

## Survey analysis

**Date :** September 28, 2017

*Authors: Kaija Matinheikki-Kokko* [kaija.matinheikki-kokko@metropolia.fi](mailto:kaija.matinheikki-kokko@metropolia.fi)

*Arja Liinamo* [arja.liinamo@metropolia.fi](mailto:arja.liinamo@metropolia.fi)

*Metropolia University of Applied Sciences*

## The future competence demands for health promotion

What kind of competences and training are perceived necessary for the Health Promotion (HP) practitioners and specialists in the future? The HPP project (2016-2019) is searching for the answer to this question in Estonia and Finland through collaborative research and development process with multi-sectoral practitioners and specialists. Based on the international research and evidence, as well as Focus Group discussions with HP specialists conducted in Estonia and Finland by the HPP project, the HPP survey questionnaire was developed. The questionnaire was structured by Core Competencies and Professional Standards presented by International Union for Health Promotion.

The data was collected by online survey from both countries in spring 2017.

This paper presents the results from the HPP survey on the competencies that practitioners and specialists consider essential in the future.

## Background

Total number of participants who filled the HPP questionnaire was 837 (n=588 from Finland, n=249 from Estonia) representing national, regional and local public authorities, enterprises, schools and higher education institutions and NGOs or other interest groups. Consistent with the trends in HP practice, the majority of participants were female in both countries (91%). The age distribution of respondents was quite similar in profile in both countries, covering respondents regularly from all age groups from 23 to 77 years of age. The respondents were also asked to indicate the county where they are working. Of the Finnish respondents (n=510) who answered this question, 69% were

working in Uusimaa county, which was the main focused area of the HPP survey in Finland. Correspondingly, 44% of Estonian respondents were working in Harju County. 12% of the Estonian respondents were working in Lääne County.

The respondents had a high level of education both in Estonia and in Finland. For example, a quarter of the Finnish respondents had a licentiate or doctoral degree. The big majority of Finnish respondents worked in health services (80%) while the Estonian respondents operated most often in education (38%) and in social services (30%). According to the position, the respondents in the whole data represented professional workers (35%), senior specialists (25%), senior managers (16%) or the heads of organization (5%). According to the organization type, the biggest Finnish group of respondents represented local public authorities (47%). In Estonia, the biggest groups represented national public authorities (28%) and local public authorities (18%). In both countries the number of respondents representing enterprises is quite high (18%). Working time used by the respondents for HP varied in both countries. In Estonia, 28% of the respondents, and correspondently 14% in Finland, informed using maximum 10% of their working time for HP. The proportion of professionals who used 71-100% for HP was 33% in Finland and 23% in Estonia.

## **The HPP Survey questionnaire**

The HPP Survey questionnaire was available in Estonian, Finnish and English. The IUHPE Core Competencies and Professional Standards for Health Promotion created a conceptual and structural framework for competence domains applied in the HPP survey questionnaire. The future skill demands and training needs anticipated by the Estonian and Finnish HP experts in their focus groups interviews were used in the design of the HPP survey questionnaire, in addition to the latest results of the international HP literature review.

The HPP questionnaire contained a total of 77 statements grouped under nine competency areas (domains). The respondents evaluated statement by statement how essential they valued the defined competence (knowledge, skill or ability) required in the future HP field. For each statement, the respondents chose one of the four options:

- Essential competence for all (4);
- Desirable competence for all (3);
- Specific competence, relevant for some, but not for all (2) and
- Not relevant competence (1).

The mean is used here as an estimate of central tendency in the competence demands. The mean is presented by using arithmetic average (average value) along with a measure of variability expressed in standard deviation. The internal consistencies (Cronbach's alpha) for competence evaluations (valid cases n= 837) were computed according to the structure of each nine competence domains indicating high reliability of the scales (Cronbach Alpha from .787 to .912.). These competence domains and their core competences are:

### **Competence Domains**

## **Most essential competences in the future Health Promotion**

The respondents in Estonia and in Finland shared to a large extent their anticipation for the most essential competences demanded in the future. Generally, the Estonian respondents evaluated all demands for future HP competences higher, except in the domain of Enable Change. As Figure 1 indicates, there were also some differences between the Estonian and Finnish respondents in their evaluations. The mean of all valid cases and the mean of standard deviation are indicated in Figure 1. Figure 1 indicates clearly in graphic form the main findings.

The top three competences for future HP on the domain level are as follows:

1. Enable change towards health and well-being;
2. Knowledge / Awareness;
3. Communication.

These competences can be seen as three trends expected to fit for future demands of needs and competences faced in the field. On the other hand, these competences can also be interpreted as transformative trends and drivers in the field. Increased competences among professionals will speed up for enabling change, communicating and being highly aware of the factors promoting health and well-being of people over the coming then years.

**Figure 1.** Essentiality of Future HP Competences. Differences according to the mean score in each Competences domain  
Scale of the Figure 2,5 - 3,5.

**Firstly**, the professionals should have competences in the future to enable change towards equity in health and well-being and to enable all people to achieve their fullest health potential. This trend corresponds with the view expressed by the Focus Groups (HPP 2016). Capacity building to decrease polarization and health inequalities was often emphasized by FG participants. In the Enable Change domain “the competence to strengthen citizens’ ability to take responsibility for their own health and wellbeing” was the top-one sub-competence for Finnish as well as for Estonian respondents. The professionals are expected to be able to support and guide people to take responsibility of their own health and well-being to an increasing extent.

**Secondly**, in Knowledge domain the understanding of, and the ability to apply in practice the theory, research, values and multidisciplinary knowledge base of health promotion were often considered as essential competences in both countries. The top-one sub-competence in the whole data for the Estonian respondents was “to know and apply the core concepts and principles”. This sub-competence was valued highly by Finns as well. Identification of the risk and protection factors was the most essential sub-competence for the Finnish professionals in this domain. Taken together, the knowledge base prioritized here is all about benchmarking awareness of a safe and healthy environment. The knowledge of multidisciplinary HP, its theoretical and research basis as well as awareness of how to reduce inequalities and use technological application are highly appreciated in future HP work. All this relates to the views expressed in other domains and in the FG groups as well. In order to be able to change environmental and socioeconomic conditions which impact health and well-being of people, the professionals have to be aware of risk

and protection factors.

**Thirdly**, future workforce is expected to use appropriate channels and methods for effective communication in HP actions. On the statement level, the most essential sub-competence in communication domain for the Estonian respondents was “to communicate by using evidence based information”; for Finns “to communicate by using plain language instead of jargon”. It was surprising that the use of social or new interactive digital communication channels was considered by respondents of both countries more often as desirable communication competence rather than essential one. Professional communication skills and sources, such as evidence based information, plain language and critical assessment of the sources for HP information, were valued highly by respondents in both countries.

The differences between Estonian and Finnish evaluations were statistically significant in all domains except the domains of Enable Change, Knowledge and Communication. The number of valid cases varied according to the domains. The mean of all valid cases and the mean of standard deviation are indicated in the Figure 1. The competence scale is described from 2,5 to 3,5 in Figure 1, indicating clearly in a graphic form the competence domains anticipated essential in the future.

Box 1 opens some detailed descriptions of the competence evaluations in each competence domain.

Box 2 indicates in graphic form the comparison, statement by statement, of means between the Estonian and Finnish respondents.

## Box 1

**BOX 1**

**WHAT SKILLS WITH EACH COMPETENCE DOMAIN TOMORROW'S WORKFORCE SHOULD HAVE FOR HP IN A TIME OF CHANGES**

In the **Enable change** domain the top one demand for future skills based on the interviewees' own initiative to enable change. In the future, a professional must strengthen citizens' ability to take responsibility for their own health and wellbeing. Of all respondents 75 % considered this as an essential competence. In Finland even 78 % of respondents compared to 61 % of Estonian ones. Related to this trend, skills for need- and client-based HP approach were emphasized especially by the Finnish respondents (83 %) compared to the 41 % of Estonian ones. In both countries strongest cooperation across different sectors and fields was considered as essential competence for all by the majority of respondents (86 %). The creation of a healthy work and living environment was top-five competence in Estonian HP (82 %) while 39 % of the Finnish respondents considered it as an essential competence.

**Communication.** Traditional communication skills were valued highly by respondents in both countries. In the future a professional have to be able to communicate by using plain language instead of jargon. (76 %) to address critically the sources of HP information ( 59 %) as well as communicable by using evidence based information (57 %).

It was surprising that use of social or new interactive digital communication channels were considered more often as desirable communication competence rather than essential one in both countries. Social media was even considered by 38 participants as not relevant. Cooperation with communication experts (36 %) was evaluated most often as specific competence being relevant for some but not for all.

In the domain of **Knowledge / Awareness**, the three knowledge areas were considered by over 50 % of the respondents as essential competence for promoting health and wellbeing in the future in both countries. First, the professionals have to know the core concepts and principles of HP (67 %). Second, they have to be able to identify the risk and protection factors of health (58 %). Third, in the future a professional has after to identify potential emerging health risks (55 %).

Identification of the risk and protection factors was the most often valued competence by the Finnish professionals (71 %). Estonian professionals prioritized most often awareness of the core concepts and principles applied in the field (64 %). Taken together, these competences are all about benchmarking awareness of a living and healthy environment. The knowledge of multidisciplinary HP, its theoretical and research bases as well as awareness of how to reduce inequalities and use technological applications in future HP work, were also considered by many respondents as the essential skill demands for future competences.

Authors: Kaja Ruusikmäe-Robles and Tiina Laitinen

## Box 2



## Sticky issues in a time of changes

It is challenging to develop tomorrow's workforce in a time of big changes in social and health services in Estonia as well as in Finland. Demographic shifts, technological advances (digital services, robotics, social media, mobile devices, big data), urbanization and shifts in economy on national and global level will change the world of HP as well. "A long, good history in HP, and the similar kind of trend should continue forward; hopefully not losing the drive when we have to face the big changes in the near future", was considered by one participant in the Finnish FG.

The HP principles and actions expressed in the Ottawa Charter and later iterated in the Vienna Declaration are offering widely shared guidelines for the future. Who are the clients most in need for promoting their health and well-being? Which issues are considered important? These questions were asked in the HPP survey as well. The results highlighted here will offer a practical data base to continue our discussion on how to promote health and well-being of people and build good practices in a time of changes.

## **The clients most in need for health and well-being promotion**

Children and families (79%) as well as young people (79%) were considered as very important target groups for health promotion activities in the future both by the Estonian and the Finnish respondents. “Citizens in risk of marginalization” were also assessed as a very important group for HP by 81% of the Finnish respondents, while half of the Estonian ones considered this group as very important. Immigrants and ethnic minorities were also considered as very important group more often by Finns (50%) than Estonians (28%). Half of all respondents considered employees and elderly people as a very important group for future HP.

## **Issues considered important**

There seems to be a quite far-reaching agreement of the issues considered very important by the respondents in the future HP both in Estonia and Finland. The following issues are prioritized as most important by the respondents in the future HP:

- professional education and training;
- new kind of HP services and;
- the administrative system from the point of view of HP.

Digitalization was assessed a very important issue more often by the Finnish respondents (47%) compared to 34% of Estonian respondents prioritizing digitalization as very important.

## **Next Steps — Fit for the future competence demands**

The quantitative and qualitative analysis based on our rich HPP data will continue. The research findings will be disseminated to a targeted as well as wide professional audience. Round table sessions have been conducted this Autumn in Estonia and in Finland for reflecting the HPP survey results together with professionals in the HP field. The final Estonian-Finnish round table for invited HP specialists and educators took place in December in Tallinn.

This Autumn has been an active period for identifying and specifying competence demands for designing new educational programmes for HP. In Spring 2018, the design of new and aligned HP study programmes will continue based on the competence demands identified. Ten new programmes for Professional Higher Education and six new study programmes for Vocational Education and Training will be co-created. The piloting of these new HP programmes starts in Autumn 2018. On the basis of the HPP research findings, concrete proposals will be given for integrating the findings into day-to-day practices in HP education and professional field.

The presentations of congress papers and publishing in scientific and professional journals will continue. The information of the published paper will be made available on HPP project website.