

ORIGINAL ARTICLES

Finnish social and health care professionals' perspective of the future

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ABSTRACT

The aim of the study is to describe the perceptions on the future of professionals in the social services and healthcare sector in Finland. The study examines on what the sector will be like, what kind of competence will be required and how this will be obtained in 2025 and onwards. The sector will encounter major changes over the next decade and therefore more research is needed to identify how professionals view the future of their work. Eighty-three students ($n = 83$) studying for a master's degree in social services and healthcare participated in the study. The data was collected by means of the Futures Wheel method in 2014. The respondents generated a total of 424 statements that were analyzed with the thematic analysis method. The results showed that in the future the ageing population will form a new type of client group, and individual services will be offered equally to everyone. Technological solutions will be in active use within the social services and healthcare sector. A strong ability to change, adapt, and quickly reform the methods of working will be required in the future. Furthermore, professionals will increasingly be independently responsible for acquiring competence in the future. In result, the competence-related educational programmes will be more tailored to match the needs of working world. The results identified in the study should be taken into consideration when developing practices and reforming curriculums in healthcare and social services. Professionals should be able to predict the future of their sector, the choices and decisions affecting the future are being made now.

Key Words: Master degree programme, Social service, Healthcare sector, Future study, Competence, Trend

1. INTRODUCTION

Health promotion will be one of the megatrends in the future, according to Singh.^[1] If this is the case, it will be important to respond right now to the future challenges in social services and healthcare. As the future is based in part on the basis of choices and decisions currently being made, each of today's professionals has the possibility to influence it. Various methods exist for forecasting the future. One way of carrying out foresight is to conduct it in a participatory manner whereby people are included in the process of envisioning the future and offering ideas on how to achieve the desired future.^[2] This article describes the results obtained by means of the Futures Wheel method, which functions

according to the principles of participatory foresight. The future of social services and healthcare should be planned for, and one way of doing this is to consider it in collaboration with master's degree students involved in working world. By deliberating on the future, we can obtain an idea of what the future working environment will be like in the social services and healthcare sector, and at the same time we can influence the future today.

1.1 Background of the study

Supporting individual's self-management will be a key area in the work of healthcare professionals in the future. According to Yank, Laurent, Plant and Lorig,^[3] patients spend

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99% of their time outside health services, therefore we need to consider the role and task of professionals in supporting patients' self-management in the future. Technological tools, such as eHealth (electronic health) and mHealth (mobile health) applications, will be increasingly integrated in supporting self-management.^[4] For example, Azevedo, *et al.*^[5] are convinced that mobile health applications will be useful in regulating self-management in long-term illnesses. Furthermore, eHealth solutions can particularly help patients to improve access to health care in sparsely populated countries such as Finland. The Future of Healthcare in Europe report^[6] regards the establishment of eHealth technology as part of self-management as being one of the largest trends in 2030. The inclusion of technological tools in the regulation of self-management will pose new kinds of competence requirements for professionals in the field. Richards and Viganó^[7] have considered how the role of professionals will change, as interaction with clients is increasingly taking place digitally. It is clear that the significant strengthening of self-management and integration of technology within, will decisively change professionals' work and its contents in the future.

In addition to the strengthening of self-management, individual guidance and care pathways, tailoring of the services will play an important role in the social services and healthcare sector in the future. For example, Eissens van der Laan, van Offenbeek, Broekhuis and Slaets^[8] developed person-centred segmentation in elderly care which has been carried out as part of an efficient care process. According to a number of researchers, monitoring of symptoms and health will become routine in the near future.^[9] Monitoring people's day-to-day lives may also include risks, as Mittelstand^[10] points out. According to him, the risk is that a "public window" into our private lives will be created, as the monitored information will be stored in the cloud services of technical applications, where it can be easily accessed. On the other hand, monitoring of lifestyles and symptoms may improve the quality of our lives and reduce costs in healthcare.^[11]

The elderly will become the largest population category in Europe and particularly in Finland. Continually increasing health and social care costs will mean that prioritisation will become more challenging and, to an increasing extent, part of the day-to-day decision-making of health care professionals.^[6] In the future memory loss diseases will become more common which, along with the demands brought by ageing, will increasingly tie up the labour force everywhere in the world. With the ageing of the population, comorbidity will increase, resulting in particular high incidence of mental health problems and other concomitant somatic illnesses.^[12] In Finland healthcare services have mainly focused on treating one

illness at a time, which will pose considerable challenges in the medical and nursing competence in the future.

1.2 Aims

The objective is to describe the perceptions of professionals in the social services and healthcare sector regarding the future of their field based on the following trends: polarisation, internationalisation, digitalisation of services, ageing and ecological soundness/sustainable development. The trends used consist of the interpretations of researchers^[1,13] regarding the direction of global change phenomena. The main purpose of this paper is to alert the sector to the potential futures of the social services and healthcare in order to be able to influence them now. Another objective is to highlight the fact that the future can be made and prepared for.

1.3 Research questions

- (1) What will the social services and healthcare sector be like in 2025 and onwards?
- (2) What kind of competence will be required in order for the future described above to be realised?
- (3) How will the competence needed in the future be acquired?

2. METHODS

The study material was collected in four Futures Wheel workshops conducted simultaneously in September 2014. Future workshops and Futures Wheel methods were used in data collection. Future workshops are a group work method developed by Austrian professor Jungk^[14] to meet a current problem in a future-oriented way or to identify future alternatives. The future workshop is a participatory method whereby ordinary people can study the future. Future workshops forecast future action, outline possibilities and identify gaps in knowledge. The workshops thus function as tools for systematic data acquisition and learning. The Futures Wheel, in turn, is a kind of structured brainstorming method used for thinking about the future that was developed by Glenn^[15] in the 1970s. The Futures Wheel can be used to organise, understand and analyse various views of the future and their potential impacts are arranged in different circles around the wheel. Futures Wheel work stimulates participants in the workshop to think in new ways.

Future workshops and Futures Wheels have not been used as a research data collection method in social and health care field but they have been applied in the other areas. For example, List^[16] introduced a network scenario planning project to democratize public radio in Indonesia. A scenario network was created in workshops using modified version of the Futures Wheel. In addition, Shakweer and Yusef^[17]

reported using Futures Wheel in Egyptian water foresight project where it was seen as an effective tool for brainstorming workshops.^[17]

In the beginning of data collection, the participants were provided with information on what the Futures Wheel involved and where the information would be used. In addition, five trends affecting the environment in the social services and healthcare sector, which had been chosen as the basis for the workshops, were described to them. A so-called “wild card” option was also proposed in order to stimulate more new perspectives on the future. After this, the participants were divided on the basis of their degree programme into four different workshops where they were asked to consider how the phenomena in question would affect the work in their field in 2025 and onwards. Each workshop had its own teacher-moderator, who was in charge of the activities in the

workshop. Participants wrote their views and perceptions down on a paper which were arranged in the first circle of the Futures Wheel. The participants were then given the task of considering what kind of competence would be required in order for the future described to be realised. The competence descriptions were grouped in the second circle of the Futures Wheel. Methods by means of which the requisite competence could be acquired was grouped in the third circle of the Futures Wheel. The Futures Wheel thus consisted of three different circles using different colours in order to separate the circles from each other. When all of the views had been collected, the output was appraised together with the group and any duplications were removed from the circles. The workshops lasted approximately four hours, and the teacher-moderators were trained to use the structured Futures Wheel method.

Table 1. Number of statements expressed by the groups

Master’s Degree Programmes Themes discussed in the Futures Wheel workshops	Group 1	Group 2	Group 3	Group 4	All statements
Work environment in social services and healthcare sector in 2015 and onwards	42	43	41	26	152
Competence needed in 2025 and onwards	34	51	44	24	153
How to achieve competence in 2025 and onwards	26	38	31	24	119
All statements by the groups	102	132	116	74	424

Note. Group 1: Master’s Degree Programme of Development and Management of Health Care and Social Services; Group 2: Master’s Degree Programme of Advanced Practice Nursing; Group 3: Master’s Degree Programme of Health Promotion; Group 4: Master’s Degree Programme of Social Services

2.1 Analysis

The data was analysed by applying the thematic analysis method.^[18] Firstly, the number of statements recorded in the workshops were counted in each of the three circles (see Table 1). A total of 424 statements were given consisting of a sentence, a part of a sentence or an individual phrase. The statements were then typed up on a word processor dividing them into three categories in accordance with the circle: 1) future of social services and healthcare sector, 2) what kind of competence will be required, and 3) how the competence will be obtained. After this, two researchers read through the data several times in order to obtain an overall picture of the material. Then the coding process was started under the classifications of generating initial codes, defining and naming themes. Themes describing the same or similar aspects were then outlined in each category. Both of the researchers thematised the data first independently, then the themes were compared with the original statements, and after this the researchers compared the theme categories with each other.

2.2 Participants

Eighty-three social services and healthcare master’s students, whose background details are described in Table 2, partici-

pated in the Futures Wheel workshops. Each of the participants had a bachelor degree in social services or healthcare and at least three years’ work experience in the sector. All of the participants work, in addition to studying, in their own field.

3. RESULTS

3.1 What will the social services and healthcare sector be like in 2025 and onwards?

3.1.1 Individual services for everyone equitably

Services provided in an equitable and genuinely client-oriented way were regarded as being important in the future. The equity of services will be emphasised, as people will have mainly moved to growth centres, where services are provided on a centralised basis. One respondent stated: “Basic services should be equal to everyone”. The centralisation of social welfare and healthcare services will be inevitable, however, as the respondents thought that the provision of services would otherwise be too expensive. At the same time, the respondents believe that the service structure will be flexible and it will be able to meet the services needs of clients reasonably well in 2025 and onwards.

According to the respondents, there will be a large number

of basic level centres of excellence and low-threshold places available in 2025. Some participants were of the opinion that patient places in institutions will decrease, but that home care services for the elderly will, however, be maintained. It was believed that hospital at home model will be actively developed for seniors in the future. It was also taken for granted that communal living for the elderly will have established. It

was suspected, however, that polarisation will emerge and primarily only special care units where services will be distributed to people will be in use. The respondents forecast that entrepreneurship in the social services and healthcare sector will increase in the future; although, on the other hand, it was believed that there would be a shortage of workers and resources.

Table 2. Participants' background characteristics ($n = 83$)

Background Characteristics	Master's Degree Programmes $n = 83(100\%)$	Group 1 $n = 28 (33\%)$	Group 2 $n = 19 (23\%)$	Group 3 $n = 18 (22\%)$	Group 4 $n = 18 (22\%)$
Sex					
Male	5%	11%	5%	-	-
Female	95%	89%	95%	100%	100%
Age, range, median (years)					
26-35 years	33%	39%	26%	44%	16%
36-45 years	47%	40%	42%	44%	66%
46-55 years	20%	21%	32%	12%	18%
Profession					
Physiotherapist	2%	-	-	12%	-
Nurse	50%	61%	95%	34%	-
Occupational Therapist	1%	-	-	6.5%	-
District Nurse	15%	14%	5%	41%	-
Midwife	1%	-	-	-	-
Social worker	31%	25%	-	6.5%	100%

Note. Group 1: Master's Degree Programme of Development and Management of Health Care and Social Services; Group 2: Master's Degree Programme of Advanced Practice Nursing; Group 3: Master's Degree Programme of Health Promotion; Group 4: Master's Degree Programme of Social Services

3.1.2 Technology in use

According to the respondents, the contribution of technology in service provision will increase considerably. At the same time they thought that the face-to-face communication between clients and professionals in service situations will decrease. Online sessions, mobile applications and video consultations will be part of everyday life on health and social services in 2025 and onwards like one of the respondents commented: "In the future, there will be more online services from professional to home and vice versa". The respondents deemed that electronic monitoring and the paperless office will be taken for granted in the future. Master students in the workshops also considered what services should be provided at home in 2025 and how the provision of services at home could be supported through technology. The respondents pondered what a mobile welfare unit would be like, for example, and how it would operate in a sparsely inhabited area such as in northern parts of Finland. At the same time, the notion that people's responsibility for their own well-being will increase emerged. The role and the responsibility of professionals aroused discussion at this point.

3.1.3 Energy-saving will be routine

The respondents highlighted various modes of saving energy in their work in the future. They described how the sorting of waste will be conducted efficiently in social services and

healthcare and recycled materials will be utilised actively. Various methods saving energy and the environment, such as reusable nappies, will be used. As part of the energy saving drive, the services will be provided mainly through units that come to people, for example, mobile health stations and welfare vehicles. Master students viewed that services and workers will move flexibly in Finland in 2025 and onwards.

3.1.4 Ageing population as a new type of client

The ageing population will pose a major challenge for the social services and healthcare sector in 2025. On the other hand, the economic situation of the elderly was regarded as being stable, in which case an increasing number of elderly people will be able to afford to purchase services in the future. One respondent stated, "In the near future, the economic status of older people is improved and they have money to buy services". Because of this, health tourism will become more common and the demand for private services will increase among the elderly. In addition, elderly people's knowledge both about their health and their rights will, according to the respondents, increase. There was concern, however, that a considerable amount of co-ordination will be necessary in services for the elderly, and the respondents were not sure whether the services could be organised rationally and economically effectively in the future.

3.1.5 *The culture of work will change and cultural aspects at work will increase*

Major changes will take place in the culture of work in 2025 and onwards. The atmosphere in work units will be open, and the atmosphere and management will be pragmatic. The work will be well-resourced and have sufficient staff. The social services and healthcare sector is attractive and the stereotypes that have been directed both at nurses and nursing will have been broken down. Maintenance of professional skills will be regarded as important, and wide-ranging skills will be deemed as especially valuable.

In 2025, Finland will be a genuinely multi-cultural country where immigrants are seen as a resource and the use of an international labour force is a natural part of human resources policy. One respondent felt that “Immigrants employees will be viewed as a valuable resource in our health care system”. Increasing multiculturalism and understanding of different cultures will characterise the year 2025 and onwards. The respondents pointed out, however, that at the same time different religions and cultures will pose challenges for Finnish both in the workplace and among clients.

3.2 What kind of competence will be required in 2025 and onwards?

3.2.1 *A strong ability to adapt, change, and quickly reform the methods of working*

In 2025, Finnish practitioners in the social services and healthcare sector will be required to possess good communication skills, the ability to receive and give feedback and the capacity to engage in constant self-reflection. In addition to these, teamwork skills, the ability to co-ordinate work, consultation skills and the ability to communicate within the workplace will play a key role. Skills relating to the creation, maintenance and utilisation of professional networks were regarded as important. It was also considered significant that workers possess good self-leadership skills in the future. They will be able to limit their work and prioritise their duties as necessary. The respondents were of the opinion that leaders in the social services and healthcare sector in the future must be flexible, supportive, and resolute and encourage their subordinates to participate actively. All in all, workers in the future will be expected to be adaptable and flexible, be able to lead themselves and have the ability to limit their own work and hence take care of their own well-being.

3.2.2 *An in-depth understanding of the service structure and needs of clients*

A broad understanding of service structures and an in-depth understanding of client needs were considered important areas. The professional will then have the ability to understand the Finnish service systems and the service processes therein.

The ability to target services correctly, and expert guidance as well as knowledge of patients’ and clients’ awareness will also be important in the future as one of the respondents commented: “conceptualizing the whole system (healthcare) is important skill”, and another respondent stated that “every employee should know the core processes of their work activities in 2025”. Understanding the diversity of the environment of the social services and healthcare sector was rated as important by the respondents. The ability to make decisions independently as a practitioner in the benefit for the clients was highlighted in the descriptions of the respondents.

3.3 How will the competence needed be acquired in 2025 and onwards?

3.3.1 *New competence by crossing barriers*

According to the respondents, competence must be developed with a variety of methods. Independent thinking and understanding could be expanded through international work rotation or in multi-professional teams and by networking in an open-minded way across professional boundaries. Work rotation should take place not only within an organisation but also between different European cities and countries. One respondent stated, “I believe that the job rotation system is very common in the future and some may even go to Europe”. In the respondents’ opinion, it will be important in the future for workers in the social services and healthcare sector to realise that they should develop their own thinking and understanding about their clients in a broad-based manner. Multi-professional dialogue and a cross-professional consultation will contribute to ensuring that competence is strengthened. In addition to continuing education programmes, online coaching, journeyman activities or apprenticeship training could be used to acquire and transfer competence. Jobs in the future Finland will be more student-friendly than before, as the competence of students in the field will increasingly be utilised in work units. The respondents mentioned that co-operation between higher education and work units would be essential in 2025 and onwards.

3.3.2 *Employees will be responsible for acquiring competence*

In 2025, employees will increasingly be responsible themselves for developing personal know-how and acquiring new competence. Finnish practitioners will seek training on their own initiative, and independent learning, learning through experience as well as a research-oriented work approach will be key methods of learning. In the workplace learning will take place, for example, by engaging in reflection with colleagues. The respondents mentioned the active use of experts by experience in the social services and healthcare sector as a new way of acquiring competence. Work units in the social

services and healthcare sector of the future will actively listen to the experiences of others and test and develop work in a rapid cycle. The respondents emphasised that practitioners will actively share knowledge that has been learned in their workplace, including tacit experience-based knowledge. One respondent felt that “we need to share our experiences with others and help each other to learn from them in the future”.

3.3.3 Tailored training programmes

In 2025 continuing education will be targeted and individually tailored to workplaces in Finland. Training will be based on needs of employees, the contents will correspond to precise requirements and the training methods will be modern. It will be essential, according to the respondents, to be able to apply the knowledge to the work immediately. The spontaneous interaction of workplaces and instructors, a positive attitude towards learning and various incentives from the workplace were regarded as important aspects. In the opinion of the respondents, acquisition of competence through non-traditional channels will require strong support from employers. Likewise, rewarding improvement in competence and different career development paths were seen as being significant factors in the future. It was also considered important that all employees are aware of the common goal in their jobs. In the future employees will be highly motivated, and committed to acquiring competence through various means, which will entail strong motivation to develop their work.

4. DISCUSSION

According to the results, patients should be guaranteed more individual treatment in the future, and it should be ensured that everyone has an equal possibility for this. On the other hand, the respondents were of the opinion that it will be essential to centralise services in the future in order to be able to operate in a cost-efficient manner. Furthermore, it was forecast that the use of digital applications will increase strongly, which in turn will affect the interaction between clients and workers, and the competence requirements for professionals. It is clear that increasing effort will be devoted to individual care in the future and that obstacles to this will be reduced.^[19] At the same time, however, healthcare costs will increase in Europe due to, among other things, the lengthening life expectancy of the population and the high cost of new treatment methods.^[20] Dall and colleagues^[21] state that with the increase in the number of elderly people, more and more specialised professionals will be needed in specialised health care, in which case costs will rise considerably. On the other hand, the number of elderly people in employment has risen in Finland in recent years due to an increasing number of persons who reach the old-age retirement

age in good health.^[22]

As revealed in this study, digital applications should be adopted in day-to-day use in social services and healthcare. High expectations will be set in the near future for mHealth applications. The use of these has been predicted to considerably reduce costs and strengthen patients' self-management.^[23] For example, good results have been obtained in diabetes self-monitoring.^[24] Technology can be successfully used in the social services sector too, as shown in the Finnish study on mobile-assisted family support conducted by Rönkä, Malinen, Jokinen and Häkkinen.^[25] Wider adoption of the Mobile Health applications might also strengthen equality, as the “GREEN PAPER on mobile Health”^[23] published by the European Commission predicts. The adoption of digital applications will require professionals to acquire and continuously improve new competence.

Ageing clients will form a new type of client group with the ability and financial resources to choose and pay for their own care. The respondents were unsure, however, how services for the ageing population should be organised in Finland. Nevertheless, digital applications targeted at the elderly should be actively developed in the future. For example, van der Heide, Willemsa, Spreeuwenberga, Rietmanb and de Witteavan^[26] have developed CareTV, a solution for elderly people who feel lonely. It enables them to interact with professionals and family members from home. It is anticipated that CareTV will alleviate loneliness in the elderly and thus help them to live at home longer.^[26]

In addition to elderly people who are well-off and health-conscious, the future will also see another type of clientele that did not emerge in this study. Researchers^[27,28] indicate that mental health and substance abuse problems in the elderly will increase in the future. According to Kelfve, *et al.*,^[27] in Sweden, for example, alcohol consumption by people over the age of 90 has increased during the past 20 years of monitoring. Kuerbis, Sacco, Blazer and Moore^[29] argue that insufficient attention has been paid to alcohol consumption in the elderly and that closer monitoring and active intervention should be undertaken in the future.

According to the respondents, workers in the social services and healthcare sector in Finland in 2015 and onwards will be expected to possess a robust ability to change and adapt, to quickly reform the methods of working and an ability to profoundly understand the service structure and the needs of clients. The results reported here suggests that the work culture is expected to change: the atmosphere in work units will be open and discursive, and there will be sufficient staff to meet client needs. The results are similar to those obtained by Leach and McFarland^[30] and Maitland and Thompson,^[31]

among others. It will be important in the work organisations of the future to be able to share decision-making power and delegate responsibilities. In addition, individual workers will have considerable degrees of freedom in their work and the organisation will live and develop from the bottom up as well. A team-like approach, networking and the ability of workplaces to renew nimbly will be central elements for successful workplaces in future working life. Phelps^[32] claims that the attitudes and feelings of workers will play a crucial role in their willingness and their ability to create something new. According to him, a culture which supports creativity, self-expression, personal growth and absorption in the work are required in order for innovations to arise. Working life in the social services and healthcare sector will require innovations in the future, and this will call for internally motivated workers. Development and innovation will inevitably become a key part of the work of an increasing number of professionals in the social services and healthcare sector.

Working in multi-professional teams emerged as one method of acquiring competence in the future. Finnish researchers, Meretoja and Koponen,^[33] recommend that professionals should indeed use multidisciplinary teams more actively in patient care and thus develop a shared understanding of the patient requirements and methods used. The ability and desire for co-operation among professionals would seem to be important competence areas in the future. The use of multi-professional groups would also contribute to ensuring high-quality care.^[34]

Based on the results of this study, professionals will increasingly be responsible for acquiring competence themselves. The view of the report "The Future of Nursing"^[34] is similar: lifelong learning and acquiring competence independently should be made part of nurses' career development and it should also be rewarded by organisations. According to Katsikitis, *et al.*,^[35] nurses value continuous learning, but consider it important that development of competence takes place during working hours. In addition, they expect their supervisors to support them in continuous learning and in organisational changes.

4.1 Study limitations

The data was collected systematically: five trends affecting the future were set as the starting point for the workshops, all the respondents were given the same information about the Futures Wheel work, and the moderators were trained properly in using the method. The use of ready-made trends was justified, as it was expected that widely recognised trends set as the starting point for the work would facilitate the partic-

ipants' futures thinking. The use of these trends, however, may have prevented the participants from thinking up other types of future scenarios. Representatives of different professional groups were in the same workshops, which could have affected the depth of the data. The data consisted of 424 statements, which were mainly rather brief. However, the number of statements was so large that sufficiently rich data was obtained for analysis. Two researchers participated in analysing the data, which may strengthen the reliability of the results.

4.2 Ethical considerations

Permission for conducting the study was granted from the University of Applied Science. All students provided their informed consent for the use of their statements in the workshop as research data. Participation in the workshops was voluntary. The identity of the respondents was not disclosed at any stage when reporting the results.

5. CONCLUSIONS AND IMPLICATIONS FOR PRACTICE AND EDUCATION

Decisions affecting the future are being made now, therefore it is important to discuss what we want the future of our sector to be like. The aim of the study was to alert healthcare and social service sectors to the potential futures in order to be able to influence them now. The data was collected in Finland, in which case the structure of the country's social services and healthcare and its reform in the next few years may have affected the results. We assume, however, that it will be possible to utilise the results when developing master's programmes in other countries and when considering future working life and competence needs. This study showed that students taking their master's degree in addition to working are eminently suited to function as an expert group in Futures Wheel workshops. In this way, the students also learn futures thinking, which they can utilise in their studies and jobs. In addition, teacher-moderators who run the Futures Wheel workshops, will gain first-hand information of what the working life will be in the future.

The use of multi-professional groups, such the inclusion of students in technology or business degree programmes in Futures Wheel workshops, might provide a completely new vision of future working life. In addition, respondents could be asked to consider what their field might be like 50 years in the future, which may enable them to more easily detach themselves from the present and think about their field more creatively. In this way, weak signals in future trends could be found that could be utilised in developing the sector and modifying curriculums.

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