

Socio-health care as continuous training at the UNED (National University of Distance Education)

Francisco Gómez Gómez, Pilar Munuera Gómez & Carmen Alemán Bracho
National University of Distance Education & Complutense University of Madrid.
SPAIN

fgomez@der.uned.es, pmunuera@ucm.es & caleman@der.uned.es

Abstract:- E-learning training offers the possibility of updating and implementing the training received by professionals in the socio-health area. This type of training is very useful for professionals who carry out a professional activity and have family responsibilities, since it allows them to reconcile their family and work life. The European Union insists on the need for coordination of health and social services to achieve a high level of quality and effective use of resources and long-term care in their environment (Munuera, 2016). The increase in life expectancy and the growth of the older population generate new situations that demand a response from the institutions in order to obtain the necessary attention and avoid degenerative diseases or crises that become chronic or structural, which has more to do with the need to design bio-psycho-social interventions, as required by the current citizens. In this study we analyze the importance of socio-health training in the e-learning modality in the two editions of the socio-health and social services in Social Work course, for those professionals working in health and social services. The objective of the training has been to strengthen the skills of professionals in the construction of a socio-health space that strengthens the quality and effectiveness of responding to the needs of the population according to the Official Association of Social Workers of Madrid [1]. It begins with the concept of health care adopted in the project of the Community of Madrid as the set of benefits and services that ensure health and social care for people who are in a situation of dependency and disability for the development of their autonomous life as a consequence or associated to the existence of a chronic disease. The methodology used was initially a bibliographic review in scientific databases, then the data provided by the statistics on the course provided by the application of UNED Open Insights has been analyzed and a qualitative analysis has been carried out categorizing the opinions given by the students. The training that is analyzed has the purpose of strengthening a coordination space between social and health services in order to increase the quality of care received and thus implement the interventions of professionals from the field of Social Work in those problems that require a more social, global or holistic approach, than those offered by other, more known or developed approaches such as biological, psychological, educational, etc.

Key – Words: Socio-health care – Continuous learning – Distance learning – Online – E-learning

1 Introduction

According to the EPC 2009 / EC projections, public health expenditure in the EU-27 will increase by 1.7% of GDP in 2060 due to the aging of the population, that is, an increase of 25% with respect to current budget, from 6.7% to 8.4% of GDP. This increase will range between 0.4% of GDP in Bulgaria and Cyprus to 3.8% of GDP in Malta, i.e., with an increase in public health spending in most states between 1 and 2.5 % of GDP. It is about advancing in the consideration of the Health Organization (WHO) when it indicates that: "health is the state of complete physical, mental and social wellbeing and not only the absence of disease and handicap" (2).

The National University of Distance Education, UNED, was created in Spain in 1972, so it can be considered within the group of universities that initiate the expansion of distance universities, in distance education using the Internet and face-to-face. This modality pays special attention to the methodology used in the binomial teaching-learning, in its adaptation to the characteristics of the process, to fill the gaps that are presented to both teacher and student when it comes to routing their necessary feedback.

The realization of two editions of the MOOC Course: "Sociosanitary and Social Services in Social Work" has demonstrated the need to offer training for professionals, who in their professional practice need spaces for updating and recycling as well as for the reflection of the contents used through its activities. And thus be able to distance themselves from the everyday to self-observe, about the professional and personal realities that occupy them, to which they owe their efforts and tasks. The contents of the course have been focused on the

reflection on: Public Health and Social Work; Social Health Work; Areas of Social Intervention in Health; Social Services in Addiction and finally the different Models for professional intervention. That is, the knowledge of the Spanish health system, the social policies, the objectives and priorities for each intervention, the shared decisions and the biographical experiences of the person are the foundation of the training offered.

Emphasis has been placed on community intervention, together with the importance of the participation of affected people as fundamental axes in the new model of health care. The consideration of the sociosanitary construction within the structure of the Social Health Work services is established as essential to be able to face the new realities that must be answered. This work collects some data of the students who made the course, as well as their opinions, results and conclusions

2 Problem Formulation

In the times we are living, society needs some services and attention to which, at times, it is impossible for different sectors of the population to access it for any social, economic, religious or moral or any other reason. This is the case of social and health services, which are still pending to be developed both organizationally and professionally. Frequently, the official models of learning have meant that after the completion of an educational stage we throw a closure with fancy ideas of "knowing everything". Without realizing that social reality is totally changing and evolving and this forces us to constantly update and adapt to changes and hence the need for continuing education throughout professional life (5).

The main objective of this study is to know the characteristics of professionals interested in socio-health training, and to determine, through the analysis of the content of their opinions, their training needs. At the same time the possibility of knowing the professional realities where they intervene. The analysis and categorization of the opinions given by the students allow knowing aspects that a quantitative study makes invisible. The qualitative analysis allows to know the reality from the personal problems to which the professionals are responding in their day to day.

The methods used have been quantitative through the analysis of secondary data provided by the statistics on the course, provided by the application of UNED Open Insights, supplemented with some of the opinions expressed by the students. It is proposed the non-separation of the two main perspectives used for the investigation, by means of a theory and a language that make possible the change. Which is difficult, since the two prevailing currents, quantitative and qualitative, with their different methodologies and their different epistemologies cannot be understood among them, if they do not move away from restrictive and simplistic definitions that prevent imagining that any change must be based on a dynamic conceptualization of the interaction, making everyone responsible for what happens and, therefore, what it can contribute (Gómez, 1998).

The main hypothesis sustained has been that university graduates need training proposals, accessible and not of long duration, that delve into fundamental and changing aspects of the social health field. This training must start from taking the person from a holistic and bio-psycho-social perspective.

3 Problem Solution

The shortage of continuous university training in socio-health care raised the issue of this MOOC course. In it, a total of 1673 students (942 in the first edition and 731 in the second), which form the study sample, have been registered. This amount demonstrates the interest and need for socio-sanitary training of postgraduates. At this moment a third edition is beginning that can not be evaluated, but it is evidence of the remarkable interest that this training has aroused among professionals.

Among the relevant data of the study sample, it is worth noting that 90% of the registered students had a university degree, only 5% agreed to a secondary education and in the remaining 5% their level of education is unknown. 80% women and 15% men, with 5% being another or unknown. The need for training is more felt in people over 25 years of age, since only 9% were 25 years old or younger, 46% between 26 and 40 years old and 44% 41 years old or older. Data show the feminization of the participants, their university formation and their adult age in increase to the maturity.

Its geographical origin of more than 90% was Spain and the rest of Latin American countries, although there were also some from the United Kingdom, Bulgaria, Germany, Romania, France, Ireland, Iran, the Netherlands, Portugal and Russia.

For the solution of the problems raised previously this course has covered the expectations of the students, according to the evaluation of the students. In this sense it is important to insert the opinion of one of the students who did it, as a discussion of its contents:

E1: "All the contents of the course have been, from my point of view, very interesting since it has led us to meet different groups (people with addictions, gender violence, mental health ...). In addition, having placed more emphasis on educational models as a preventive engine and, therefore, of change, is more important, personally, than making the diagnosis focused exclusively on the "disease".

This verbatim, shows the importance of human development that has to be facilitated and supported by graduates in university programs whose functions are directed to the care and personal attention of the members of the local and national communities where they live. These professionals are the elites of these communities and therefore must be the individual leaders and providers of the resources demanded by citizens, because political leaders and social leaders will never be able to directly address the existing social needs and their planning will hardly be able to be relevant and effective if they do not have competent professional attention that deals with direct attention to the population (6).

The dogmatic structures that form around the teachings of teachers seem resolutely concepts of repetition that build dogmas, instead of listening to the revelation of the eternal truths that are expressed in the body. The body is always there, in so many different ways. We do not have to intellectualize or rationalize the form that intelligence takes because it, by definition, supposes a limitation. The other way would be simply to see the expression of the synergy of all the ways of responding to the Intelligence, without the limitations of intellect. This is what is currently known as the science of evidence, which is what has supported the training we present in this work (3).

4 Conclusion

The number of students enrolled in its two editions shows the need for training in socio-health care.

This continuous training is generating a positive experience, which can serve as an example as university postgraduate training for socio-health professionals.

The e-learning training offered by the National University of Distance Education (UNED), allows access to students from different countries of the European and Latin American environment. This fact supposes a professional development that contemporary societies demand according to their population characteristics.

The duration of the five-week course stimulates the enrollment of professionals and increases their continuous training.

The work and experience offered in the course place in the field of "the social" a part of human well-being where a set of variables that influence the state of health and the well-being of people are framed.

The construction of a socio-health care will give a place, a space from which to think and evaluate the best to achieve the welfare of the people. This coordination of health care and social context will increase comprehensive and innovative care, which will allow exercising the power that citizens give to professionals. The management of this complexity, the realization of the connections and social bonds and the professional technical capacities give a unique space that should be used for the sociosanitary attention.

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