

## THE CONCEPT OF A SOCIAL COMPETENCE MODEL FOR MEDICAL PERSONNEL

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**Purpose:** The purpose of this article is to present the concept of a social competence model for medical personnel and other medical professions.

**Design/methodology/approach:** In the face of the changing society and new economic and social challenges, such as internationalisation and cooperation between science and business, the new model of relations with patient, the healthcare sector, requires the implementation of new solutions in order to facilitate provision of medical services. The medical industry brings together not only doctors and patients, but also scientific, business, therapeutic and many other sectors. Particular attention should be paid to competences that are often overlooked during education but become very important when starting a career. In this situation, it is necessary to focus on the development of social competences and to attempt to develop model forms of support aimed at soft skills improvement. The analysis includes scientific articles, reports and medical statistics.

**Findings:** It has been found out that there is no well-developed model for managing social competencies among medical staff. An innovative model for managing soft skills would enable medical and medical-related personnel to more effectively deliver medical, business, and scientific services.

**Research limitations/implications:** There is no comprehensive social science research that analyses social competences at several levels: professional structures, the level and type of competences, and application requirements. The available analyses are very general and focus only on the communication process, for example, among doctors and nurses.

**Practical implications:** A practical model, along with a research tool/sheet for assessing and implementing measures to strengthen soft skills, would enable more efficient performance of assigned roles and responsibilities in individual medical and paramedical professions.

**Social implications:** The health of society is a key indicator of quality of life and social well-being. In a situation of deficits related to social competences, the developed and implemented model would not only allow for a more efficient system of prevention and treatment of patients, but would also contribute to the development of the medical sector in various forms of health service provision.

**Originality/value:** The article presents an important reflection on the concept of social competences in sociological terms, with reference to a selected professional group. The article may be addressed to healthcare professionals, academics, as well as human resources and professional development managers.

**Keywords:** model, social competences, medical personnel, social challenges, innovations.

**Category of the paper:** General review.

## 1. Introduction

The issue of social competence stems from management disciplines, however, for many years research has also been conducted in the field of sociology and, in this sense, it is associated with considerations such as human capital (Becker, 1994), human capabilities (Sen, 1997) and competence and reflectiveness (Archer, 2018). Presently, the practice of assessing employees in all industries in terms of their competences is becoming quite common. These include hard skills related to the profession, but also soft skills – personal skills (stress resistance, communication skills, composure, etc.). The research on employers' expectations shows that the most valued social competences on the labour market (Jagodziński, 2013) are: self-organisation, punctuality and strong motivation to work (Kocór, Strzebońska, 2011), communication skills, including knowledge of foreign languages (Varga, Szira et al., 2016), creativity and self-improvement (Varga, Szira et al., 2016).

In turn, the research conducted among employers in 11 European countries shows that they value competences related to self-organization (time, pace of work), self-improvement, creativity and analytical thinking, i.e. individual competences related to the characteristics of an individual, rather than social competences such as teamwork and language competences. (Little, Braun, Tang, 2008).

In view of the development of new treatment methods and the need to conduct scientific research and implement research and development (R&D) projects, the question arises as to the model of social competences within medical professions. The complex structure of medical and paramedical professions and areas of healthcare, education in social competencies is inevitable and is even becoming a necessary requirement of the modern labour market.

In humanistic sociology, in the form of symbolic interactionism and phenomenological sociology, attention is drawn to the aspect of competence in everyday thinking and its determinants (Mucha, 1986). E. Mokrzycki, on the other hand, points to the practical aspect of sociology as a socially engaged science, which means that studies and research on the social competences of a selected social group, in this case medical staff, are part of practical analyses and the possibilities of implementing practical solutions (Mokrzycki, 1971). The professional careers and qualifications of medical personnel should take into account not only individual

preferences, but also social expectations and changes in management. K. Frieske (1990), in turn, emphasises the practical model of using sociological knowledge, which is reflected in the theory of sociology in action or practical sociology.

The review of research on healthcare personnel and their social skills clearly shows that most studies focus on relations with patients and communication and the barriers associated with it. The results of the studies indicate that greater attention should be paid to the issues related to a comprehensive approach to various areas of social skills and the need to develop a common concept of a model that serves as a tool for diagnosis and the needs and support of various social skills for different groups of medical staff.

In the context of the rapid development of medical sciences and the involvement of medical personnel in R&D areas (business-related cooperation through the implementation of medical, scientific and design services on a national and international scale), it is necessary to appropriately model social competences, which would allow for more effective actions serving the health of society in a broad sense.

Health is a state of complete physical, mental, as well as social well-being, and individuals and groups must be able to define and pursue their aspirations, meet their needs and change or cope with their environment. Therefore, health is viewed as a life resource, not a life goal. Health is a positive concept, encompassing personal and social resources and physical capabilities, not merely the absence of disease or infirmity (World Health Organization, WHO). This definition is crucial and innovative because it moves beyond the mere negation of health as the absence of disease and strongly emphasizes its positive aspect, namely well-being. This means that in health matters, the focus cannot be solely on diseases and attempts to fight them, but rather on enhancing them. In response to this need, a biopsychosocial model of health emerged as a systemic approach to illness, emphasizing the interrelationship between body and mind and considering disease at all levels. This model deals with the whole person and in this approach to health, competences and qualifications are necessary not only in the scope of individual medical specializations, but also the involvement of all medical personnel in strengthening their own social competences in order to strengthen the health of the society (Łodzińska, 2019).

The developed model of social competences would allow for answering key questions with respect to:

- diagnosis,
- needs,
- support.

The proposed model concept would take into account such detailed scopes as:

- analysis of the didactic process,
- analysis of the job position and workplace,

- analysis of individual resources,
- analysis of institutional resources,
- analysis of support structures.

The concept would also include a jointly developed model (sheet) using research methodology, particularly from the following areas:

- Sociological Sciences.
- Psychology.
- Management Sciences.

There are not many broad, interdisciplinary studies among medical staff on soft skills that analyse the social determinants of the development of these skills and their links to the development of professional skills (e.g. Ye, 2017). This article draws attention to this gap and the need for interdisciplinary research (sociology, psychology, management sciences) not only to monitor the above-mentioned competences on an ongoing basis, but also to develop a specific model at both the education and employment levels and to strengthen various types of social competences. Such a model would allow for the efficient management of soft skills among medical and paramedical staff. It is necessary to conduct sociological research and make comparisons at the level of education, needs and tools strengthening soft skills.

## **2. Theoretical foundations. Social competences**

In order for the treatment and prevention process to bring the expected results, not only financial resources are needed, but also the support of medical staff in those areas of management where deficits have been diagnosed. We define social skills as “a set of behaviours that some people master better than others, which makes them act more effectively in a given situation” (Levy-Leboyer, 1997, p. 32, cited in Jagodziński, 2013). There is a variety of approaches and definitions of social competence, but they can be summarised in one definition proposed by DASCHE (2020): “A single, one-dimensional definition for all is neither possible nor desirable. Despite this diversity of characteristics of social competence conditioned by the tradition of higher education and its legal context, an important feature of all the above approaches can be observed. This is the recognition of social competence as a meta-competence built on knowledge and skills, enriched with axiological reflection allowing for their independent and responsible application leading to social benefits” (Chmielecka, 2020).

This definition implies that there is no single general social competence, but rather many different types. These include, among others:

- skills related to social perception (accurate perception of others, e.g. their intentions, and correct assessment of social situations),
- social sensitivity, empathy, interpersonal decentration,
- knowledge of social rules and the ability to behave appropriately in social situations,
- ability to solve specific interpersonal problems and manage social situations,
- skills necessary for handling conflict situations and situations requiring assertiveness,
- effective self-presentation and the ability to influence others,
- communication skills,
- cooperation skills (Knopp, 2013, p. 2, as cited in: Kruk, 2025, p. 356).

In terms of interaction, the components of social competence are:

- competences determining the effectiveness of behaviour in intimate situations,
- competences determining the effectiveness of behaviour in situations of social exposure,
- competences determining the effectiveness of behaviour in situations requiring assertiveness (Tomorowicz, 2011, p. 92, as cited in: Kruk, p. 356).

The integrated model of social competence proposed by M. Grzesiak (2021) includes five areas covering various clusters of social competence: marketing, relationships, self-fulfilment, management and spirituality (Grzesiak, 2021, p. 129). Social competences are also understood as the ability to establish and maintain relationships with others, the ability to work in a team, the ability to identify social norms, and appropriate moral attitudes related to responsibility (comp. Tinto, 1987).

Empirical research shows that competences positively correlate, among others, with psychological well-being, general life satisfaction, quality of interpersonal relationships, willingness to help others but also with using social support, effective stress-coping strategies, as well as broadly understood adaptation and proper social functioning (Knopp, 2013, p. 2).

The fundamental function of acquiring and developing social competences is to adapt to the social environment, but also to transform it in order to achieve individual and group goals. In this context, the question arises as to what barriers can be observed in the processes of developing the competences of interest to us among medical personnel. Some research shows that the country of origin and education significantly influences the educational experiences of future medical staff, learning styles and the intensity of relationships with the social environment, the professional environment and, thus, the acquisition of social competences. Moreover, significant cultural differences between the country of origin and the country providing medical services cause numerous difficulties in establishing social relationships (Andrade, 2006). This is due to unfamiliarity with the codes of the host culture, a lack of shared biographical experiences, and a lack of language skills (Kamara, 2017).

An example of such a cyclical relationship is social alienation and feelings of estrangement, which are often experienced by patients and medical staff (Sakurai, McCall-Wolf, Kashima, 2010). Research shows that even if the above-mentioned groups create their own groups within the medical community, they will not have as much access to the resources as in the case of contact with residents of the host country, especially in those cities where foreigners constitute a very heterogeneous group (Sawir, Marginson et al., 2008). Social isolation hinders the development of competences, mainly social, cultural and linguistic ones, and a low level of these competences deepens alienation. On the other hand, researchers point out that resource constraints can have a mobilising effect and, by breaking the circular dependency, lead to the development of competences in a multicultural environment, encourage students to reflect on their own cultural identity and evaluate it positively, and strengthen their self-esteem (Starr-Glass, 2014, 2016).

The literature on the issue shows many factors that block or slow down the development of soft skills. It is worth emphasising that the study of this negative impact is not a simple, one-sided relationship, but a circular one. This means that a low level of specific competences (independent variable) affects an individual's functioning in a social environment, limiting access to material, social and institutional resources (dependent variable), and this limitation slows down or blocks the development of competences.

The development of competences depends largely on the material and organizational resources of the healthcare industry, public support, and the entire commercial economy. The starting point for the analysis will be an examination of these resources and an analysis of the support system offered to healthcare workers.

### **3. Medical Staff and the “Modern Patient”**

#### **Healthcare Sector – Description**

The healthcare sector in Poland is defined according to the Polish Classification of Activities (PKD), which is the official system used in order to clearly define and organise economic activities carried out by entities on the domestic market. The basic classification section covering the sector's activities is section Q.86 *health care*, which comprehensively describes the activities related to the provision of health services, both those provided by the public health service and by private medical service providers.

The healthcare sector is a complex area of activities that requires the involvement of qualified staff in a wide range of positions and professional specialisations. Key professions and positions in this sector result directly from the specific nature of healthcare processes and the development of modern medical and organisational technologies (Report INDORO, p. 4).

The most important professions and positions include, above all:

- medical specialists,
- nurses and midwives,
- paramedics,
- physiotherapists and medical rehabilitation specialists,
- laboratory diagnosticians,
- medical technicians, operators of specialized diagnostic and therapeutic equipment,
- telemedicine and medical informatics specialists,
- management staff,
- medical caregivers and long-term care specialists,
- health education and promotion specialists,
- radiation protection specialists, medical physicists (Raport INDORO, p. 7).

The expansion of the structure of key professions and positions in the healthcare sector reflects the complexity of healthcare services, the diversity of patient needs, and the dynamic development of new technologies. It is important to emphasize that each of these positions plays a crucial role in the overall functioning of the sector, ensuring the quality, accessibility and efficiency of healthcare services. (Report INDORO, p.7).

An important aspect of the classification of the healthcare sector is the fact that, apart from the strictly therapeutic and diagnostic activities, it also covers advanced technological areas, such as the production and implementation of innovative medical technologies, digitization and activities related to telemedicine (Report INDORO, p. 4). The existence of unlimited contacts via the global Internet also makes it possible to find doctors performing very specific surgical procedures “on the other side of the world”. The phenomenon of health tourism is emerging (the global medical services market is regulated by the provisions contained in the so-called GATS General Agreement on Trade in Services) – in order to obtain services unavailable at the place of residence or to purchase services at a more affordable price (Zabielska, 2017, p. 15).

The healthcare sector in Poland is extremely diverse in terms of the number of entities, ownership structure, and territorial distribution. According to official data from the Central Statistical Office (as of the end of 2023), there were 258,774 entities registered in Poland and conducting healthcare activities within the scope of the Polish Classification of Activities (PKD). The vast majority of these entities, 257,202, are private, with only 1572 being public (INDORO Report, p. 8).

The healthcare sector in Poland is characterized by significant level of employment, which results directly from the wide range of medical services provided in both public and private facilities. According to the data from the Central Statistical Office (as of 31 December, 2023), the sector employs approximately 720,270 people. This number covers a wide range of professions - from key medical personnel, through diagnostic and technical staff, to administration and management staff of healthcare facilities (Report INDORO, p. 8).

### **Organizational and cultural barriers**

Hospitals often have deeply rooted organisational cultures and hierarchies that can hinder the implementation of soft skills. These cultural barriers can manifest themselves as resistance to changes when the staff is reluctant to move away from the established practices. A lack of consistency between activities can further complicate the digitisation efforts, since different priorities and communication breakdowns make cooperation difficult. Furthermore, a lack of support from management can stall initiatives, as leaders play a key role in promoting technology adoption and creating an environment conducive to changes. Rigid organisational structures can create obstacles, hindering the implementation of the flexible processes necessary for effective digital transformation. Overcoming these cultural and structural barriers is essential for the successful development of digitalisation in healthcare environments (Report: 27 Report 2025: EHMA, p. 27).

In this context, the question arises as to what barriers can be identified in the development of the competences we are interested in among medical personnel. Research shows that the country of origin and education has a significant impact on their educational experiences, learning styles and the intensity of their relationships with their social environment. Significant cultural differences between the country of origin and the host country/country providing medical services cause numerous difficulties in establishing social relationships (Andrade, 2006). This is due to unfamiliarity with the codes of the host culture, a lack of shared biographical experiences, and a lack of language skills (Kamara, 2017). In the source literature, there are many factors that block or slow down the development of competences. It is worth emphasising that the study of this negative impact is not a simple, one-sided relationship, but a circular one. This means that a low level of specific competences (independent variable) affects an individual's functioning in the social environment, limiting access to material, social and institutional resources (dependent variable), and this limitation has a slowing down or blocking effect.

An example of such a cyclical relationship is the social alienation and sense of alienation often experienced by patients and medical staff (Sakurai, McCall-Wolf, Kashima, 2010). Research shows that even if patients form their own groups within the "patient" community, they will not have as much access to resources as they would in the case of contact with

residents of the host country, especially in these cities where foreigners constitute a very heterogeneous group (Sawir, Marginson et al., 2008). Social isolation hinders the development of competences, primarily social, cultural, and linguistic ones, and a low level of these competences deepens alienation. On the other hand, researchers indicate that resource limitations can also have a mobilizing effect and, by breaking the circular relationship, lead to the development of competences in a multicultural environment, encourage students to reflect on their own cultural identity and its positive assessment, and strengthen their self-esteem (Starr-Glass, 2014, 2016).

### **Model of medical personnel social competences management**

In the healthcare sector, soft skills are a key element ensuring effective and professional patient care and legal cooperation between medical teams. Due to the specific nature of the sector - requiring constant communication, interdisciplinary collaboration and handling emotionally challenging situations - soft skills are crucial to the proper functioning of medical facilities.

The most important soft skills in the healthcare sector include:

- interpersonal communication,
- empathy and emotional intelligence,
- ability to work in a team,
- stress management and mental resilience,
- conflict management,
- professionalism and professional ethics,
- ability to organize own work and manage time.

Research carried out in this area in many countries indicates an increase in the importance and role of soft skills (social skills, predispositions, personality traits, internal motivation) in proper medical care that is in line with the medical practice and patient expectations. Employees possessing these competences contribute to a higher level of healthcare services and greater patient satisfaction. Unfortunately, to date, medical personnel managers in many healthcare facilities have not paid sufficient attention to the need to strengthen the social competencies of their employees.

According to experts: “There may be reservations about the scope of competences in “competence profiles” due to their practical usefulness. Profiles are treated by management specialists as a tool supporting high quality at work, in this case health services. Although many specialists involved in occupational studies participated in the work on the methodology, the competence profile preferred in the EU was chosen mainly to assess the level of competence of societies in relation to lifelong learning. As a consequence of this approach, the descriptions

of professions lack key competence profiles that are important in every medical profession”. (Czajka, 2019, p. 60).

Due to the fact that each medical facility provides a specific range of services and employs specialists in various fields, it seems necessary to create a model of competencies essential in today’s world. A tool for diagnosis, needs assessment and support options would enable a more efficient response to social needs. Furthermore, such needs should be reported by employees themselves and they should be provided with opportunities to receive support in their individual development and in fulfilling their professional roles (Czajka, 2019, p. 60).

### **Contemporary patient**

„The modern patient is a patient who, more than ever before, desires to participate in the treatment process, co-creating it rather than following orders. This is a patient who wants to engage in dialogue with a physician (medical facility staff), to create contact, which should be interactive – engaging both parties that are motivated to establish a constructive relationship. A patient who makes conscious choices is not condemned to “mediocrity”, as he or she has access to facilities with varying levels of service both near their home and throughout the entire local, national, and even international space available to them” (Łaska-Formejster, 2015, p. 138). Currently, we also speak of an *electronic virtual patient*, a concept referring to interactive computer programs that simulate real patients and real-world clinical scenarios. The term “e-patient” (electronic patient record, electronic health record) is also used, which functions in two contexts: the first one refers to a specific patients’ electronic data, containing a description of their overall health situation, the other one encompasses the description of a patient using the internet (Łaska-Formejster, 2015, p. 139; Dudzikowa, 1993). More and more information about difficulties occurring in the relationship between patients and physicians is appearing in the source literature” (Gordon, Edwards, 1999; Barański 2002; Więckowska, 2005, p. 259; Łaska-Formejster, 2002, p.150; Grabowska, 2019).

„Effective communication is now more desirable than ever before”, in times of increasing complexity of knowledge, there is a growing need to explain and interpret the effects of new therapeutic solutions to patients. Persons struggling with a disease want their doctors to explain why they are recommending certain tests and why others, which they learn about from the media, are being omitted. An additional challenge is the unsatisfactory public perception of issues related to the medical environment, which is partly due to the inability to quickly and accessibly disseminate important medical information (Goleman, 1997; Stangierska, Horst-Sikorska, 2007, p. 58).

## 4. Conclusions

Anticipated changes in the healthcare sector and growing public expectations with respect to the quality of medical services mean that it will be necessary to develop new skills among employees in the sector. Among the skills that will become increasingly important in the coming years, the following are particularly essential:

- digital and telemedicine competences,
- skills of using artificial intelligence and Big Data,
- competences in personalized medicine,
- competences related to innovation management,
- green competences related to environmental protection,
- soft competences related to patient care and stress management, which will become even more important due to the increasing patient expectations regarding service quality and the need to prevent burnout among the medical staff,
- competences related to long-term and geriatric care,
- interdisciplinary collaboration skills (INDORO Report, p. 23).

Due to the communication between different medical environments and different types of patients (e.g., in situations of acute or long-term illnesses, or in a health crisis), communication skills are particularly valued and the following competences are required:

- express yourself clearly, objectively, and understandably,
- listen actively,
- repeat the most important information,
- demonstrate understanding and acceptance,
- explain, ask questions, and respond,
- be sensitive to the recipients and follow their needs,
- avoid insincerity,
- adopt an individual and flexible approach,
- be interested in the patients, not just their illness,
- take into consideration the situational context,
- do not abandon them in difficult moments,
- provide rational hope and emotional support (Stangierska, Horst-Sikorska, 2007, p. 67).

Empathy, emotional intelligence and interpersonal communication will be of key importance here. The social dimension of health means the ability to perform tasks within individuals and groups according to the social expectations and in the reality of the changing world (Tobiasz-Adamczyk, 2015, p. 85). Currently, the rapid pace of economic development, new information technologies, the digital society, and new types of relationships between

patients and the medical community also make it necessary to draw attention to building human capital resources (medical staff), including in the area of soft skills.

Interdisciplinary research conducted in the field of humanistic sociology, particularly medical sociology, and other sciences such as psychology and management sciences, would allow for a comprehensive approach to the issue of social competences. The result would be a common model serving to verify the level of social competence among medical staff and the application of specific forms of support in the professional development process among medical and paramedical personnel both in Poland and abroad. The high balance of migration of medical staff for the purpose of improving hard skills is also part of the development trend in the context of soft skills strengthening.

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