An analysis of social competences of professionally active physiotherapists in southeastern Poland – a pilot study

A – preparing concepts
B – formulating methods
C – conducting research
D – processing results
E – interpretation and conclusions
F – editing the final version

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Abstract

Introduction: Social competence is the basis of professional potential and has to be understood as complex abilities that determine the effectiveness of dealing with social situations. The aim of this work was an assessment of social competences found in professionally active physiotherapists working in Poland.

Material and Methods: The study involved 121 physiotherapists: 32 men and 89 women, aged 25 to 49 years. We used Social Competences Questionnaire by Anna Matczak (KKS-A(D) to assess the level of social competence.

Results: The study revealed that physiotherapists had a good level of social competence. 44.63% of the study population had average general social competence, and 14.05% had high general social competence. A significant proportion of the study population, had low level of social competence (41.32%). The level of competence in dealing with situations that involved intimacy, social contacts and assertiveness was similar. We found that younger physiotherapists coped better in intimate situations. Studied therapists who were eager to listen to their patients' problems scored significantly higher on the competence scale that reflected effective behavior in social situations.

Conclusions: Social competence of a therapist is an essential condition for them building appropriate rapport with patients, gives patients a sense of safety, and therefore significantly affects the effectiveness of the treatment.

Key words: **social competence, physiotherapist, professional work**

Introduction

Social status defines a person's place in their community. A person's social position is largely determined by their occupation [1]. A set of factors, predominantly emotional intelligence as well as education, personality traits determine one's effective social functioning [2]. Some jobs receive greater appreciation and respect than others. Social status related to a particular occupation is defined as occupational prestige, and it is assessed on the basis of income, education, social position and social usefulness [3,4].

Vocations that enjoy greatest respect in societies are, above all, those professions which involve public trust, or professions that occupy jobs believed to have particular worthiness for the society. Performing these professions involves caring for needs of individual people, obtaining information on people's personal lives, and using

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this information wisely and well for the best interest of the client. Professions of public trust have codes of ethics, require particular higher education, formalized specialization etc. [5]. In Poland, the typical professions of public trust are e.g. legal or medical professions.

The physiotherapeutic vocation belongs to the group of medical profession. It is regulated by the Act on the profession of a physiotherapist of 25th September 2015. The work of a physiotherapist requires constant contact with people. In their clinical work, a physiotherapist is confronted with persons of various health issues, different age, varying financial situation and socioeconomic status. Therefore, physiotherapists need high social competence.

Social competence is the basis of professional potential and has to be understood as complex abilities that determine the effectiveness of dealing with social situations. These abilities are acquired in the course of social training; though inborn features of characters do have an impact, too. Social competence manifests itself in the ability to adapt to varying situations, as well as in communicative skills essential for effective communication with one's environment [6]. They are therefore essential for building interactions and emotional bonds with other people [7,8].

A physiotherapist should show great understanding of patient's problems, good interpersonal communication and evidence-based practice [9]. A high level of social competence, strengthened by appropriate training in social psychology, allows health professionals to cooperate better with difficult patients and reduce errors in medical treatment [10]. Well-developed psychosocial competence can improve professional skills, reduce stress perception and increase job satisfaction [11]. Physiotherapists, like other health care workers, are at risk of occupational burnout, and as a result of which the level of personal professional fulfilment is lowered. A high level of social and professional competence is a crucial element in achieving job satisfaction with physiotherapeutic practice [12].

There are few studies on social functioning of physiotherapists. Therefore, this study was constructed to assess level of social competence, and to assess how this level is related to factors that affect it, among professionally active physiotherapists in southeastern Poland.

Material and method

We conducted the study in the region of southeastern Poland among professionally active physiotherapists. All therapists we studied were engaged in clinical practice. The study involved 121 physiotherapists, 32 men and 89 women, aged 25 to 49 years (mean age was 33.5 and SD was 6.5).

We obtained socio-demographic data and information on professional work with the use of a questionnaire we had devised. We measured social competence with Social Competences Questionnaire by Anna Matczak (KKS-A(D) [6]. This questionnaire consisted of ninety questions in which respondents were required to answer how well they would manage particular situations. The answers are graded on a four-point scale (definitely well, not badly, rather badly, definitely badly). Among the questions, fifty assess the following competences:

- features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale);
- disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people (ES scale);
- competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others (A scale).

The total result of social competence is the sum of points from individual sub-scales, as well as from ten items that do not belong to any of the above-mentioned scales. The higher the total result, the higher the social competence. Based on the total result the sample was divided into three categories: low competence level, medium level competence and high competence level [6].

Social competence level was analyzed in relation to the following variables:

- sex (woman, man),
- age (under 25 years, 26-30 years, 31-35 years, 36-40 years, over 40 years),
- work experience (4 years or fewer, and above 4 years),
- place of residence (urban county, rural county, mixed urban and rural county),
- type of employer institution (private or state-run institution),

- self-assessment in terms of interactions with patients (listening or not listening to their problems, active help in solving their problems or not solving their problems).

In the course of the study, we conducted direct interviews. All the subjects were provided with information on the aim and the course of the study, and expressed informed consent to participate. The procedures used in the study were in line with ethical norms and with the principles of the Declaration of Helsinki. The research project was accepted by the Bioethics Commission of the University of Rzeszów.

Statistical analysis

We provided quantities and structure indices of qualitative data. To compare parameters among studied subgroups, we used the χ^2 independence test. We used the statistical software of STATISTICA 13.1 to conduct statistical analysis. The result of the statistical test is the test probability (p). Its low values prove statistical significance of a particular dependence. We set statistical significance at $p<0.05$.

Results

The study population consisted of 121 respondents, 89 women and 32 men. 54.54% of respondents lived in an urban county, 28.92% respondents lived in a rural county, and 16.54 lived in a mixed urban and rural county. Most of the therapists had work experience longer than 4 years (64.47%), worked in state-run institutions (72.48%), and declared that they listened to their patients' problems (60.33). Also, most of them stated they had not been involved in solving patients' problems (54.55%). Table 1 presents the details of the study population.

Tab. 1. Study population details

Variable	Number (n); Percentage (%)
Sex	
Woman	89; 73.55
Man	32; 23.45
Age groups	
Under 25 years	15; 12.40
26-30 years	33; 27.27
31-35 years	23; 19.01
36-40 years	30; 24.79
Over 40 years	20; 16.53
Place of residence	
Urban county	66; 54.54
Rural county	35; 28.92
Mixed urban and rural county	20; 16.54
Type of employer institution	
Rodzaj miejsca zatrudnienia	33; 27.52
Private institution	83; 72.48
State-run institution	
Work experience	
Below 4 years	43; 35.53
Over 4 years	78; 64.47
Listening to patients' problems	
Yes	73; 60.33
No	48; 39.66
Helping to solve patients' problems	
Yes	55; 45.45
No	56; 54.55

Table 2 presents the KKS-A(D) questionnaire data on physiotherapists' social competence.

Tab. 2. Level of social competence in individual sub-scales and the total for the study population

Variable	Number (n); percentage (%)
I scale (competences conditioning effective behavior in intimate situations)	
Low	49; 40.50
Medium	54; 46.62
High	18; 14.88
ES scale (competences conditioning effective management in situations of social exposure)	
Low	40; 33.06
Medium	67; 55.37
High	14; 14.87
A scale (competence conditioning effective behavior in situations requiring assertiveness)	
Low	42; 34.71
Medium	65; 53.72
High	14; 11.57
Social competence (total)	
Low	50; 41.32
Medium	54; 44.63
High	17; 14.05

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

Most of the studied physiotherapists (45%) had medium level of social competence (total result). Similarly, on individual subscales, most respondents had medium results, i.e. on intimacy scale - 47%, on social exposition scale - 55%, in communication and assertiveness scale - 45%.

Table 3 presents the level of social competence in relation to sex.

Tab. 3. Level of social competence in relation to sex

Level of social competence	Women [n, %]	Men [n, %]	*p*
I Scale			
Low	38; 42.70	11; 34.38	0.09
Medium	35; 39.33	19; 59.38	
High	16; 17.98	2; 6.25	
ES scale			
Low	29; 32.58	11; 34.38	0.21
Medium	47; 52.81	20; 62.50	
High	13; 14.61	1; 3.13	
A scale			
Low	29; 32.58	13; 40.63	0.20
Medium	47; 52.81	18; 56.25	
High	13; 14.61	1; 3.13	
Total			
Low	37; 41.57	13; 40.63	0.08
Medium	36; 40.45	18; 56.25	
High	16; 17.98	1; 3.13	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We did not find statistically significant dependence between the sex of the studied physiotherapists and their level of social competence. However, the number of female physiotherapists with high social competence was higher in each of the subscales. In situations involving intimacy, 18% of women and only 6% of men had high competence. Similarly, women were more effective than men in situations involving social exposure (15% and 3%, respectively) and assertiveness (15% and 3%, respectively).

Table 4 presents the level of social competence in relation to age

Tab. 4. Level of social competence in relation to age

Level of social competence	Age (≤ 25 years) [n, %]	Age (26-30 years) [n, %]	Age (31-35 years) [n, %]	Age (36-40 years) [n, %]	Age (> 40 years) [n, %]	p-value
I Scale						
Low	5; 33.33	8; 24.24	12; 52.17	16; 53.33	8; 40.00	0.01
Medium	10; 66.67	15; 45.45	11; 47.83	10; 33.33	8; 40.00	
High	0; 0.00	10; 30.30	0; 0.00	4; 13.33	4; 20.00	
ES Scale						
Low	7; 46,67	5; 15.15	9; 39.13	13; 43.33	6; 30.00	0.11
Medium	8; 53.33	25; 75.76	10; 43,48	14; 46.67	10; 50.00	
High	0; 0.00	3; 9.09	4; 17.39	3; 10.00	4; 20.00	
A Scale						
Low	6; 40.00	7; 21.21	9. 39.13	11; 36.67	9; 45.00	0.36
Medium	9; 60.00	19; 57.58	13; 56.52	15; 50.00	9; 45.00	
High	0.00	7; 21.21	1; 4.35	4; 13.33	2; 10.00	
Total						
Low	6; 40.00	9; 27.27	12; 52.17	15; 50.00	8; 40.00	0.32
Medium	9; 60.00	16; 48.48	8; 34.78	12; 40.00	9; 45.00	
High	0; 0.00	8; 24.24	3; 13.04	3; 10.00	3; 15.00	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We did not find differences in the total score for social competence of studied physiotherapists in relation to age. With this criterion, the only statistically significant difference observed was between age and managing situations involving intimate relationships - the best results were scored by physiotherapists aged 26 to 30 years. Approximately 30% of respondents from this age group had high scores in this criterion, while as many as 52% of 31 to 35-year-olds and 53% of 36 to 40-year-olds experienced difficulties in situations that involved intimacy with patients. Overall, the highest social competence was found in respondents aged 26 to 30 years, though no statistically significant differences between the groups were found.

Table 5 presents social competence level in relation to years of work experience.

Tab. 5. Level of social competence in relation to years of work experience

Level of social competence	Work experience of 4 years and below [n, %]	Work experience longer than 4 years [n, %]	*p*
I Scale			
Low	13; 30.23	36; 46.15	0.22
Medium	23; 59.49	31; 39.74	
High	7; 16.28	11; 14.11	
ES Scale			
Low	11; 25.58	29; 37.18	0.04
Medium	30;69.77	37; 47.44	
High	2; 4.65	12; 15.38	

A Scale			
Low	11; 25.58	31; 39.74	0.17
Medium	28; 65.12	37; 47.44	
High	4; 9.30	10; 12.82	
Total			
Low	14; 32.56	36; 46.15	0.08
Medium	25; 58.14	29; 37.18	
High	4; 9.30	13; 16.67	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We did not find differences in total values for social competence of the studies physiotherapists in relation to years of work experience. We found that there were statistically significant differences ($p<0.04$) in effective behavior in situations involving social exposure depending on years of work experience. Physiotherapists who had longer work experience were more likely to have extreme results - either high or low.

Table 6 presents the level of social competence in relation to place of residence.

Tab. 6. Level of social competence in relation to place of residence

Level of social competence	Rural county [n, %]	Mixed urban and rural county [n, %]	Urban county [n, %]	*p*
I Scale				
Low	12; 34.29	9; 45.00	28; 42.42	0.81
Medium	18; 51.43	9; 45.00	27; 40.91	
High	5; 14.29	2; 5.00	11; 16.67	
ES Scale				
Low	8; 22.86	8; 40.00	24; 36.36	0.20
Medium	23; 65.71	12; 60.00	32; 48.48	
High	4; 11.43	0; 0.00	10; 15.15	
A Scale				
Low	8; 22.86	9; 45.00	25; 37.88	0.20
Medium	21; 60.00	11; 55.00	33; 50.00	
High	6; 17.14	0; 00	8; 12.12	
Total				
Low	11; 31.43	10; 50.00	29; 43.94	0.41
Medium	19; 54.29	9; 45.00	26; 39.39	
High	5; 14.29	1; 5.00	11; 16.67	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We did not find statistically significant relationship between place of residence of the studied physiotherapists and their level of social competence. Still, the obtained results seemed to point out that respondents from mixed urban and rural counties, as well as from urban counties, had lower results than respondents from rural counties (low total results: 31% of physiotherapists from rural counties, 50% of physiotherapists from mixed urban and rural counties, and 44% of physiotherapists from urban counties).

Table 7 shows the level of social competence in relation to the type of employer institution.

Tab. 7. The level of social competence in relation to the type of employer institution

Level of social competence	Private institution [n, %]	State run institution [n, %]	p
I Scale			
Low	34; 47.22	15; 30.61	0.13
Medium	27; 37.50	27; 55.10	
High	11; 15.28	7; 14.29	
ES Scale			
Low	25; 34.72	15; 30.61	0.74
Medium	37; 51.39	30; 61.22	
High	10; 13.89	4; 8.16	
A Scale			
Low	31; 40.06	11; 22.45	0.03
Medium	32; 44.44	33; 67.35	
High	9; 12.50	5; 10.20	
Total			
Low	34; 47.22	16; 35.65	0.15
Medium	27; 37.50	27; 55.10	
High	11; 15.28	6; 12.24	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We did not find differences in the total score for social competence for respondents in relation to type of employer institution. There were statistically significant differences in relation to type of employer institution and effective behavior in situations requiring assertiveness ($p<0.03$). The respondents employed in private institutions had either low (40%) or high (13%) social competence in situations that required them to state their expectations openly in front of the patient and to defend their rights in front of another person statistically more often that

physiotherapists employed in state run institutions (low score for 22% and high score for 10% of physiotherapists).

Table 8 presents the level of social competence of physiotherapists who assessed their own behavior towards patients who expected support when faced with various problems

Tab. 8. An analysis of level of social competence in relation to chosen elements of rapport built with patients

Level of social competence	Listening to patients' problems [n, %]	Not listening to patients' problems [n, %]	*p*
I Scale			
Low	28; 38.36	21; 43.75	0.09
Medium	30; 41.10	24; 50.00	
High	15; 20.55	3; 6.25	
EC Scale			
Low	23; 31.51	17; 35.42	0.005
Medium	36; 49.32	31; 64.58	
High	14; 19.18	0; 0.00	
A Scale			
Low	23; 31.51	19; 39.58	0.28
Medium	39; 53.42	26; 54.17	
High	11; 15.07	3; 6.25	
Total			
Low	29; 39.73	21; 43.75	0.03
Medium	29; 39.73	25; 52.08	
High	15; 20.55	2; 4.17	
Level of social competence	Help offered in solving patients' problems [n, %]	No help offered in solving patients' problems [n, %]	p-value
I Scale			
Low	18; 32.73	31; 46.97	0.22
Medium	29; 52.73	25; 37.88	
High	8; 14.55	10; 15.15	
ES Scale			
Low	14; 25.45	26; 39.39	0.14
Medium	32; 58.18	35; 53.03	
High	9; 16.36	5; 7.58	
A Scale			
Low	12; 21.82	30; 45.45	0.01
Medium	37; 67.27	28; 42.42	
High	6; 10.91	8; 12.12	
Total			
Low	16; 29.09	34; 51.52	0.04
Medium	30; 54.55	24; 36.36	
High	9; 16.36	8; 12.12	

Note: I scale = features conditioning effective behavior in intimate situations; concerning the ability to open in front of another person and the ability to listen to them (I scale); ES scale = disposition towards effective management in situations of social exposure, in which a given person is continuously being judged by other people; A scale = competence conditioning effective behavior in situations requiring assertiveness, or the ability to achieve one's aims by influencing others and by resisting pressure from others.

We found statistically significant relationships between listening to and helping to resolve patients' problems and the total assessment of social competence. Studied therapists who were eager to listen to patients' problems had high results on competence scale relating to social exposure significantly more often (19%) - in the other group, nobody scored high on this competence. Studied therapists who aimed to help to resolve patients' problems had medium scores for assertiveness more often (67%), in comparison to therapists who were reluctant to engage in their patients' problems (42%). The latter group had more therapists who scored low on assertiveness (45%).

Discussion

The issue of social competence of healthcare professional has been subject of numerous studies. Working with people who suffer from diseases or disabilities requires certain skills in building rapport, obtaining and sharing information, and having desired influence on patients and their families. Trust and sense of safety are crucial in overcoming illnesses and effect of treatment [13,14]. Failure to follow doctors' and other health professionals' recommendations results in increased costs and usually inhibit treatment effects [15,16]. Few studies have been conducted so far on social competences of physiotherapists [17,18]. The demand for physiotherapists constantly increases, resulting partly from the process of society ageing. It is important that these jobs are done by suitable candidates, and that these candidates can develop their social competence in order to optimize their work.

High social competences allow for swift conflict resolution, facilitate managing difficult situations in private and professional lives, and, most importantly, form the basis for one's social relations [19]. Social competences are acquired lifelong through social training. Development of one's social competence largely depends on one's character and personality, and one's effective functioning in social relation is understood as one' social and emotional intelligence [6, 20]. Social intelligence is the set of competences related to acquiring and processing information. Emotional intelligence is the ability to receive and interpret information on

emotions. Both these "intelligences" determine the effectiveness of social training [21]. Social competence includes: the ability to find one's way in various situations, flexibility in social behavior, ability to form relationships, effective interpersonal communication, assertiveness and proper emotional reactions to a given situation [6,22].

Our analysis revealed that social competence in the studied physiotherapists was medium (45% of subjects had medium score, and 14% had high score). Regrettably, as many as 41% of physiotherapists had low social interactions. We found similar result distribution when analyzing individual social competences, i.e. the competences which enabled effective behavior in intimate situations (the I scale), those which enabled effective management in situations of social exposure (the ES scale), and those which enabled effective management in situations requiring assertiveness (the A scale). In their KKS-A(D) questionnaire analysis of social competence of doctors, nurses and midwives, Tychmanowicz and Kuśpit had similar results. While they found that most of their respondents had medium level of social competence, the percentage of those respondents who had low result was significantly lower. Medium social competence on individual scales was found in 70% of respondents, while low social competence was found only in approximately 20% of respondents. This study had a limitation - small size of study population (40 subjects) [23]. Mroczek et al. studied social competences in doctors and medicine students. They found medium or high total level of social competence in majority of respondents (62% and 18%, respectively) [24]. These results revealed a slightly higher level of social competence in doctors and medicine students than in our study population of physiotherapists. Gadecka et al studied social competence of nurses and had similar results. The level of social competence of studied nurses was medium (75%), while mental health nurses had significantly higher level of social competence than general nurses in relation to the scale that measured the ability to maintain close contacts with people [8].

Our study did not find a statistically significant relationship between the sex of the studied physiotherapists and their level of social competence. We noticed though that a larger number of women, than of men, had higher general social competence, both concerning the desired behavior in intimate situations, and effective management of social situations that required social exposure and assertiveness [25].

Our group of physiotherapists did not reveal differences in general social competence depending on age. We found only that younger physiotherapists (26-30 years old) had significantly higher competences that enabled them to manage effectively intimate situations, in comparison to older physiotherapists ($p=0.01$). The reason probably is that the younger generation is more open in social relations. There has been a generation change in how children are treated by adults, and nowadays the desired communicative style is the style based on openness. Lower results of physiotherapists younger than 26 years probably result from their relatively limited work experience and from a usually big age gap between them and their patients. In some of the older physiotherapists, difficulties in engaging in relations with their patients may result from using various defense mechanisms stemming from occupational burnout or excessive workload.

We did not find differences in general social competence of the studied physiotherapists in relation to the number of years of work experience. Here, the only difference we found was the one between years of work experience and managing situations of social exposure, that is, when one is subjected to the attention and potential assessment by other people ($p=0.04$). Physiotherapists who had longer work experience demonstrated extreme - high or low - competence in this area more often. The explanation seems to be similar to the one on results depending on age - factors such as occupational burnout is likely to explain low scores, while acquisition of skills in the course of long professional experience are likely to explain high scores.

In our pilot study, physiotherapists who worked in private institutions more often had low competence in situations requiring assertiveness than physiotherapists who worked in state run institutions ($p=0.03$). The style of initiating, maintaining and exiting conversations, refusing, as well as expressing both positive and negative emotions in social circumstances may have been related to the policy and more restrictive communication rules adopted in an private institution. The frequency of assertive behaviors may also be related to the status and the position of a given physiotherapist in a private institution.

The results of our study confirmed that social competence is closely related to one's need to support a patient is a situation when they confide their problems in their therapists. Physiotherapists with high social competence more often engaged in relations and devoted their time to listening to the patient and offered their help in solving the problems when the patient needed it. The ability to open to the problems of other people is a fundamentally important in winning a patient's trust and building the sense of safety. Physiotherapists, as members of therapeutic teams engaged in treatment of those chronically ill or physically disabled, are the specialists who spend relatively longest time with the patient. Consequently, they form deeper relations with the patient and often receive a lot of information on them, frequently quite intimate. In situations like these, gentleness, sensitivity, empathy, and, most importantly devoting time to the patient and to listening to them attentively, are indispensable [26].

Abilities related to effective management of situations of social exposure and situations requiring assertiveness are indispensable not only for effective communication with the patient, but also with one's collaborators. They affect not only the efficiency of treatment process, but also the quality of professional interactions [6]. Every physiotherapist needs to deal with social exposure. A professional and efficient therapy requires getting patients' attention, and getting other members of the therapeutic team attention. Additionally, healthcare workers - their personalities, social competence and professional competence are subject to patients' assessment [27,28,29]. Social exposure is an inherent element of work in medical care institutions. Most of the studied therapists managed such situations well.

Our study involved assessment of social competence related to assertiveness. Assertiveness is usually defined in categories of justified and honest expression of one's rights, opinions, emotions, views and interests, without violating or negating the rights of other people [30]. It enables more efficient communication and building good relations within teams [31]. Good relations in interdisciplinary teams translate into good functioning of hospital wards, clinics, or other healthcare institutions, and these in turn translate into better patient treatment. Therefore, social competences related to assertiveness constitute a crucial element of rapport building both with the patient and with the healthcare staff [32]. Most of the studied physiotherapists had medium level of competence in situations of social exposure and situations requiring assertiveness. Weak interpersonal skills of healthcare professionals may result in errors in interpreting patients' behaviour, patients' needs, and, most importantly, in distorted relations with patients, which consequently affects negatively the treatment process.

Social abilities are acquired in the process of social interaction, and therefore they can be shaped and developed. Unfortunately, curricula of medical studies do not provide much time for developing skills of interpersonal communication [33,34]. Studies show that physiotherapy students are usually predisposed towards taking care of others, e.g. they have higher competences than pedagogy or administration students [18]. These qualities should be developed in the course of university education. Healthcare professional should be able to appreciate the importance of cooperation and teamwork [35]. Introduction or increasing the number of training sessions on communicative competences in medical schools and medical practice may result in better effectiveness of medical care [34]. Significantly, in choosing their therapists, patients take into consideration their reputation on qualifications, professional skills, abilities to manage therapeutic processes, yet the most important criterion is whether the therapist is a good listener and a good person [36]. Bideaut-Russel et al pointed out that when choosing healthcare professionals, patients consider their interpersonal skills first and foremost [37]. Therefore, in their work with patients, social competences of healthcare professionals seem to be as important as professional skills. Effective functioning of an individual in social situations facilitates efficient professional work as well as achieving individual goals.

Conclusion

Our results build up the knowledge on social competences of physiotherapists. Most of our respondents had medium general social competence. Simultaneously, a rather large group (approximately 41%) had low competences of entering relations with others, managing social exposure and behaving assertively in various situations. We found relationships between level of social competence

and age, years of professional experience and place of work of the studied physiotherapists. As social competence has fundamental importance for the work of healthcare professionals, it seems advisable to take steps to develop social competence in physiotherapists [38]. The necessary training should embrace interpersonal skills, developing skills of effective communication, conflict solving and building assertiveness in relations with patients and co-workers. Social competences are the basis of professional potential; therefore it is important to continue research on a representative group of physiotherapists in Poland.

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