands and poor skills, high levels of dissonance and emotional empathy (empathetic pain). After the workshop, the emotional competences increased, which could influence the decrease in empathic suffering.
- 14.** The aim of this work is to provide researchers and practitioners interested in the study and prevention of the syndrome of burnout (burnout) a review of occupational characteristics that cause their appearance in the main occupations at risk and in different situations cultural. Its pages offer reviews on the development of research, assessment tools, studies on prevalence and incidence, analysis of job performance characteristics that favor its appearance, intervention programs and case studies. This book is the result of an encounter and reflection of a broad group of researchers and professionals involved in the study, prevention and treatment of burnout, and a reference point in research on this syndrome and the risk psychosocial health and safety of workers.
- 15.** This book is aimed to all people (relatives, doctors, nurses, carers, etc.) taking care of people suffering a disease. It is aimed to put into relation both, the care and support the emotional intelligence that all people dealing with these patients need to prove.
- 16.** In the 21st century, providing palliative care is an obligatory component of health services. As a community, we expect that, when prolongation of life is neither possible nor appropriate, care and support will still be available as palliative care. Virtually all health workers who come into contact with patients require some knowledge of both the unique needs of people facing death, and their own responses to these needs. The extent of this knowledge ranges from simple awareness of the availability of palliative care through to the highly specialised skills required for referral practice. Here we discuss the educational and training needs of medical, nursing or allied health professionals who provide primary care with a palliative approach, or specialist palliative care services. The challenge that we all face is how to develop these skills in the face of multiple demands on our time. Strategies for improving palliative care education include a national undergraduate curriculum for palliative care, expanded training opportunities for generalist practitioners and further recognition for the role of practitioners of specialist palliative care and associated curriculum development.
- 17.** This paper aims to evaluate the literature on emotional labour in the health-care sector and the benefits and costs of such performance for both the carer and the patient. The aim is to develop a new health care model of emotional labour that has implications for health-care management in terms of policy and education as well as for future research in this field. Emotional labour should be formally recognised as a key skill in facilitating the patient journey, with emotional skills being taught in innovative ways outside the formal classroom setting. Health-care professionals should be offered training on coping with the effects of emotional labour performance. Finally, more research should be carried out to further develop the model, particularly in identifying causes of emotional labour within health-care settings and in differentiating the effects that different kinds of emotional labour performance might have.
- 18.** The emotional labour of care: But is emotional labour as a concept the same as care? What are the similarities and differences and the inherent contradictions of treating emotional labour as a commodity? I apply the concept of emotional labour to nursing because nursing are expected to be emotionally caring and display styles similar to those of flight attendants.

**19.** The contemporary concept of emotional intelligence (EI) as a critical set of management skills is traced through time to its current application for health care administration. EI is defined as proficiencies in intrapersonal and interpersonal skills in the areas of self-awareness, self-regulation, self-motivation, social awareness, and social skills. The contributions of EI to effective management are supported by empirical research in the field. The importance of developing these skills in health care organizations is further clarified with examples familiar to health care administrators. Training suggestions and assessment resources are provided. Key words: emotional intelligence, health care administration, leadership training, management skills

**20.** The modern workplace is often thought of as cold and rational, as no place for the experience and expression of emotions. Yet it is no more emotionless than any other aspect of life. This book discusses the causes and effects of emotions at work and extends existing theories to consider implications for the management of emotions.

The international cast of contributors examines the practical issues raised when organizations are studied as places where emotions are aroused, suppressed, used, and avoided. The book also joins the debate on how organizations and individuals ought to manage emotions in the workplace. It has broad appeal for professionals, students, scholars, and consultants in this emerging field.

**21.** Light on complex theoretical language, this relevant, accessible text offers a hands-on approach to studying human resources in various healthcare systems such as hospitals, integrated healthcare systems, managed care settings, private practices, and public health clinics. The chapters cover a broad spectrum of subjects including: human resource design (e.g., the role of the human resource system in support of organizational functions) human resource practice (e.g., legal and organizational human resource issues including labour law and related issues including discrimination, harassment, wage and hour agreements, and ADA compliance; hiring, termination, performance evaluation, and staff training) human resources management (e.g., workforce planning and maintenance, staff support and education, compensation management, role in collective bargaining, budgetary involvements, and organizational continuous improvement initiatives) The book can be used as a stand-alone textbook in undergraduate or graduate level courses on human resources. With its practice-oriented approach, it is also a valuable resource for current health care organizations.

**22.** According to the WHO (2009), mental health can be conceptualized as ‘a state of well-being in which the individual: realizes his or her own abilities; an cope with the normal stresses of life; can work productively and fruitfully; is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its Wide and varied interpretation across cultures. This article is targeted at the employers and it outlines in detail the mental health issues in the health care sector, and provides practical information on mental health promotion interventions

## ANNEX II. WEB REFERENCES

1	SPAIN	<b>FORUM: Health and Social Care</b> <a href="http://www.atencion-sociosanitaria.es/">http://www.atencion-sociosanitaria.es/</a>	Informal	Forum related to the official training for health and social carers. There is all type of resources for people studying this profession.
2	SPAIN	<b>BLOG: Health and Social Care</b> <a href="http://atencionsociosanita.blogspot.com/">http://atencionsociosanita.blogspot.com/</a>	Informal	Resources and news related to the health and social care sector.
3	SPAIN	<b>BLOG: Health Care Worker:</b> <a href="http://trabajadorsanitario.blogspot.com/">http://trabajadorsanitario.blogspot.com/</a>	Informal	Blog dedicated for the exchange of the relevant technical information, exchange of experiences, relative information concerning the health care worker.
4	SPAIN	<b>BLOG: Everything about Social Work in Spain:</b> <a href="http://tsuned.blogspot.com/">http://tsuned.blogspot.com/</a>	Formal	The Blog aims at raising awareness about social work, dedicated to social workers, as well future social workers.
5	SPAIN	<b>BLOG: Social Work Education:</b> <a href="http://blogs.dmaweb.info/buva06/">http://blogs.dmaweb.info/buva06/</a>	Formal	The Blog of the Library of the Faculty of Education and Social Work (University of Valladolid).
6	SPAIN	<b>FORUM: Management in Health Sector:</b> <a href="http://grupos.emagister.com/foro_gestion_en_el_sector_sanitario/6656">http://grupos.emagister.com/foro_gestion_en_el_sector_sanitario/6656</a>	Formal	The forum consists of 64 Debates, 6 Documents, 2 Videos, 1 Blog and 320 members.
7	SPAIN	<b>WEB PLATFORM: Emotional Intelligence:</b> <a href="http://www.inteligencia-emocional.org/asociacion/salud.htm">http://www.inteligencia-emocional.org/asociacion/salud.htm</a>	Informal	Courses, seminars, articles about the Emotional Intelligence, a few of them especially designed for health and care sector professionals.
8	SPAIN	<b>WEB PLATFORM: Sharing videos</b> <a href="http://www.tu.tv/buscar/?str=inteligencia+emocional">http://www.tu.tv/buscar/?str=inteligencia+emocional</a>	Informal	Video sharing web with educational purposes, where several video and documentaries can be found on Emotional Intelligence and Health and Social Sector.
9	SPAIN	<b>WEB PLATFORM: World Tutorials:</b>	Informal	Free of charge online courses, a variety of disciplines, for general audience.

		<a href="http://www.mundotutoriales.com/tutoriales_inteligencia_emocional-mdpal15792.htm">http://www.mundotutoriales.com/tutoriales_inteligencia_emocional-mdpal15792.htm</a>		
10	SPAIN	<b>WEB PLATFORM: Education and Training Portal:</b> <a href="http://www.educaweb.com/secciones/es-educaweb/">http://www.educaweb.com/secciones/es-educaweb/</a>	Informal	The portal specializes in higher education and training: a comprehensive search engine providing 45.000 resources: courses, training centres etc. An information service and guidance for academic community, as well as for professionals in all areas.
11	SPAIN	<b>WEB SEARCH ENGINE: Training guidance:</b> <a href="http://www.emagister.com/">http://www.emagister.com/</a>	Informal	A meeting point between the training offers and demands: training centres looking for the potential students and the users looking for information about the courses. Provides an access to search for master courses, universities, free of charge courses, professional training courses etc.
12	SPAIN	<b>WEB SEARCH ENGINE: Training guidance:</b> <a href="http://www.solocursos.net">http://www.solocursos.net</a>	Informal	A meeting point between the training offers and demands: training centres looking for the potential students and the users looking for information about the courses. Provides an access to search for master courses, universities, free of charge courses, professional training courses etc.
13	SPAIN	<b>WIKI LEARNING: Psychosocial risks</b> <a href="http://www.wikilearning.com/monografia/los_riesgos_psicosociales_en_el_trabajo-las_consecuencias/4608-4">http://www.wikilearning.com/monografia/los_riesgos_psicosociales_en_el_trabajo-las_consecuencias/4608-4</a>	Informal	Personal and organizational effectiveness and Emotional Intelligence, Psychosocial risks at work.
14	SPAIN	<b>WIKI LEARNING: Emotional Intelligence</b> <a href="http://www.wikilearning.com/document/inteligencia_emocional/busqueda/0-2">http://www.wikilearning.com/document/inteligencia_emocional/busqueda/0-2</a>	Informal	Several materials on Emotional Intelligence (Articles, monographies, free training, etc.) available in wiki format.

### 3.7 UNITED KINGDOM NATIONAL REPORT

The resulting findings seem to reflect a national picture that shows a high level of practical training: in terms of how to physically deal with controlling infection, lifting and handling, health and safety and dealing with specific conditions including epilepsy and ageing, but a much lower level of training in emotional terms including stress management, communicating with patients and intercommunication between management and staff. This was of particular concern to two experts, one a highly experienced doctor and the other a psychotherapist who identified the need for individual health and care providers to contribute to the development of an emotionally intelligent organisation. This was supported by other research carried out in this field that seemed to emphasise a need for organisations to be less target driven and more patient/staff centred. Furthermore, that even on a basic level concerning the style and tone of language in general use in the sector, there was still work to be done, emphasising the need to adopt non-patronising and non-childlike language when communicating with the elderly. It was suggested that this could form part of initial induction training or feature as part of recruitment and interviewing procedures, which were viewed by one respondent as inadequate in terms of ensuring that the right person was employed in the right capacity.

Noting that these observations are based on a small interviewee sample but are supported by bibliographic and web based research, in addition to other work completed in the field of emotional intelligence over a number of years the results of completed interviews in the UK are as follows:

**Experts:**

<b>INTERVIEWEE PROFILE: Expert 1</b>	
Functional Area: Expert in managing a residential care facility	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Registered Manager
Educational level:	NVQ 4 (Graduate Level)
TO BE FILLED IN BY THE INTERVIEWER	
Professional profile of the interviewee:	Care Home Manager

Execution of the interview:	Telephone
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Title of the project: CarEIn		
Experience in the health and care sector: 22 years		
Needs of the workers in the health and care sector...	Considering your experience, specify the needs of the workers in the health and care sector	Staff would benefit from working fewer hours and receiving longer holidays. Would certainly support testing CarEIn training.
Distress	In your opinion, are there any particular social risks of stress and burn out in social and health care professions? Which are the elements that produce the greatest risks?	
Training	Do you think that workers in the health and care sector are: 1- insufficiently 2- sufficiently 3- well trained in the stress and emotional disease management coming from the interaction with degenerative illness? Please briefly specify your opinion about your choice.	2: Most workers are sufficiently trained although further training is always necessary so that staff are up to date on new procedures.
Suggestions	Which aspects should be considered in the training of workers in the health and	Further areas for possible training could include: Time Management, Managing Stress, Dealing with difficult people,

	care sector to increase their emotional condition at work?	Caring for elderly patients, Managing patients' families and Communication Skills.
Difficulties and barriers of the usage of the new technologies/web 2.0	Difficulties incurred	Access and time to complete training.
<i>Comments and further information;</i>	<i>bibliography and web sites indicated by the interviewee</i>	None

<b>INTERVIEWEE PROFILE: Expert 2</b>	
Functional Area: HEALTH AND SOCIAL ASSISTANCE WORKERS' INTERVIEWS FILE	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Assistant Business Manager
Educational level:	NVQ 4 Leadership/Management
TO BE FILLED IN BY THE INTERVIEWER	
Professional profile of the interviewee:	Assistant Business Manager
Execution of the interview:	Telephone

Execution of the interview:	Telephone
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Title of the project: CarEIn		
Experience in the health and care sector: 3 years		
Needs of the workers in the health and care sector...	Considering your experience, specify the needs of the workers in the health and care sector	Staff would benefit from stress awareness training learning not to take events that arise at work personally.
Distress	In your opinion, are there any particular social risks of stress and burn out in social and health care professions?	It is difficult to remain detached in this type of work and working hours tend to extend beyond a defined period of time. (This is not a 9 to 5 job) Stress Causes:

	Which are the elements that produce the greatest risks?	Stress can be reduced by working as a team
Training	Do you think that workers in the health and care sector are: 1- insufficiently 2- sufficiently 3- well trained in the stress and emotional disease management coming from the interaction with degenerative illness? Please briefly specify your opinion about your choice.	2: Most workers are sufficiently trained although further training is always necessary so that staff are up to date on new procedures.
Suggestions	Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?	Further areas for possible training could include: Time Management, Managing Stress and Communication Skills.
Difficulties and barriers of the usage of the new technologies/web 2.0	Difficulties incurred	None: Would be beneficial having personally learnt new skills and undergone previous training using computer technology.
<i>Comments and further information;</i>	<i>bibliography and web sites indicated by the interviewee</i>	None

<b>INTERVIEWEE PROFILE: Expert 3</b>	
Functional Area: Doctor	
Seniority in the field of expertise:	Senior Doctor
Educational level:	Doctor of Medicine, BA Arts and Humanities
<b>TO BE FILLED IN BY THE INTERVIEWER</b>	
Professional profile of the interviewee:	Highly experienced Doctor and writer for British Medical Journals with a very clear view of Emotional Intelligence and has been involved in training young doctors for a number of years.
Execution of the interview:	Personal Interview

Title of the project: CarEIn		
Experience in the health and care sector: 40 years		
Needs of the workers in the health and care sector...	Considering your experience, specify the needs of the workers in the health and care sector	While most doctors and health care workers recognise and accept that there are emotional and stressful conditions attached to, and define, the very nature of their job, excessive levels of stress are caused by NHS Management systems.
Distress	In your opinion, are there any particular social risks of stress and burn out in social and health care professions? Which are the elements that produce the greatest risks?	NHS managers are not health care specialists and do not recognise or understand the complex nature of caring for patients, especially in terms of emotional intelligence. There is a lack of independence and managers have imposed workloads, targets and procedures that inhibit the

		doctor's independence to manage their own workloads.
Training	<p>Do you think that workers in the health and care sector are:</p> <p>1- insufficiently 2- sufficiently 3- well trained in the stress and emotional disease management coming from the interaction with degenerative illness?</p> <p>Please briefly specify your opinion about your choice.</p>	<p>3: While Health and Care professionals are well trained there has been an increasing trend towards narrowing medical training. 'The best doctors often have other degrees', for example in Arts or Humanities, that give them a wider view of the world and a greater understanding of the patient.</p>
Suggestions	<p>Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?</p>	<p>Training should recognise the importance of emotional intelligence and, more specifically, aim to develop an emotionally intelligent organisation. Current employment practice for managers in the UK rarely includes a proviso that they should have an understanding of, and ideally, a specific qualification directly linked to managing Health and Care workers.</p>
Difficulties and barriers of the usage of the new technologies/web 2.0	<p>Difficulties incurred</p>	<p>The use of ICT as a training methodology works well when it is conducted in association with face2face learning, using 'blended learning' strategies. The idea that 'learning should be fun' and that people learn best</p>

		when learning engages their sense of humour should be recognised as forming an essential component of any on-line package.
<i>Comments and further information;</i>	<i>bibliography and web sites indicated by the interviewee</i>	None

<b>INTERVIEWEE PROFILE: Expert 4</b>	
Functional Area: Sesame therapist who specialises in Person-Centred Psychotherapy using music, song, story telling, words and touch.	
Seniority in the field of expertise:	Accredited therapist
Educational level:	Qualified Sesame Therapist
<b>TO BE FILLED IN BY THE INTERVIEWER</b>	
Professional profile of the interviewee:	Highly experienced participant working with elderly patients/holocaust survivors
Execution of the interview:	Personal Interview

Title of the project: CarEIn		
Experience in the health and care sector: 10 years		
Needs of the workers in the health and care sector...	Considering your experience, specify the needs of the workers in the health and care sector	Organisations are often not 'person centred' and are driven by short-term objectives, making it difficult to sustain long-term professional relationships with clients. Objectives are target driven, meaning that small group therapy sessions are more difficult to arrange than sessions that meet the manager's

		perceived needs of the greatest numbers of clients.
Distress	In your opinion, are there any particular social risks of stress and burn out in social and health care professions? Which are the elements that produce the greatest risks?	The administrative practices of health and care organisations cause the greatest stress, as managers have little professional respect for those providing care. Organisations are not Emotionally Intelligent although a variety of staff are.
Training	Do you think that workers in the health and care sector are: 1- insufficiently 2- sufficiently 3- well trained in the stress and emotional disease management coming from the interaction with degenerative illness? Please briefly specify your opinion about your choice.	2: Although staff are often well trained in terms of the practical aspects of health care including infection control, lifting and dealing with specific conditions training in emotional care is limited. However, specific members of staff are very good at recognising and managing the emotional needs of clients although this seems to reflect their natural ability to communicate with both staff and clients in this way.
Suggestions	Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?	The way in which staff are selected for caring positions should be more personalised and less generic. For example: a psychological and emotional assessment of an employee's ability to manage clients in terms of emotional intelligence should be carried out before being offered employment. This could be supported by staff working

		alongside other staff members who are specially good at working with clients and recognising their emotional needs. nb: this would be particularly good for care workers where there currently seems to be few opportunities to observe best practice
Difficulties and barriers of the usage of the new technologies/web 2.0	Difficulties incurred	As this interview was 'practice based' there was little discussion of the role of new technologies in training although it was agreed that the best form of training was through face to face observation over a sustained period of time rather than a cognitive short course.
<i>Comments and further information;</i>	<i>Bibliography and web sites indicated by the interviewee</i>	None

**Care Workers:**

<b>INTERVIEWEE PROFILE</b>	
Functional Area: HEALTH AND SOCIAL ASSISTANCE WORKERS' INTERVIEWS FILE	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Support Worker
Educational level:	NVQ 2
<b>TO BE FILLED IN BY THE INTERVIEWER</b>	
Professional profile of the interviewee:	Support worker caring for patients in a residential care
Execution of the interview:	Telephone

Introduction to the project and the topic: An introduction to the project and the topic consisted of a brief overview of its main objectives.		
Experience in the health and social sector	Specify the exact sector and duration	Care Home Sector: 8 years experience
The knowledge and use of the new technologies:	<ul style="list-style-type: none"> <li>- At work or at home</li> <li>- The frequency of use</li> <li>- Interests in the new technologies</li> </ul>	At work: rarely At home: everyday
The use of new technologies at work for training purposes	Difficulties Benefits	Specify the typology of training: Professional training managed by employer: Skills targeted by the training: practical.
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	Time Management, Managing Stress, Dealing with difficult people, Caring for elderly patients, Managing patients' families and Communication Skills. (The most important!)
Training courses frequented (in the last 3 years)	Health and Safety, Fire training, Epilepsy, COSHE, First Aid, Nutrition and Health.	
<i>Comments and further Information:</i>	bibliography and web sites indicated by the interviewee	None
Other Feedback:	Stress Reduction: Staff would benefit from working fewer hours Emotional Intelligence: Not heard of this terminology Web 2.0: Not heard of this terminology	

INTERVIEWEE PROFILE	
Functional Area: HEALTH AND SOCIAL ASSISTANCE WORKERS' INTERVIEWS FILE	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Shift Supervisor
Educational level:	NVQ 3
TO BE FILLED IN BY THE INTERVIEWER	
Professional profile of the interviewee:	Team Manager
Execution of the interview:	Telephone

Introduction to the project and the topic: An introduction to the project and the topic consisted of a brief overview of its main objectives.		
Experience in the health and social sector	Specify the exact sector and duration	Care Home Sector: 6 years experience
The knowledge and use of the new technologies:	- At work or at home - The frequency of use - Interests in the new technologies	At work: rarely At home: no Would be beneficial to learn new skills
The use of new technologies at work for training purposes	Difficulties Benefits: Have undergone previous training using computer technology although would prefer home access as the working day is very patient focused.	Specify the typology of training: Professional training managed by employer: Skills targeted by the training: practical. (Much of the training is delivered in-house as a response to identified patient and staff needs.)
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	Time Management, Managing Stress and dealing with difficult people.

Training courses frequented (in the last 3 years)	Health and Safety, Autism, Epilepsy, infection control, First Aid, team leadership, counselling skills, Caring for elderly patients, Dealing with difficult people, Communication Skills.	
<i>Comments and further Information:</i>	bibliography and web sites indicated by the interviewee	None
Other Feedback:	<p>Stress Causes: Stress can be dealt with as a team activity, sharing best practice and involving all members in resolving patient care issues. This organisation has a number of Management Plans that are used in the event of difficulties arising from patient behaviour and/or treatment. All work is patient centred. Would certainly like to trial CarEIn training technology.</p> <p>Emotional Intelligence: Not heard of this terminology</p> <p>Web 2.0: Not heard of this terminology</p>	

<b>INTERVIEWEE PROFILE</b>	
Functional Area: HEALTH AND SOCIAL ASSISTANCE WORKERS' INTERVIEWS FILE	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Team Leader
Educational level:	NVQ 3
TO BE FILLED IN BY THE INTERVIEWER	
Professional profile of the interviewee:	Team Leader
Execution of the interview:	Telephone

Introduction to the project and the topic: An introduction to the project and the topic consisted of a brief overview of its main objectives.		
Experience in the health and social sector	Specify the exact sector and duration	Care Home Sector: 6 years experience
The knowledge and use of the	- At work or at home - The frequency of use	At work: rarely At home: everyday

new technologies:	- Interests in the new technologies	Interested in computer technology for learning new skills from home computer
The use of new technologies at work for training purposes	Difficulties Benefits	Specify the typology of training: Professional training managed by employer: Skills targeted by the training: practical.
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	Time Management, Managing Stress and dealing with difficult people.
Training courses frequented (in the last 3 years)	Health and Safety, Autism, Epilepsy, infection control, First Aid, team leadership, counselling skills, Caring for elderly patients, Dealing with difficult people, Communication Skills,	
<i>Comments and further Information:</i>	bibliography and web sites indicated by the interviewee	None
Other Feedback:	Emotional Intelligence: Not heard of this terminology Web 2.0: Not heard of this terminology	

<b>INTERVIEWEE PROFILE</b>	
Functional Area: HEALTH AND SOCIAL ASSISTANCE WORKERS' INTERVIEWS FILE	
Worker in the health and care sector or social worker	Care Sector Home
Seniority in the field of expertise:	Support Worker
Educational level:	NVQ 2 (NVQ3 in another sector)
<b>TO BE FILLED IN BY THE INTERVIEWER</b>	
Professional profile of the interviewee:	Support worker for residents
Execution of the interview:	Telephone

Introduction to the project and the topic: An introduction to the project and the topic consisted of a brief overview of its main objectives.		
Experience in the health and social sector	Specify the exact sector and duration	Care Home Sector: 3 years experience
The knowledge and use of the new technologies:	<ul style="list-style-type: none"> <li>- At work or at home</li> <li>- The frequency of use</li> <li>- Interests in the new technologies</li> </ul>	At work: no At home: no No access to technology available
The use of new technologies at work for training purposes	Difficulties: No access to technology although would engage with learning in this way if access was provided.	Specify the typology of training: Professional training managed by employer: Skills targeted by the training: practical.
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	Time Management, Managing Stress, Dealing with difficult people, Caring for elderly patients, Managing patient families and Communication Skills
Training courses frequented (in the last 3 years)	First Aid and In-house training (not specified)	
<i>Comments and further Information:</i>	bibliography and web sites indicated by the interviewee	None
Other Feedback:	Emotional Intelligence: Not heard of this terminology Web 2.0: Not heard of this terminology	

**INTERVIEWEE PROFILE**

Functional Area: Person centred planning facilitator in the Care Sector

Educational level:

Graduate

TO BE FILLED IN BY THE INTERVIEWER

Professional profile of the interviewee:	Working with people who have a learning disability to plan for their future
Execution of the interview:	Online

Introduction to the project and the topic: An introduction to the project and the topic consisted of a brief overview of its main objectives.		
Experience in the health and social sector	Specify the exact sector and duration	Disability care sector: 3 years experience
The knowledge and use of the new technologies:	<ul style="list-style-type: none"> <li>- At work or at home</li> <li>- The frequency of use</li> <li>- Interests in the new technologies</li> </ul>	At work: everyday use At home: everyday use Currently use and would continue to use computers to learn new skills
The use of new technologies at work for training purposes	Difficulties  Benefits: Currently use and would continue to use computers to learn new skills	Specify the typology of training: Professional training managed personally by employer
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	Time Management, Managing Stress, Dealing with difficult people, Caring for elderly patients, Managing patient families and Communication Skills
Training courses frequented (in the last 3 years)	10 courses attended in the last 3 years including: Managing challenging behaviour, Epilepsy Awareness, Personal Relationship Safeguarding Vulnerable Adults, Person Centred Planning, Emergency First Aid, NVQ level 3 health and social care, Corporate Induction, Fire Training, Advanced Makaton (sign language) Communication training.	
<i>Comments and further Information:</i>	bibliography and web sites indicated by the interviewee	None

Other Feedback:	<p>The following modules should be included in any managing stress training: Identifying stress symptoms, What to do to reduce the feeling of stress, Reducing stigma around stress, Educating people around a balance between work and life.</p> <p>Web 2.0: Not heard of this terminology</p>
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Why in horizontal?

### **Bibliographic overview:**

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The methodology used for this section of the UK National Report was largely web based, using a number of sites primarily associated with the Health and Care Sectors supported by university and training sites that recognise the role of Emotional Intelligence (EI) in dealing with degenerative diseases. For the purposes of this paper, degenerative diseases are identified as the progressive decline or breakdown of normal function associated with ageing and physical and psychological conditions that have a degenerative profile. These may include, but not be restricted to:

- The observable dysfunction of organs and tissue as a result of aging
- Diseases including, cancers, cardio-vascular diseases, adult diabetes, pulmonary, liver, kidney, neurological disease.
- Degenerative mobility from rheumatoid arthritis and diseases including Multiple Sclerosis that have a degenerative effect on mobility
- Dementia including Alzheimer's Disease, vascular dementia, dementia with Lewey bodies (DBL) and Parkinson's disease.
- Degenerative loss of sight and hearing, leading to blindness and deafness
- Mental and emotional health as a result of aging or degenerative disease.

Within the field of Emotional Intelligence research has often focused on the economic and personal benefits of addressing and achieving a number of competencies in EI. Developed as a management tool to promote business efficiency it's role as an agent for change has meant that the transference of EI skills and the positive effect that these will have on individual and patient well-being has been undervalued. However, it is apparent from the research completed that underpins this UK National Report that there is a growing belief in the need to engage with EI and to adopt a lifestyle that recognises and values its importance. From a positive viewpoint, this has meant that organisations including charities, care

homes, hospitals, health training facilitators and institutions that care for those with degenerative diseases recognise that EI can contribute to patient well-being. However, from a negative viewpoint, it has also meant that many commercial organisations, including the alternative therapy sector and pharmaceutical companies, have used EI as a means of promoting their products. ie: for the purposes of research it is difficult to establish the motives and qualifications of individuals who are engaged in promoting Emotional Intelligence as an answer to life's problems. So, for the purposes of this report and with the proviso that the sites and the information accessed are referenced in good faith, the bibliographic findings are as follows:

'The Key to the management of emotion is effective leadership, team working and the management of change against a backdrop of adequate staffing levels, clinical supervision and educational support to increase feelings of competence, well being and job satisfaction among all staff.' Emotions Seminar Series: *Compassion Dignity and Smiles: reassessing the emotional labour of nursing*: Conference Paper: 30.09.2009. *Centre for Research on Families and Relationships*: [www.cfr.ac.uk](http://www.cfr.ac.uk). This is supported by number of published papers including:

<b>Bibliographical Details</b>						
<b>Training of health and care sector workers (aims, methodology, needs etc):</b>						
<b>Country</b>	<b>Author</b>	<b>Title</b>	<b>Description</b>	<b>Editorial/web link – some articles are available only online</b>	<b>City of Publication</b>	<b>Year</b>
UK	Smith, P	<i>Compassion Dignity and Smiles: reassessing the emotional labour of nursing:</i>	Emotions Seminar Series: Conference Paper: <a href="http://www.cfr.ac.uk/reports/emotions%20seminar%20paper.pdf">http://www.cfr.ac.uk/reports/emotions%20seminar%20paper.pdf</a>	<i>Centre for Research on Families and Relationships</i>	Edinburgh	2009

UK	Gray, B	The emotional labour of nursing – Defining and managing emotions in nursing work	Emotions in health organisations tend to remain tacit and in need of clarification. Often, emotions are made invisible in nursing and reduced to part and parcel of ‘women’s work’ in the domestic sphere. Smith (1992) applied the notion of emotional labour to the study of student nursing, concluding that further research was required. This means investigating what is often seen as a tacit and uncodified skill.	<i>Nurse Education Today</i> , Volume 29, Issue 2, Pages 168-175	London	2008
UK	Smith, P	<i>Compassion and smiles: what’s the evidence?</i>	General Nursing Council Trust Professor of Nursing considers the role of emotional intelligence	Journal of Research in Nursing, 13, 5, pp367-370 Sage Publications	London	2008
UK	Hunter, B. & Smith, P	<i>Emotional Labour: Just another buzzword?</i>	A consideration of the validity of Emotional Labour: a term adopted by Smith in 1992, derived from Emotional Intelligence.	Guest Editorial: International Journal of Nursing Studies 44 pp859-61	London	2007
<b>El competencias issues regarding health and care sector workers:</b>						

	Girdharwal, Nitin	<i>A Study on Emotional Intelligence at Health Care Industry:</i>	Indepth survey of health workers	<a href="http://www.pharmainfo.net/reviews/study-emotional-intelligence-health-care-industry">http://www.pharmainfo.net/reviews/study-emotional-intelligence-health-care-industry</a>	2007	
	Freshman Brenda and Rubino, Louis:	<i>Emotional Intelligence: A Core Competency for Health Care Administrators:</i>	The importance of developing EI skills in health care organizations is further clarified with examples familiar to health care administrators. Training suggestions and assessment resources are provided.	<a href="http://www.inspireimagineinnovate.com/pdf/MHS-TheHealthCareMtg.pdf">http://www.inspireimagineinnovate.com/pdf/MHS-TheHealthCareMtg.pdf</a>	2010	
Australia	Humpel and Caputi		An extensive study that although based in Australia raises a number of issues reflecting emotional competence in Health and Care	HUMPEL N. & CAPUTI P. (2001) <i>Journal of Psychiatric and Mental Health Nursing</i> 8, 399–403	2001	
<b>Country</b>	<b>Author</b>	<b>Title</b>	<b>Description</b>	<b>Editorial/web link – some articles are available only online</b>	<b>City of Publication</b>	<b>Year</b>

UK	Bharwaney, Geetu: Paddock, Catharine:	<i>Emotionally intelligent helping:</i>	A discussion of how emotional intelligence contributes to the success of work by trauma and workplace counsellors:	<i>Emotional Intelligence:</i> pp27-32	No date
UK	McQueen Anne:	<i>Emotional intelligence in nursing work:</i>	This paper aims to present an analysis of the literature on emotional intelligence and emotional labour, and consider the value of emotional intelligence to nursing.	Blackwell Publishing: Journal of Advanced Nursing, 47(1), pp101–108	London 2004
UK	Lorenzo Fariselli, Joshua Freedman, Massimiliano Ghini Federica Valentini	<i>Stress, Emotional Intelligence and Performance in Healthcare</i>	Considers how important is EQ for healthcare professionals? In other studies, it appears that one way EQ helps improve performance is by mitigating the negative effects of stress.	Six Seconds: The Emotional Intelligence Network: <a href="http://www.6seconds.org/">http://www.6seconds.org/</a>	Online 2008
<b>Emotional competences issues regarding health and care sector workers (dealing specifically with degenerative diseases)</b>					
UK	NHS	<i>Knowledge set for end of life care (revised edition, 2010)</i>	Knowledge sets can be used across the wide range of social care and health provision, and this one in particular has been developed with the assistance of the NHS End of Life Care programme.	<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a> (See Developing skills/Knowledge Sets).	2010

UK	NHS	<i>Developing Skills: Talking about end of life care: 12 Pilot schemes in England:</i> The	This project will see 12 pilot sites across England explore and develop this key element of a more skilled and confident workforce. Effective and sensitive communication between staff and patients, their relatives and carers is fundamental to high quality end of life care.'	<a href="http://www.endoflifecare.nhs.uk/eolc/files/NHS-EoLC_Developing_skills_pilot_schemes-Booklet-Jan2010.pdf">http://www.endoflifecare.nhs.uk/eolc/files/NHS-EoLC_Developing_skills_pilot_schemes-Booklet-Jan2010.pdf</a>	2010
<b>Evolving landscape of the health and care sector</b>					
UK	NHS	<i>The National End of Life Care Programme:</i>	'To improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice.'	<a href="http://www.endoflifecare.nhs.uk/eolc/">http://www.endoflifecare.nhs.uk/eolc/</a>	2008 2010
UK	Welsh Assembly	<i>Informing Healthcare</i>	' <i>Informing Healthcare</i> is the Welsh Assembly Government's strategy to support the modernisation of health services in Wales using information and communication technologies.'	<a href="http://www.wales.nhs.uk/IHC/home.cfm">www.wales.nhs.uk/IHC/home.cfm</a>	2010
UK	Scottish Government	<i>Better Health, Better Care: Action Plan: What it means for you:</i>	A Scottish review of proposals for the delivery of health and care in Scotland for the 21 <sup>st</sup> century.	<a href="http://www.scotland.gov.uk/Resource/Doc/210642/0055693.pdf">http://www.scotland.gov.uk/Resource/Doc/210642/0055693.pdf</a>	2010
UK					

**Web Based Research: Definition of Concerned Issues**

Country	Typography	Formal/Informal	Main Activities
UK	Website	Centre for Research on Families and Relationships: <a href="http://www.crfr.ac.uk">www.crfr.ac.uk</a> .	The Centre for Research on Families and Relationships (CRFR) is a consortium research centre based at the University of Edinburgh with partners at the University of Aberdeen, University of Glasgow, Glasgow Caledonian University, UHI Millennium Institute and the University of Sterling. Has held conferences on Emotional Labour.
UK	Website	CIPD: The Chartered Institute of Personnel and Development: <a href="http://www.cipd.co.uk/subjects/lrnananddev/selfdev/emotintel.htm">http://www.cipd.co.uk/subjects/lrnananddev/selfdev/emotintel.htm</a>	The CIPD is the professional body for those involved in the management and development of people: this link provides an good introduction to EI in the workplace.
US	Website	The Consortium for Research on Emotional Intelligence in Organizations. <a href="http://www.eiconsortium.org">http://www.eiconsortium.org</a>	The mission of the EI Consortium is to advance research and practice of emotional and social intelligence in

			organizations through the generation and exchange of knowledge.
UK	Website	Social Competence Project: <a href="http://www.dundee.ac.uk/eswce/research/projects/socialcompetence/definition/">http://www.dundee.ac.uk/eswce/research/projects/socialcompetence/definition/</a>	A school based project that provides a good range of definitions for one feature of EI: Social competence defined as: 'possessing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture.'
UK	Website	<a href="http://www.dreamcoach.co.uk/bullyt.htm">http://www.dreamcoach.co.uk/bullyt.htm</a>	A site hosting an article that: 'describes how developing emotional intelligence can change our responses to everyday situations and stop <i>midwives</i> being victims of bullying at work.'
UK	Website	<a href="http://www.sesame-institute.org/">http://www.sesame-institute.org/</a>	The Sesame Institute is a registered charity, which promotes and oversees the use of Drama and Movement Therapy. Sesame Drama & Movement

			Therapists work in many different settings within Health, Social Services and Education as well as in private practice. Sesame Drama & Movement Therapists are required by law to be registered with the Health Professions Council and to adhere to their Standards of Proficiency - Arts Therapists.
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Web Based Research: TOPICS

Country	Typography	Formal/Informal	Main Activities
UK	Forum	Wolverhampton Health Checks: Public Authority: Closed Forum for members only	A community to connect providers of NHS Health Checks in Wolverhampton
UK	Forum	Department of Health - South West: Workforce Planning for Adult Social Care - South West Region: Public Authority: Closed Forum for members only	Strategic workforce planning to support transformation of adult social care, both for Local Authorities, Care Providers and third sector organisations
UK	Forum	Yorkshire and the Humber JIP: IdeA: Public Authority: Closed Forum for members only	This community is for members of the Yorkshire and the Humber Regional Joint Improvement Partnership. The partnership has been established to coordinate activities and support improvement in

			social care services
UK	Forum	Transforming social care: Department of health - London region: Public Authority: Closed Forum for members only	A closed forum considering social care issues in London.

## 4. GENERAL CONCLUSIONS

### 4.1. Workers' needs on EI for their job

#### **The knowledge and use of the new technologies:**

Regarding the interviews' analysis on ITC use and knowledge, almost every interviewee declares the use, adding that it's almost impossible to manage the new needs (at work or not) without those tools. Only one person declares not to use it, neither at home or at work. Depending on the kind of activity, the use becomes more frequent at home or at work. This element is transversal in all the involved Countries. An interest in ITC emerges from the answers' analysis: it's often learned without any external course.

We can consider the emerged element as positive, relating to the web 2.0 learning platform's development. But we need to highlight on another emerged data: The not so frequent e-learning training and the scarce web 2.0 knowledge, not by a practical, but terminological point of view. Many social and care workers use it without knowing its classification. We need so to be particularly careful with this element and it's opportune to include, inside the training needs, the explanation of what web 2.0 is and about its applications. From this point of view, it could be useful to mention the web 2.0 use not only for professional aims.

#### **The use of new technologies at work for training purposes**

The attitude of the interviewee workers regarding new technologies in training is not positive or negative. There are many interesting elements for the current project that must be highlighted for their relevance and transversality (in geographical terms). We need to highlight the most interesting data.

#### **Benefits:**

Time, both as self management occasion for learning time, and as time saving. If time, relating to learning, helps to manage and respect the learning times, as there's no need to unify with a group with different needs, possibilities or skills, the time saving is possible thanks to the inclusion of training into a virtual space (both at home and at work) and to the elimination of physic movements.

Among the benefits, there're elements relating to quality and quantity of information that can be found on the web, as it's possible to receive constant updates. Some suggest also

the possibility to exchange ideas and opinions with other trainees. From this point of view, we need to highlight another data emerged also from the web analysis: The need to exchange information with persons having different experiences, maybe involved in different working contexts (see the different professionals' communities and forums that came to life spontaneously). Obviously, without technology this couldn't be possible.

**Difficulties:** As it regards to technical aspects, a certain ITC skill is requested. Beside it, to better exploit the e-learning possibilities it's important to have the occasion to access to software not only from work, and it's not so common (need for hardware, software and connection).

As it regards the cultural problems, two points emerge:

The first relates to the need for a certain maturity and self-discipline to productively follow an e-learning course; The second, more important, relates to the perception that technologies cannot teach everything. While regarding to technical issues (not all of them) it's considered as a valid learning tool, even if it's possible to read between the lines that it's considered as a not so important tool compared to the classic, frontal lesson, regarding to the relational issues (those which regard us) all the interviewees expressed a strong perplexity: It's impossible to learn how to manage a conflict, how to relate with a person or how to manage the stress through the e-learning.

This last point must be taken in great consideration, as the cultural barrier is a crucial point for the intervention: It could be caused also by a non optimal use of technologies or of e-learning didactic methods.

Experiences related to e-learning are not so many and are not uniform among the interviewees, and obviously it weights upon the different effectiveness expectations and perceptions, even if , by and large, the collected data don't show a particularly used modality. The impression is that thinking about ICT tools, just few persons understand the possibilities offered by web 2.0, while others keep concentration on the institutional distance learning modalities, often created on static platforms and not so user-friendly.

## Training needs

The emerged elements about training needs are many. Between them, besides continuing vocational training, time management and legal information, some elements that are

connected to Emotional Intelligence were pointed out in a predominant and transversal way. With regards to time management, time for adequate relationships is scarce, as it emerges from different interviews. The time's shortage (caused by an insufficient number of persons to carry on an also relational work or by a not optimal work organization) is a fundamental element also regarding stress management.

With regards to EI, the most important factors are:

Communication and conflict management mostly with the patients' families and colleagues, complex situations management both as progressive degeneration situations and as situations with difficult patients. Stress is, for the last point, a highly quoted element by the interviewees. Job is perceived as stressing, it's a matter of fact, as stressing is this kind of activity.

Another element must be pointed out: the term "Emotional Intelligence" and the skills that are part of it aren't known, so even if many interesting basis exist for the project, we surely need to explain better the term's mean (exactly as for web 2.0).

### **Training courses frequented (in the last 3 years)**

For the larger part of the interviewees, the element that clearly emerges (regarding the frequented training courses in the last 3 years by the social and health workers) relates to the prevalence of technical and speciality courses. None remembers EI courses, if not to exclude them, while in some cases there're courses for management and communication. The modality's specs allow us to say just that in the vast part of the cases it was frontal training, following traditional methodologies. Those elements must be kept in consideration, as EI (even if the precedent answers weren't enough) as an independent subject is not or is scarcely regarded in the social and health training. This could mean that EI training courses' direct supply could be perceived as distant and useless if without a specific and adequate explanation.

Another interesting quantitative aspect emerges with regard to the last three years training. Specifically, in Bulgaria's Report emerges that among the interviewed social and health workers, the 75% of the interviewees didn't had training in the last three years. If the technical training is unheeded, workers could feel as not fundamental to train on transversal elements. This element must be considered because, if the project was addressed to workers who feel a strong technical training need, the motivational elements for an EI course have to be differently calibrated.

### **How useful is for the professional growth to exchange experience with other professionals and why**

All the interviewees are in accord to consider the Exchange with other professionals as positive and useful for a professional improvement (with different degrees of importance). The common perception is that the comparison between professionals is useful not only in case of common roles, but also in an interdisciplinary level and between colleagues from different Countries.

The more common motivations are the following:

- Experiences' exchange
- Information's exchange
- Exchange of points of view
- Development of practices and new skills
- More possibilities for a better training with a deeper focus on targets
- The possibility to learn through an informal and so lighter modality
- A lower error's threshold
- Best practices development
- Occasion not only for a professional, but also personal development.

Those elements suggest useful ideas during the platform's creation, that can exploit the collected data for a more pragmatic use of web 2.0 technologies.

With regard to comments and considerations that didn't find room in the previous elaboration, we need to highlight (also regarding the psychophysical safety of workers) that compensation and investment in training aren't always perceived as adequate by workers.

## **4.2. EXPERTS' OPINIONS**

A total of 24 experts from different sectors were interviewed.

It's useful to highlight that the experts representation is diversified for sectors, activity and cultural background. Specifically, among the represented experts there are doctors and nurses operating as trainers for their colleagues, social and health structures' managers, psychologists, psychotherapists, professional trainers and conflict management experts. Some experts have multiple skills in different areas, beside their focus in the social and health activity.

The group of involved experts is extremely large and provides different points of view. This element must be considered as the answers' elaboration cannot provide the entire range of differences that National Reports highlighted (NRs are useful for further analysis). Also in this case, a good gender representation emerges, considering the substantial "femalization" of the social and health sector.

### Question 1

**In your opinion, which are the more suitable training experiences for helping social and care workers to face stress and disease, mostly while assisting persons with degenerative illnesses?**

The elements emerged from this question's analysis have different aspects. In every involved Country, the rules about the training for the social and health sector's workers are different. The requested degrees aren't comparable for the same profession. As the University degree is requested for medic professionals, it's not the same for nurses; For collaborators, the specialization comes from different and more or less institutional paths. It brings also a terminological difficulty in the comparison. Denmark's institutionalized training contains elements such as empathy, communication, etc., while in other Countries emerges that is simpler to create training courses for non-medical professionals, who are easier to get involved (see Spain). After this premise, different elements emerge, and one above all: The importance of a course based on Emotional Intelligence, not limited to a classic course with a start and a conclusion, but that could be a sort of a constant help, which could face elements concerning the single person's experience not in an only theoretical context, but also practical, in a development dimension aimed to collective exchange.

### Question 2

**Considering your experience, which are the specific needs of social and care workers in training?**

The social and health sector's workers' needs emerging from experts' answers are:

- Ability to recognize and manage emotions
- Correct communication (mostly in difficult situations)
- Elements related to stress and phenomenon's knowledge (coping strategies included)
- Elements related to relationships and recognition
- Frustration management (as frustration tolerance)

It's important to notice that some experts underline that an only theoretical training is not sufficient, beside a retributive perspective of the workers management.

There aren't big differences between experts coming from different Countries.

### Question 3

**In your opinion, is there any particular risk for these workers' categories relating to stress and burn out? If yes, which elements generate the main risk?**

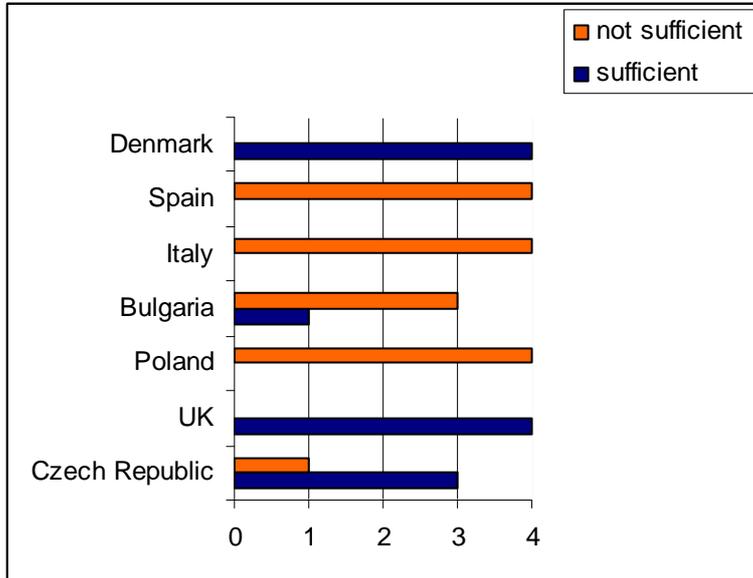
Experts clearly highlighted a great possibility of stress and burnout risks for these professions. The causes of the risks were identified in a transversal way (with no relation to peculiar social or cultural contexts), more than in relation to single experts' experience.

For an easier answers' comprehension, the principal causes are reported in importance order, from the more to the less quoted:

- Time factor (the more intensive the work is, the higher is the risk)
- Socially difficult environment
- Work with seriously ill people
- Work's organization
- Personality of the concrete worker
- Communication with the patients, their families
- The relationships with colleagues and bosses

### Question 4

**In your opinion, is the training now sufficient, not sufficient or good for social and healthcare workers that deal with degenerative illnesses? Why?**



This table needs a comment. Almost every expert agrees to consider the social and health sector’s workers’ training as sufficient/good; The negative remark concerns relational skills and the training needed to face profession-related problems and EI. In this sense, even if something is done, it could be possible to do more and better but, as a Spanish expert underlines, it is true generically for the entire working population. Even in Countries with high sensitivity to the highlighted issues, experts underline the opportunity to do more. Data concerning stress and burnout risk show how this sector must face peculiar risks. It’s useful to quote the comment of a Spanish expert, who says: *“since you are not aware of the importance of these issues (...) you do not search the solution in this field”*.

**Question 5**

**In your opinion, which aspects should be more emphasized in social and care workers’ training to improve the working conditions?**

Experts identified background issues, grouped for didactic exigencies in macro areas created by the same experts:

- Communication skills (difficult situations, difficult people)

- Capability of recognition of emotions and their management
- Understanding of interpersonal relationships and respect of others
- Stress Management
- Self-representation (Self-esteem)
- Time Management

Also in this case, no differences emerged between participating Countries. Answers were transversal and quoted in importance order (from the more to the less quoted).

Some elements concerning methodology were highlighted, and it is extremely important with regard to transversal subjects. From this point of view, experts didn't completely agree. Some proposed a role-playing modality (typical for classes), some other said that only with a direct intervention and internship the aimed results could be obtained.

Some interesting experts' considerations follow, regarding methodology and project's target.

"Exercising of emotional competences can only be done in the real world, not if you play a role. You need to get closer to the care worker and work with emotional images.<sup>4</sup>"

"doing role playing"

"to observe best practice"

As for the methodology, one of the experts<sup>5</sup> explained how she carried out her training sessions on emotional issues, "*with the aim of reducing the conflicts that have an origin in the multiple interactions of different points of view*".

1. Workshop on the personality structure: a global knowledge on how the mind works, helping trainees to identify the weakest part of their personality.
2. Presentation of the abilities: social skills, Emotional Intelligence
3. Working groups on the interpersonal relations ("*(...) essential in the labour market*")

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<sup>4</sup> Danish Report

<sup>5</sup> Spanish Report

4. Monitoring of the training results, acquired skills, new situations, solutions for real cases, etc.

### Question 6

**In your opinion, which are the difficulties in the use of web 2.0 technologies for training?**

The majority of the respondents declared that the training on Emotional Intelligence based on new technologies was a good and interesting initiative to provide a theoretical framework or as information tool. However, it was not considered enough to provide the professionals with the necessary tools by itself, and a complementary training would be required.

Some other highlighted elements concerning difficulties relate to workers' technical skills, to the training platform's access (from home or work), to the difficult time management in distance learning. Also in those cases, no geographical differences emerged in the experts' evaluations.

Some net technologies' strengths are underlined, beside some utilization's examples:

*"It Could be very profitable to show video recordings through the Internet of situations in which misunderstandings and conflicts occur, and with poor communication.*

*The recordings could be supplemented by questions in relation to the films"*

*"You can also work on e.g. grief. You can watch interviews in which different people tell about their grief. In this way, you encounter the grieving reactions of others, and you are confronted"*

*"The individual can acquire the contents at his/her own speed, and where and when it is most convenient."*

*"The idea that 'learning should be fun' and that people learn best when learning engages their sense of humour should be recognised as forming an essential component of any on-line package"*

*“Starting point for information, raising awareness on Emotional Intelligence usefulness, etc.”*

*“All the advantages of New Technologies themselves (paper, availability of information by anyone...).”*

### 4.3 Bibliography and materials existing

Regarding the bibliography, a total of 164 texts were listed (including articles and graduation papers). We need to highlight that the contributions express a different sensitivity about the issue with regard to the bibliographical contribution. Not for every Country it was possible to include texts specifically relating to emotional intelligence in the social and health sector (Poland, Czech Republic, Bulgaria).

Regarding degenerative illnesses, texts were less. As EI-related issues' development flourishes in business, private life and education, the social and health sector is still poorly concerned by this production.

Another fact to be highlighted is that the social and health sectors are separated: This element could suggest the need for different training methodologies. Beside it, there're more studies for the social and health sectors (except educational elements, for example, concerning kids or teenagers), especially for nursing professionals. Finally, a terminological element cannot be disregarded: The defragmentation of the term "Emotional Intelligence" and of the related studies (see the Spanish Report: "Emotional Intelligence as a global concept is scarcely present in the bibliographical references, however, skills and competences such as *interpersonal relations*, *stress management*, *burnout* and *psychosocial risks prevention* may be included as Emotional Intelligence are studied and promoted for the Health Care Sector and other Emotional Professions").

### 4.4 Web Research

The web research shows a leopard-skin situation in the involved Countries. There isn't any unique and univocal comparison meter, as the presented experiences are extremely different. While in some Countries like Denmark there are some interesting experiences on web 2.0 and Emotional Intelligence in the social and health sector, in other contexts (see Czech Republic, Poland and Bulgaria) there are no relevant experience. Also in Spain and Italy –even if there are some interesting experiences, both formal (managed by public entities) and informal (self-managed or managed by private entities)- two elements can be underlined:

1. The link between Emotional Intelligence and health sector is not to be considered as for granted (as EI is more considered for personal development in business, private life and education);

2. The separation between social and health sectors, because of the formal and informal differences in training and education.

A similar consideration could be made with reference to UK. In its Report is highlighted a problem that must be considered: The abuse of the term “Emotional Intelligence” for scopes not related to the improvement of persons’ conditions, but for commercial purposes. This problem (EI’s devaluation and its commercial use) must be considered.

If some (institutional or informal) experiences regarding web 2.0 are emerging (mostly in connection to communities’ creation for information and experience exchange), a link between EI, web 2.0 and social and health sector is still missing. Form this point of view, we can optimistically say that good elements exist for the project’s development, but we need to pay attention to the partners’ Countries differences. This element must be evaluated, maybe providing different paths with regard to the different Countries (for example, information on web 2.0 and its opportunities, information about EI, attention on the link between EI and the social and health sectors, etc.).

We also need to consider if there’s the real possibility to connect some elements in the training for social and health workers. Finally, it’s useful to remember that, for the majority of the involved Countries, the most vivacious sector (considering also the dedicated portals on the Internet) is the nursing one, where there’re already best practices, independently form the institutional contribution or form the informal need for knowledge exchange.

#### 4.5 Conclusion

The research shows some elements of continuity beside some differences. Those elements substantially come both from the differences that social and health sectors show in the involved Countries and from the maturity in new technologies’ use. We need to consider, for example, that in Countries where often the economical ad work organization factors are highlighted as problematic (Bulgaria and UK), elements concerning the training on EI could be perceived as superfluous. Moreover, some elements concerning new technologies use cannot be disregarded, as the Internet use and learning through the ICT (see the Web Research).

It’s interesting to highlight some elements that must be considered during the platform’s creation:

- Emotional Intelligence is a not so known term, approached not in a unique way, divided in many skills considered as autonomous (conflict management, communication, stress management, teamwork, etc.).
- EI suffers of a bad historical background that hit its reputation, as it was abused in many contexts and used for commercial purposes.
- Web 2.0 needs peculiar ways to be explicated (the term is still scarcely known) and surely the practical demonstration of its use must be considered.
- Even if EI competences are considered as extremely important for workers and experts in the working context, in the analysed Countries a global elaboration doesn't exist and so a unique way to approach them.
- As it concerns EI and the training possibilities of web 2.0, perplexities are many (even form experts) and some suggests to use technologies beside the relationship with the trainer (considered not as a traditional trainer, but as a coach or groups facilitator). A strong relationship between trainer and trained is needed and it could be somehow reproduced during the creation of the platform.
- The social and care sectors are not necessarily comparable. In Countries like Italy or Spain, the two works are distinguished and workers perceive their training needs differently. From this point of view, we need to reflect and verify if there's the possibility to find a common point to manage complex situations, often without the possibility to reach a visible result.
- In structural terms, it emerges how in the social and health sectors is fundamental to have people as target, but this element often is not considered at an institutional level (also because of financial budget scarcity). Beside it, the institutional paths for the implementation of EI skills are rare. Even more rare are elements connected to lifelong learning and to paths that permit to follow the operator in the different situations during the professional life.
- The majority of the contributions relating to health sector professions linked to degenerative illnesses focus almost exclusively on the end of life. Those contributions consider the ending without considering the "path", both of the social and health sector workers and of the medicals professionals, that-often- could be a relevant element.

Finally, it's possible to say that, as paradox, even if a great need to implement EI skills exist, in the social and care sector –specifically with regard to degenerative illnesses- a "maturity" to recognize these skills doesn't necessarily exist. So we need to work also to

“wake up” the interest and knowledge of certain kind of issues, that are disregarded by the traditional training.

**ANNEX I- INTERWEEW GUIDELINES PROFILE I (EXPERTS)**

Title of the project:		
Experience in the health and care sector:		
Experiences Which training experiences were more useful in the stress and emotional disease management for workers in the health and care sector who deal with degenerative illnesses?		
Needs of the workers in the health and care sector...	Considering your experience, specify the needs of the workers in the health and care sector	
DiStress	<ul style="list-style-type: none"> <li>➤ In your opinion, are there any particular social risks of stress and burn out in social and health care professions?</li> <li>➤ Which are the elements that produce the greatest risks?</li> </ul>	
Training	<p>Do you think that workers in the heath and care sector are:</p> <ul style="list-style-type: none"> <li>• insufficiently</li> <li>• sufficiently</li> <li>• well</li> </ul>	

	<p>trained in the stress and emotional disease management coming from the interaction with degenerative illness?</p> <p>Please briefly specify your opinion about your choice.</p>	
Suggestions	<p>Which aspects should be considered in the training of workers in the health and care sector to increase their emotional condition at work?</p>	
Difficulties and barriers of the usage of the new technologies/web 2.0	Difficulties incurred	
<i>Comments and further information;</i>	<i>bibliography and web sites indicated by the interviewee</i>	

**ANNEX II - INTERVIEW GUIDELINES PROFILE II (HEALTH AND SOCIAL ASSISTANCE SECTOR WORKERS)**

Introduction to the project and the topic		
Experience in the health and social sector	Specify the exact sector and duration	
The knowledge and use of the new technologies:	<ul style="list-style-type: none"> <li>- At work or at home</li> <li>- The frequency of use</li> <li>- Interests in the new technologies</li> </ul>	
The use of new technologies at work for training purposes	<p>Difficulties</p> <p>Benefits</p>	Specify the typology of training (self-training, professional training managed by employer, etc.). Skills targeted by the training (emotional or technical).
Training needs	Specify the main needs and which are the skills that the interviewee consider to be the most important to be focused on.	
Training courses frequented		

(in the last 3 years)		
How useful is for the professional growth to exchange experience with other professionals and why		
<i>Comments and further information;</i>	bibliography and web sites indicated by the interviewee	
Other feedbacks		