

The Perceived Importance of Soft (Service) Skills in Nursing Care: A Research Study

ABSTRACT

Nursing education has transformed over time. While this is particularly evident in the integration of technology in pedagogy, it is not evident whether the training of soft (service) skills has also evolved effectively. Though soft (service) skills are much less tangible than technology, they are perennially relevant and important for nursing care which is essentially people-oriented.

This study in Singapore was conducted to understand how soft (service) skills were being perceived by patients and their family members. Literature review on nursing pedagogy was augmented by a survey that collected the perceptions with regard to soft (service) skills in nursing care; namely, the dimensions of reliability, assurance, tangibles, empathy and responsiveness.

Based on quantitative data, patients and family members rated the soft (service) skills of reliability and responsiveness to be highly important for nursing care. Additionally, the participants' qualitative comments pointed toward the importance of empathy, assurance and responsiveness. The conclusion was that besides knowledge acquisition and technical competency, nursing curriculum could explicitly incorporate more soft (service) skills to enhance the care standard.

Keywords: nursing education curriculum, care standard, soft (service) skills

INTRODUCTION

Nursing has been defined as an art, a science and a moral enterprise (Doane, 2002; Sills, 2015). To live up to the non-scientific aspects of such a definition, nursing education has a mammoth task of promoting a culture of concern, an ethic of care and a deep-rooted empathy for human suffering (Dyson, 2018).

These task and outcomes do not exist in a vacuum. Rather, they occur in a healthcare environment that is impacted by social, economic, political and technological factors, in addition to increasing consumer demand on the quality of care (Park et al., 2013).

BACKGROUND

Transformation of Nursing Education

Operating in a complex healthcare environment, nursing education has undergone a transformation which involved a myriad of pedagogies: from apprenticeship to holistic education (Allen, 2010).

From 1980s onward, nursing programmes have begun to incorporate research, specialisations, plus a widespread use of computers and simulations (Fitzgerald, Wong, Hannon, Tokerund, & Lyons, 2013). Lessons were delivered more flexibly through varied modes such as action-based training beyond the classroom or the hospitals (Saylor et al., 2018).

Along with the revolution in programme format and delivery, the educational outcomes also underwent transformation. Traditionally, the end-result was the ability to provide safe, effective care. Progressively, the expectations increased: nurses are to possess knowledge, skills and conduct to be independent, judicious, perceptive and technologically competent (Allen, 2010; Dyson 2018).

Yet in the midst of all the transformations, nursing education is still delivered within a closely regulated framework, with conformance to prescribed standards and approved performance indicators - which all restrict imagination and innovation in curriculum development (Dyson, 2018).

While the primary focus of nursing curriculum has always been on the scientific aspects of skills and techniques, nursing needs more than technical skills; it requires interactions with diverse groups of individuals and families (Waite & McKinny, 2016). As far back as 1976, the authors of *Humanistic Nursing* had described nursing as an experience between human beings, and nurses were encouraged to go beyond technical doing to embrace the feeling and 'being' of nursing (Paterson & Zderad, 1976 as cited in Doane, 2002).

The Importance of Soft Skills in General

Soft skills include a broad range of personal competences such as critical thinking, social aptitudes, communication capability, teamwork ability and ethical attitudes (Bergh et al., 2014; Cimatti, 2016; Heckman & Kautz, 2012; Tulgan, 2015). Both educators and industry recognised that soft skills are vital for personal life, professional career and organisational success (Cimatti, 2016; Jain & Anjuman, 2013; Osman, Girardi & Paull, 2012; Platt, 2008; Prodanovick, 2014).

At the personal level, Wats and Wats (2009) stated that hard skills contribute to only 15% of one's success, and soft skills are responsible for the remaining 85%. At the organisational level, soft skills matter a lot to productivity, manpower quality and customer service (Tulgan, 2015). Due to such acknowledged significance, the corporate world opined that the soft skills training ought to be part of the curricula during one's educational stage (Deepa & Seth, 2013).

The Teaching of Soft Skills in Educational Institutions

Educational institutions have indeed recognised the importance of soft skills. "Tuning" is an example of a large-scale project that focuses on the integration of soft skills teaching in higher education programmes. "Tuning" has been carried out in collaboration with 135 European universities, and 62 Latin American universities (Cimatti, 2016).

In recent years, medical students have also been taught soft skills such as teamwork and interpersonal relationships through case- and problem-based learning (Bergh et al., 2014; Gade & Chari, 2013; Ibrahim, Al-Shahrani, Abdalla, Abubaker & Mohamed, 2018). Even engineering students' curriculum has been infused with soft skills (Gonzales-Morales, de Antonio & Garcia, 2010; Penzenstadler, Schlosser, Haller, & Frenzel, 2009).

Though the training was conducted at the university level, it was agreed that soft skills cannot be fed through facts acquisition or forced upon. Rather, soft skills must be experienced through watching or actual doing, and integrated synergistically with hard skills (Bergh et al., 2014; Cimatti, 2016; Tulgan, 2015).

Nursing as A Service

As compared to engineering practitioners, nurses are in a much more high-involvement service profession, regardless of the trend to replace 'patient' with terminologies such as 'client', 'customer', 'consumer' or 'service user' (Hudak, McKeever, & Wright, 2003; McLaughlin, 2009; Salmela, & Nystrom, 2017). High-quality soft (service) skills have weighty impact on care outcome and satisfaction, and are required of both nursing professionals as well as students (Dalay, Ishaquddin, Ghadage, & Hatte, 2015; Hamann, 2014).

The Teaching of Soft (Service) Skills in Nursing Programmes

While nursing education largely deals with technical aspects, the successful practice in each nursing task actually involves customer service (Rangnekar, 2011; Stahl, 1997). But the scientific community has over the years generated perceptions that soft (service) skills have lesser value (Sills, 2015). Even professional societies and licensing boards that require continuing education have traditionally focused on hard skills development (Ashbaugh, 2003).

Due to such a mindset and practice, nursing education has yet to fully assimilate the soft (service) skills training (Laari & Dube, 2017; Pearson & McLafferty, 2011).

For instance, nursing curriculum has little explicit discussion about emotional competence which is useful to improve students' social skills (Waite & McKinny, 2016). Nurse educators were also not comfortable with exploring emotional issues as part of the training (Waugh, McNay, Dewar & McCaig, 2014).

The relatively low emphasis on soft (service) skills seems to prevail in the specific country of Singapore too. A review of Singapore Nursing Board's documents showed that only one item among the dozens mentions 'customer service skills' (Singapore Nursing Board, 2019). As for the nursing programmes offered at Singapore's public educational institutions (i.e. universities and polytechnics), each of the four local institutions has only one module that overtly emphasises soft (service) skills (Nanyang Polytechnic, 2019; National University of Singapore, 2019; Ngee Ann Polytechnic, 2019; Singapore Institute of Technology, 2019).

Despite the low amount of obvious attention to soft (service) skills, there have been some efforts to minimally include such skills into nursing education. For example, action learning has been introduced to enrich nursing skills such as listening in 'real time' and being with someone in the moment (Pearson & McLafferty, 2011; Waugh, McNay, Dewar & McCaig, 2014).

Clinical placements are often used to provide opportunities of repeated exposures for practice; however, the likelihood of student nurses developing soft (service) skills in the dynamic environments is limited. This is because the skills needed to develop positive relationships with care recipients are complex (Park et al., 2013; Waugh, McNay, Dewar & McCaig, 2014).

As for the students themselves, there are positive opinions about soft (service) skills. A study of 110 students by Laari and Dube (2017) found 92% agreeing that soft skills should be part of nursing education, and 55% agreeing that classroom teaching of soft skills would help them to care well. Most respondents strongly supported that the acquisition of soft skills would matter to their nursing career.

Perceptions of Nursing Soft (Service) Skills Standard

As soft (service) skills become an increasing area of relevance, there is concurrent concern that nurses are failing to provide care with compassion (Dyson 2018; Pearson & McLafferty, 2011). In 2011, United Kingdom's Care Quality Commission reported after 100 unannounced hospital inspections that one frequently noted problem was staff speaking to patients in a dismissive or disrespectful manner (Dean, 2012).

Giordano (1993) reported that while skills and knowledge are part of the basic service, what surgical patients really wanted were information and evidence that nurses cared. A poll of 139,830 surgical patients revealed that the following nurses' attributes were important to them:

- Friendliness and assurances.
- Attention to patients' personal, special needs.
- Concern for patients' privacy plus sensitivity about the inconvenience of hospitalisation.
- Ample family briefings on patient's condition or treatment.
- Information about tests and treatments.

Twenty years after Giordano's (1993) study, Weigand (2013) reiterated that the concept of nursing bundles (practices to achieve clinical outcomes) has morphed: from patient care to customer satisfaction that included respect and concern toward patients. Even at the emergency department, the introductory greeting and quality of the initial nurse-patient interaction could set the foundation for the entire visit.

Over the decades, the emphasis on soft (service) skills was unabated. The focus of nursing care turned to the seeking of service quality improvements beyond technical innovations (Weng, Chen, Huan, Hung & Hsu, 2016). There were calls to improve the personal experiences of patients and family members through daily communication, prompt response to call bells and swift responsiveness to pain management (Drumm, 2006). There was even suggestion for the nursing profession to emulate the private sector's attention to staff's appearance (Wallis, 2009).

Among the studies that examined topics related to nursing soft (service) skills, the SERVQUAL scale of Parasuraman, Zeithaml and Berry (1998) was commonly referred to or adapted (Lee & Yom, 2007; Tsai, & Tang, 2008; Weng, Chen, Huan, Hung, & Hsu, 2016). The scale consists of five dimensions, namely: reliability, assurance, tangibles, empathy and responsiveness.

A study in Taiwan reported that reliability was the most significant dimension in predicting overall satisfaction with nursing care (Chou, Chen, Woodard, & Yen, 2005). In the Singapore context, Lim and Tang (2000) examined patients' expectations and satisfaction at local hospitals, and found that assurance was the most important dimension.

MAIN OBJECTIVE OF THIS STUDY

In Singapore, a Healthcare Transformation Map was set out in November 2018, and the unions have called on healthcare institutions to roll out soft skills courses that have been inadequate in the local context (Cheng, 2016; Seow, 2018).

According to Singapore's Customer Satisfaction Index 2017, the score for healthcare was 71.8 (below the national score of 72.9 out of a maximum 100). It was also below the scores for other sectors such as air transport, tourism, retail, finance and insurance (Institute of Service Excellence, 2019).

The current lack of focus on soft skills, and the time lapse since Lim and Tang's study in 2000, made this particular research project warranted and timely in Singapore. The main objective was to determine how soft (service) skills were being perceived by patients and their family members.

METHOD

Sampling and Instrument

This exploratory research made use of non-probability sampling technique. A total of 35 potential participants (researcher's personal contacts) were invited via email to participate in the online survey, on a voluntary basis in February 2019. The personal contacts comprised the researcher's friends and acquaintances who have the English language proficiency to participate in the survey.

Some of the participants voluntarily proceeded to forward the email to their own network of contacts. The invitation email contained a participant information sheet and a link to the Qualtrics questionnaire.

This study also leveraged the SERVQUAL model. The intent was to avail a much shorter questionnaire. Thus, the 22-item original survey instrument by Parasuraman, Zeithaml and Berry (1988) was not used. Only the key words and phrases were extracted from the model, as listed below:

- Reliability.
- Promptness in helping (responsiveness).
- Communication in easy and clear-to-understand language (empathy).
- Willingness to help (responsiveness).
- Sensivity to others' feelings (empathy).

- Courtesy (assurance).
- Confidence in speech / action (assurance).
- Going of extra mile to care (empathy).
- Grooming standards (tangibles).

Each of the above nine service items was rated on a five-point scale, from 1 (very not important) to 5 (very important). The Cronbach's alpha was 0.788 which indicated a high level of internal consistency for the scale.

The final two questions in the questionnaire were included to gather qualitative comments on aspects of service that have impressed, or failed to impress the patients and their family members.

Ethics

Ethical approval was granted by Singapore Institute of Technology's Institutional Review Board. Survey participants were informed that their participation was voluntary and anonymous. There was no collection of individual, identifiable information.

Statistical Procedures

Data were generated, organised and analysed using Qualtrics and Statistical Package for the Social Sciences (SPSS) version 25. Descriptive statistics, Spearman Correlation and Mann-Whitney U Test were used to examine the data.

RESULTS

Between 17 and 25 February 2019, a total of 73 completed and usable questionnaires were collected. Among all the entries, there were two missing data in two separate responses. Mean value was not used to replace the missing data. This was because two missing data were negligible among the total 949 possible data entries for the multiple choice questions.

Demographics and Hospitalisation Experience

Among the 73 participants, 67.1% (n=49) were female and 32.9% (n=24) were male. There were three age groups: 19 to 30 years old (35.6%, n=26), 31 to 50 years old (43.8%, n=32), as well as 51 years old and above (20.5%. n=15).

About half of the participants were ever hospitalised (52.1%, n=38), with the remaining 47.9% (n=35) never been hospitalised. A considerable 97.3% (n=71) were family members of

someone who was ever hospitalised. Among the 73 participants, there were two participants who were never hospitalised before, and were also not family member of inpatients.

Ratings for Importance of Soft (Service) Skills

All the nine service items were rated highly. The medians and the modes were either 4 (important) or 5 (very Important). The means were also high, ranging between 4.04 and 4.88 (out of a maximum of 5). The result was a very left-skewed distribution.

Table 1: Ratings of Soft (Service) Skills Items

	Grooming standards	Reliability (can be trusted / depended on)	Willingness to help	Promptness in helping	Confidence (in speech / action)	Courtesy	Communication (clear, easy-to-understand language)	Sensitivity (to others' feelings)	Going of extra mile to care
SERVQUAL dimension*	Tangibles	Reliability	Responsive-ness	Responsive-ness	Assurance	Assurance	Assurance	Empathy	Empathy
Mean	4.04	4.88	4.74	4.77	4.27	4.34	4.74	4.62	4.26
Median	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00	4.00
Mode	4	5	5	5	4	4	5	5	4
Standard deviation	.696	.333	.442	.426	.672	.558	.475	.543	.727
Coefficient of variation	.172	.068	.093	.089	.157	.129	.100	.118	.171

Rating scale: 1 (very not important) – 5 (very important)

(*Parasuraman, Zeithaml & Berry, 1998)

Despite the very low variation, the raw data revealed that 'grooming standards' (tangibles) and 'going of extra mile to care' (empathy) were relatively less important. These two service items had the most number of 'maybe important' responses, at 17.8% (n=13) and 16.4% (n=12) respectively.

The SERVQUAL dimension of reliability had the highest number of participants who rated it as very important (86.3%, n=63). Comparatively, 'going of extra mile to care' (empathy) had 42.5% (n=31) that rated it as very important.

Using Spearman Correlation for the categorical variables, no association was found between demographics (gender, age group) and the ratings of service items. As for the association between hospitalisation experience and the ratings, there were two statistically significant results of weak association:

- For 'willingness to help' (responsiveness) and being a family member of inpatient, Spearman's correlation coefficient was $-.283$ ($p = .015$).

- For 'promptness in helping' (responsiveness) and being a family member of inpatient, Spearman's correlation coefficient was $-.305$ ($p = .009$).

Mann-Whitney U Test was further used to compare the differences between independent groups within the sample unit. There was no statistically significant difference in ratings between male and female participants, as well as across the age groups. There was also no statistically significant difference in ratings between participants who have been hospitalised and those who have not.

There were however a couple of differences between participants who were family members of inpatients, and those who were not. For the 71 participants who were family members of inpatients, their means for 'willingness to help' and 'promptness in helping' (both responsiveness) were higher than the two participants who were *not* family members of inpatients.

Taking into account the latter group's small size ($n=2$), the results were as follows:

- The perceived importance of 'willingness to help' (responsiveness) by family members of inpatients was statistically higher than those who were *not* family members of inpatients ($U = 17$, $p = .016$).
- The perceived importance of 'promptness in helping' (responsiveness) by family members of inpatients was also higher than those who were *not* family members of inpatients ($U = 15$, $p = .010$).

Written Comments

As mentioned earlier, the two last questions in the questionnaire were designed to gather qualitative comments about nursing care that impressed, or failed to impress.

A total of 110 comments were collected: 56 on nursing care that the participants were impressed with, and 54 on nursing care that they were not impressed with. Some comments contained references to more than one soft (service) skill. Thus, discretionary judgment was exercised to categorise the comments, using the most prominent service element in the content.

For nursing care that participants were impressed with, majority of comments were related to the SERVQUAL dimension of empathy, such as:

- "The nurse was sensitive to ... my grandma's feelings when we had to break the news of my granddad's demise to my grandma in the hospital."

- “Sat by me and held my hands when I felt weakest and in pain.”

The next major group of comments reflected the SERVQUAL dimension of assurance:

- “... knew how to manage the old folks.”
- “Nurses address her by name.”
- “... able to explain clearly in layman’s terms the medication taken by my uncle and why he needs to take it.”

Among the 56 positive comments, only two mentioned hard skills:

- ‘When I had dengue and had to be on the drip, the nurse was very adept at making sure it did not hurt.’
- “Painless blood taking.”

As for nursing care that participants were not impressed with, majority of the comments reflected the SERVQUAL dimensions of responsiveness, assurance and empathy:

- “When my mother request(ed) for water, the nurse just ignored my mother.”
- “Had to repeatedly press the help button ...”
- “Not being able to admit error and take responsibility for it.”
- “... were abrupt, and gave me the impression that I was intruding on their time.”
- “Performing the daily care procedures ... as a routine for the job, treating the patient like an object.”

Among the 54 non-positive comments, four featured hard skills:

- “... locking up the urine catheter.”
- “Taking too long to change and tugging painfully at my IV line.”
- “Unable to insert syringe into vessel properly which resulted in multiple tries and bruises.”
- “Nurse did not realise my emergency call is not plugged in ...”

DISCUSSION

Quantitative Results

The quantitative results of this research were similar to the outcomes of previous studies. Past studies based in Taiwan and Singapore identified reliability and assurance as the most important service dimensions, respectively (Chou, Chen, Woodard, & Yen, 2005; Lim & Tang, 2000). In this study, while all the SERVQUAL dimensions were rated highly, reliability and responsiveness also surfaced to be the relatively more important ones.

Participants' demographics (gender, age group) and own hospitalisation experiences did not correlate with the service item ratings. Only the status of being family members of inpatients correlated weakly with, and resulted in a higher rating of the responsiveness dimension.

Qualitative Findings

The qualitative findings suggested that the most commonly mentioned SERVQUAL dimensions were responsiveness, assurance and empathy. As compared to the quantitative results, the qualitative findings were more diverse and less concretely definitive.

This could be attributed to the open-ended nature of qualitative inputs that were possibly influenced by individuals' perceptiveness, and their ability to recollect service encounters. The interpretation and classification by the researcher could also contain subjectivity.

Concluding Remarks on Research Outcome

The combined outcome highlighted the importance of soft (service) skills, even for participants who have never experienced prolonged nursing care, either as patients or as family members of inpatients.

The outcome suggested that grooming standards (tangibles) seemed to be relatively less important. In the quantitative results, the ratings for grooming standards were comparatively lower; in the qualitative findings, there was nil comment about grooming standards.

This study illustrated that soft (service) skills are very important and could outweigh hard skills. In contrast to the very few comments on hard skills, the comments on soft (service) skills were often descriptive and poignant – portraying the humanistic perspective of how nursing care was perceived.

Recommendations

Based on the outcome, there are two managerial recommendations. The first one is to enhance the training of soft (service) skills in nursing education; i.e. make them more prominent and explicit, instead of being situational or merely incidental.

The second recommendation is to move beyond education and training, and re-examine manpower sufficiency and work design. Care-giving involves interactions such as communicating with family members, and offering comfort to patients (which were mentioned in participants' qualitative comments). All these human touches require time, in addition to administrative tasks and other care duties.

Limitations and Future Research

The first limitation of this study is the potential application of the findings in other cultures, since the other two similar studies were also based in Asia (Taiwan and Singapore). Previous studies have reported that patients' socio-demographic characteristics did influence their satisfaction with nursing care (Garrouette, Kunovich, Jacobsen, & Goldberg, 2004; Goh, Ang, Chan, He, & Vehvilainen-Julkunen, 2016).

The other two limitations are the small sample size and the data collection method. As seen in this case, textual comments provided insights for the nuances that formed impressions about nursing care. Thus, face-to-face interviews with a larger sample size could be used in future research (in other countries as well) to collect even more in-depth data.

Another possible area for future research is to focus on the care standards of the Gen Z group of nurses. Tulgan (2015) discussed about the different attitudes and conduct across the generations (i.e. baby boomers, Gen X, Gen Y and Gen Z). With Gen Z becoming the next dominant workforce group, it is useful to study how soft (service) skills inculcation may need to transform.

CONCLUSION

Besides the care recipients consisting of patients and their family members, soft (service) skills are vital for the success of healthcare organisations and healthcare professionals themselves. Afterall, "when we get past our science and theories ... it is this shared moment of authenticity – between patient and nurse – that makes us smile and allows us to move forward in our own life projects" (in the preface of *Humanistic Nursing*, as cited in Doane, 2002).

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