

Soft skills elements in structured clinical skill assessment: a qualitative study



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ABSTRACT

Introduction: The intangible nature of soft skills makes it difficult for nursing academics to evaluate nursing students' attainment of these skills. Most of the time, academics focus more on assessing nursing students' knowledge and performance (hard skills) in clinical skill assessments. In focusing primarily on assessing nursing students' hard skill competencies, the nursing profession has given inadequate attention to developing their soft skill competencies. Thus, this study aimed to explore the nursing academic's view on soft skills elements in structured clinical skill assessment for the undergraduate nursing program.

Method: This study was conducted using a qualitative approach. A total of 10 nursing academics were involved, and they were recruited through a purposive sampling method. Data was collected through in-depth interviews using open-ended questions to gain insight into nursing academics' perception of soft skills elements in structured clinical skill assessment for the undergraduate nursing program. Data analysis was conducted by using an inductive content analysis method.

Results: Four themes emerge from this study. These are 1) awareness and involvement, 2) Factors influencing on implementation of soft skills in the structured clinical skills assessment, 3) academic responsibility, and 4) suggestions to overcome barriers.

Conclusion: Findings from this study provide new insights into the nursing academic perception of soft skills elements in structured clinical skill assessments of undergraduate nursing program needs improvement and proper structure on how/ what are the soft skills elements that want to measure for nursing students. These findings would assist in developing a more strategic framework for soft skills elements in structured clinical skill assessments to produce quality nursing graduates.

Keywords: nursing academic, soft skills, undergraduate nursing program.

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INTRODUCTION

Soft skills (the art of nursing) are often referred to as aesthetic knowledge. They are comprised of the qualities of caring, empathy, and compassion. In contrast, hard skills (the science of nursing) are often referred to as the tasks and are based on the "acquisition of skills and knowledge across the curriculum as well as theoretical knowledge of nursing"^{1,2} Moreover, soft skills define an individual's approach toward work and life problems and are demonstrated unconsciously and routinely on the job.¹ The art of nursing encompasses empathy, creativity, perception, and sensitivity. Besides, the nursing profession considers soft skills learning as an essential part of the nurse's

skill base, and emotional intelligence, self-awareness, empathy, faith, and awareness of feelings are soft skills and are important in the role of the professional nurse.³

Recognition of the importance of soft skills in the current healthcare setting has gained increasing momentum due to the high demand from society and employers.⁴ Despite this acknowledgment, a survey of the current literature highlights that many higher education institutions including nursing maintain a stronger emphasis on subject-specific knowledge, skill development, and performance, commonly known as hard skills compared to soft skills.^{3,5,6} Several factors have been shown to influence the development of soft skills including demographic makers, professional body/accreditation

requirements and academics' expectations or views.

Looking into nursing education, the intangible nature of soft skills makes it difficult for nursing academics to evaluate nursing students' attainment of these skills. Nursing is a caring profession with sympathy, empathy, compassion and helping others inherently known as soft skills and should be tested in nursing students.¹ A recent study found that there were nine soft skills elements: communication skills, social skills and responsibility, critical thinking skills, problem-solving skills, teamwork, leadership skill, professional and ethical decision-making skill, numeracy skill, and interpersonal skills can be tested in the structured nursing clinical skill

assessment or commonly known as objective structured clinical examination (OSCE).⁷

However, most of the time, nursing academics focus more on assessing nursing students' knowledge and dexterity performance in the clinical skill assessments, and the soft skills components are not an important matter.⁸ In focusing primarily on assessing nursing students' hard skill competencies, the nursing profession has given inadequate attention to developing their soft skill competencies.⁹⁻¹² Thus, this study aimed to explore the nursing academic's view regarding soft skills elements in structured clinical skill assessment for the undergraduate nursing program.

METHODS

This study was conducted using a qualitative approach. A total of 10 nursing academics were involved, and they were recruited through a purposive sampling method. Data was collected through in-depth interviews using open-ended questions to gain insight into nursing academics' perception of soft skills elements in structured clinical skill assessment for the undergraduate nursing program. The following are some of the example questions that have asked during in-depth interview sessions are: 1) Could you please share your understanding of soft skills? 2) How long have you been involved in the exam committee? 3) What is your view on soft skills? 4) View on MQF: Do you know about MQF and its domains? 5) Could you please share your view regarding soft skills elements in the current structured clinical skill assessment for the undergraduate nursing program? What challenges have you faced in your clinical assessment related to soft skills? What is/are your suggestion(s)/view(s) towards integrating soft skill elements in clinical skill assessment?

Data analysis was conducted by using an inductive content analysis method. In exploring nursing academics' views on soft skill elements in structured clinical skill assessment for the undergraduate nursing program, the data were analyzed manually through a content analysis approach.¹³ The unit of analysis was recorded interviews, varying in time from

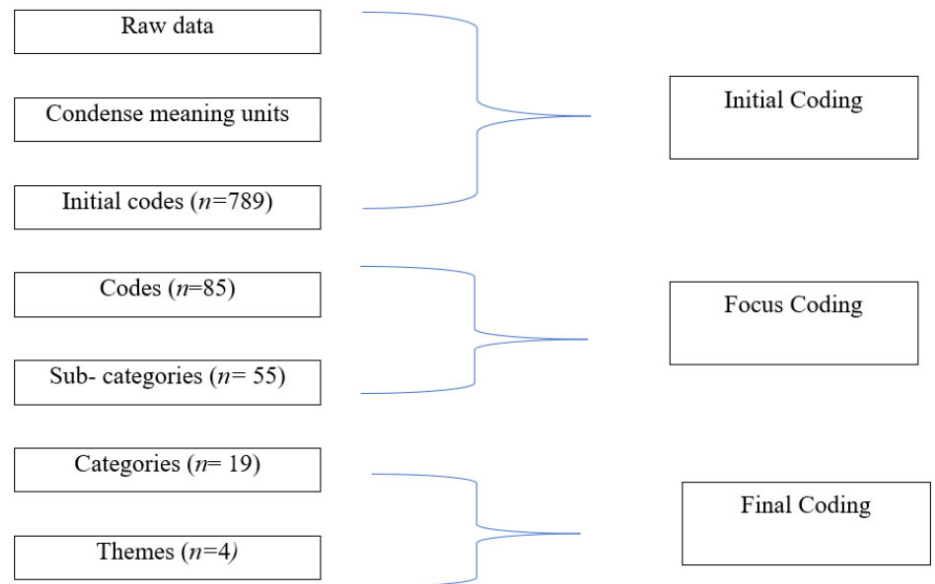


Figure 1. Process of data analysis

45 to 95 minutes. After each recorded interview was transcribed, they were analyzed and then read several times to obtain a comprehensive view of the whole. According to the units of analysis, which was the whole body of the interviews, the texts were divided into condensed meaning units like words, sentences or paragraphs containing aspects related to each other through their content. Then, each condensed unit was abstracted and labeled with a code. Various codes were then compared based on relationship aspects of underlying meanings, and the same meanings were grouped, which formed subcategories. The subcategories were combined to create categories and emerging themes based on the nursing academic's views and the qualitative content of their meaning. Moreover, the main themes and categories were developed based on study objectives that could answer the study questions. Finally, 4 themes with 19 categories were formed with the unanimous agreement of the researcher and the team. **Figure 1** present the process of data analysis.

In this study, the trustworthiness of the data was ensured by adhering to the principles of qualitative rigor.¹³ For credibility was enhanced by reading and re-reading the dataset and cross-checking among team members. Next, the transferability was enhanced by providing rich descriptions of the research

setting, methodology, and participants' demographics and experiences. Finally, confirmability and dependability were enhanced by maintaining an audit trail of all analytical decisions made throughout the study.

For ethical consideration, approval was obtained from the International Islamic University Malaysia's Research Ethics Committee and the ethics approval number IREC 2019-129. Moreover, this study has adhered to voluntary participation, rights to withdraw and confidentiality of identity.

RESULTS

In this study, 10 out of 20 invited nursing academics participated. All the studied participants were female nursing academics whose ages ranged from 37 to above 63 years old. The duration of their working experience as a nursing academician ranges from 7 to 35 years. Among the 10 participants, 2 were well-known nursing scholars and the rest were experienced nursing academics in Malaysia. Among them, only 1 studied participant worked at a private higher learning institution and the remaining participants worked at public higher learning institutions. Regarding the highest education level of the studied participants, 7 nurse academics had PhD degrees and 3 had master's degrees and post-basic specialty courses. The demographic characteristics of the studied

participants are described in table 1. Four themes with 19 categories were identified in this study. Those are described in table 2.

Theme 1: Awareness and involvement

This theme, “awareness and involvement” represent the nursing academic’s views and understanding of the soft skills in structured clinical skill assessment for the undergraduate nursing program.

Most of the studied participants claimed that they are very much aware of the existence of soft skills and how they should be delivered during teaching and assessment in the clinical skill assessment of the undergraduate nursing program. Moreover, most of the studied participants expressed that they have been involved in teaching and learning activities related to soft skills for the undergraduate nursing program for the last decade. Besides,

most studied participants highlighted that their undergraduate nursing program had worked on soft skills development before the Malaysian Qualification Framework (MQF) was enforced. Nevertheless, the studied participants also expressed their awareness of the soft skills of graduate nurses in the current clinical sectors.

On a broad overarching level for this theme of “awareness and involvement”, four categories were identified. These were professional standards, personal factors, personal experiences, and enhanced learning activities related to soft skills for students. Each category’s findings will be explained in detail in the following session.

Table 1. The Demographic Characteristics of Participants in Qualitative Study (N=10).

Characteristics	n (%)	Range
Age		37-63
Gender		
Male	0	
Female	10 (100)	
Years of experience as an academician		7- 35
Highest education level		
Master*	3 (30)	
PhD	7 (70)	
Position		
Lecturer	3 (30)	
Senior Lecturer	4 (40)	
Associate Professor	1 (10)	
Professor	2 (20)	
Institution		
Private	1 (10)	
Public	9 (90)	

*Hold a post-basic certificate in their specialized nursing area.

Professional standards

In this category, most of the studied participants shared that they are very much aware on what are the soft skills elements set by the professional bodies (Malaysian Qualification Agency (MQA) and Nursing Board of Malaysia (NBM)), what are the soft skills elements that should be in every course outline. They have been working on soft skills development for their students before the Malaysian Qualification Framework (MQF) was enforced in the undergraduate nursing program. The following quote reflects this:

Table 2. Themes and categories.

Themes	Categories
Awareness and involvement	<ul style="list-style-type: none"> o Professional standards o Personal factors o Personal experiences o Enhanced learning activities related to soft skills for students
Factors influencing on implementation of soft skills in the structured clinical skills assessment	<ul style="list-style-type: none"> o Personal competence o Insufficient time o Financial o Lack of infrastructure o Role model
Academic Responsibility	<ul style="list-style-type: none"> o Quality of educators o Assessment driven o Quality of students o Recognition
Suggestions to overcome barriers	<ul style="list-style-type: none"> o Quality of future nurses o Well structured curriculum o Educational Requirements o The need for support o The need for improvement o Collaborative practice

“Element of soft skills is important in professional care. NBM and MQA said that when we develop the CLO, we have to follow based on standard criteria of the NBM, the domain or the cluster of the MQF. It has been nearly a decade, but I didn’t find any literature saying that we have achieved MQF” (P2 & P 7)

Four of the participants expressed that in order to produce professional nurses, soft skills are vital elements in our profession. For example:

“Softskill is very important because we are teaching our students to become very good nurses, and professional nurses so soft skill is one of the important components to be integrated into this profession. The elements of soft skills during those days are computer, communication, leadership and things management, entrepreneurship and all that. For the recent one, the current, new one from MQF, is even more detailed but can’t remember” (P 3, P 4, P5, P 6)

Personal factors

The studied participants have described that although we have taught them about soft skills in performing nursing procedures, their application was influenced by their interests in it and situations they encountered. One of the participants shared her experience with soft skills posed by graduate nurses in the ward as follows:

“There are two things in my opinion. When we talk about communication skills, number one is language. Number two is the nurse’s information or understanding of the nurse on the question from the client. For example, if the patient asks about the disease, they ask about the prognosis and the diagnosis. It is very common, maybe some nurses are not able to answer, not because they don’t know how to speak but probably because they don’t have the knowledge. Some nurses even speak the good language, either English or Bahasa Malaysia or Chinese and all that.” (P 4)

Some studied participants shared their experience with graduate nurses’ attitudes about soft skills in the clinical setting. They expressed how they felt when they saw their graduates and students change behavior based on the situation/ settings.

For example:

“The attitude of people is very difficult to change. Nurses in hospitals belong to a group. The graduate nurses’ behavior changed after they qualified. Another thing is they are handling too many patients, which makes them unable to smile and talk nicely because they are stressed.” (P7 & P 9)

“ Nowadays, you will see in the ward staff nurses hardly talk to patients. If the nursing students go there for posting and they tend to follow the staff nurses’ style.” (P 5)

Personal experiences

This third subcategory clearly emerged from the nurse academics’ experiences in teaching soft skills, components of soft skills assessment in the current OSCE, and experience as an examiner for the OSCE.

“We have taught soft skills such as communication, leadership, managerial, and entrepreneurship skills from a long time ago in the nursing program. It’s not so difficult teaching soft skills in the clinical nursing procedures.” (P 3)

“Nursing skills, of course we have to deal with the human beings, so when I teach to my students, I integrate the soft skills especially by showing and telling them during the procedures. Then I observe on the way my students returned-demonstrations” (P 4, P 6 P7 & P 9)

Although participants claimed that they are assessing soft skills in the OSCE, most of them understand communication and documentation skills as soft skills elements for the OSCE. This was reflected by:

“Our soft skills elements for all the clinical courses are quite standardized. We try as much as possible, to cover all the soft skills assessments in clinical skill assessment. In the OSCE, we usually tested communication and documentation skills” (P 4)

“In the OSCE checklist, usually we integrate soft skills but the main focus is psycho-motor assessment. Soft skills are just for how students communicate with the patients, and how they introduce themselves and convince the patients. So far is not looking into the mandatory soft skills in OSCE.” (P 6)

Moreover, under this category, the

studied participants also shared their experiences being an examiner in the OSCE towards nursing students’ soft skills competency. Participant #4 has shared her experience on documentation by students in the OSCE as follows.

“In OSCE, I have noticed many times throughout my experiences being as an academic, most of the students unable to do documentation properly which is a very important part for nursing.” (P 4)

The majority of the participants stated that although students didn’t apply the soft skills in the OSCE, they still passed the students. They describe that it was due to very few soft skills components in the current OSCE checklist and they cannot fail the students although they didn’t apply them. These were reflected in the following quotes:

“The student still passes the OSCE although they don’t apply the steps such as “greetings to the client, “explaining the procedure” and “thanks to the client once completed”. Because students are doing the procedures correctly. (P 6, P 9 & P 10)

Participant #9 shared her experience about although students passed the OSCE exam without applications of the soft skills, she was worried about the students when they start working in the future. For example:

“In the OSCE, I found that most students don’t even introduce themselves, they don’t even say greetings which are the parts of soft skills. Eventually, the student still passes the exam without their competence. Later, they are in trouble working in the private sector because employers need soft skills to function. (P 9)

Enhanced learning activities related to soft skills for students

In this fourth category of the first theme, the studied participants shared their experiences on how they enhanced their knowledge related to the soft skills for the undergraduate nursing program by attending various activities and courses. The studied participants have shared their experiences as follows:

“All nursing educators have attended OBE workshop and briefed about soft skills assessment from many years ago.

We need to attend the workshop on how to assess soft skills in every curriculum review.” (P 3 & P4)

“I have attended communication training as personal training. During my undergraduate, I took an elective course on communication. I would say I have experience with soft skills activities.” (P 8)

In summary of theme 1, the studied participants knew that soft skills competency is important for nursing and they deemed the development of soft skills crucial to the future success of nursing students and graduate nurses.

Theme 2: Factors influencing on implementation of soft skills in the structured clinical skills assessment

Under theme 2, most participants shared their experiences with soft skills implementation and limitations in the currently structured nursing clinical assessments.

Personal competence

Most participants expressed that they understood what soft skills are and that every nurse should have these skills. The following quotes from the participants reflect this:

“Softskill encompasses the person’s capability to communicate verbally and non-verbally to the patient in the context of clinical skill.” (P 4, P 6 & 7)

“Soft skill means Communication skills. Nursing profession deal with human being.

We are not dealing with a machine, we are not dealing with having no life, definitely soft skill is very important because you know as a human being we have emotion, feelings, values and beliefs.” (P 5 & P 8)

Although participants are optimistic about soft skills, it is clear that most of them understand the definition of soft skills as communication skills.

Additionally, participants stated that there is a lack of proper guidelines on implementing soft skills in the hands-on clinical session. Participants expressed how they received feedback from students about the discrepancy among lecturers related to teaching clinical procedures. Participants described their experience as

below:

“There is lacking proper guidelines in teaching clinical skills procedures for the soft skills. There are always complaints we received from students about our demonstrations part. The technique might be diverse but if you have 10 lecturers, they might have 10 techniques. For example, we are performing wound dressing. The best thing is to have a standard checklist/guideline by the institutions and ask every lecturer to follow it. So..we try to minimize the confusion for students (P 8 & P 9)

Insufficient Time

Under this category, participants also shared their experiences of challenges in implementing and assessing soft skills in clinical nursing procedures as time limitations which is one of the contributing factors for them. The participants described their frustration about the additional time required for the returned demonstrations once the clinical procedures had been taught to students. The participants stated that

“How much we teach and show soft skills to students also, the student tendency to misinterpret that so much, you know... Nowadays, timetables are so packed and we also have no time. Students also have no time to practice whatever we teach them, especially for nursing procedures. (P7 & P10)

Insufficient time allocation was identified as a barrier to assessing the soft skills in clinical skill assessments. Participants described that the current OSCE had given 5 minutes for students to perform each nursing procedure. Within 5 minutes, students are required to read the questions and perform the procedures accordingly. The participants shared their experiences as follows:

“In OSCE, within 5 minutes, what can we measure? The student was confused and doing unnecessary things, especially students in junior year. Most of the time, we have to remedial for the junior years because they failed in OSCE. It is very tiring for us.” (P 7 & P 8)

“In OSCE, most students, especially year 1 and year 2, can’t think, starts to panic, look here, look there. Then the bell rang, again nervous if they couldn’t do it.

Because we limit the time to 5 minutes for each procedure. Then we have to conduct a remedial for them. It is very exhausting.” (P 4, P 5 & P 10)

Based on the above quotes shared by participants, it was evidenced that most participants believed that time was a barrier to the implementation and assessments of soft skills in clinical skill assessments. They seemed to have properly planned and well-organized clinical skill assessments exam for every study year and, most importantly, more than 5 minutes of clinical assessment examination.

Financial

In this category, participants shared their beliefs about another factor contributing to the assessment of soft skills in clinical skill assessments. They have expressed their belief that structured clinical skill assessments should be carried out with a real model, better to have enough budget allocation for the assessments, and enough nursing academics and support staff to supervise students and conduct the assessments. The studied participants expressed their views as follows;

“If we want to implement and assess the soft skills, increase the number of clinical instructors and lecturers. We are in a shortage of lecturers and clinical instructors who can assist us in terms of teaching and learning. We have to teach many students at one time during the practical session. Sometimes, we do not have a chance for returned demonstrations as well as we do not have any clinical instructors to assist us.” (P 6, P 8 & P 9)

“One of the important things is that there must also be a real model or a real human being in OSCE. The reason is that we use mannequins, If we use the real model, we have to pay.” (P 7 & P 10)

Based on their sharing experiences, financial factors played an important role in the nursing program for their teaching, learning and examination matters.

Lack of infrastructure

During the interview, participants also described insufficient clinical equipment for teaching and limited clinical placement for students posting in the specialty area at the hospital and home care nursing

setting, which also contributed factors to the implementation and assessment of the soft skills. The following quote reflected this:

"I wish we can have enough proper equipment for teaching nursing procedures to students during the hands-on session. Teaching without equipment also how the students can imagine the procedure...example teaching the ventilator setting and care of the patient on intracranial pressure monitoring. We believe that when students see how to care for those patients with proper equipment, their soft skills will also be better." (P 8 & P9)

Regarding introducing soft skills to nursing students, some participants believe that the clinical placement setting also plays an important role for students to learn and see what real soft skills are about. This was reflected by:

"Sometimes, the clinical posting area is also important for students to learn soft skills. Most of the time we cannot get or cannot send our students to clinical placement in a certain area, such as a pediatric ward, cardiac ICU, neuro ward and transplant unit, or oncology ward. Because those are the area that students can learn a lot of soft skills related to nursing procedures" (P7, P9 & P10)

In summary of theme 2, participants lack knowledge about soft skills elements for nursing procedures, which can be seen from their interview session. Most participants understood communication skills as soft skills elements for the clinical nursing procedure. Moreover, participants also perceived a lack of proper guidelines for soft skills assessments, inadequate financial support and infrastructure as a direct cause of factors such as manpower, limited equipment, and limited posting placement for teaching and learning-related activities in the undergraduate nursing program.

Theme 3: Academic Responsibility

This theme describes the nursing academic's perception of the barriers to assessing soft skills elements in undergraduate nursing students is also related to their responsibility as an academic. Five categories were identified on a broad overarching level for this

"academic responsibility" theme. These were; 1) role model, 2) quality of educators, 3) assessment-driven, and 4) quality of students. Each category's findings will be explained in detail in the following session.

Role Model

From the data analysis, all studied participants indicated that it is ideal to develop soft skills in students by role modeling. Most of the time, students tend to follow their immediate teacher. The studied participants expressed their views as follows;

"Always being the role model for students is important. The teacher must also have integrity so that the students will respect us because the students don't respect us. After all, the teacher does not show a good example for them. Always praise or embrace; a good teacher tells, a moderate teacher explains, a superior teacher demonstrates, and a great teacher inspires. How many great nursing lecturers do we have? So that is very important. So everything the teacher, first and foremost, must be a good role model and walk the talk. If we have soft skills, our students also will have it" (P1, P 2, P 7)

"The attitude of the teacher influence students. We have to show our soft skills to students. Students will learn from us. Another thing also we need to consider when taking students because some students are very weak in terms of their academic background, and they are not qualified to be in nursing." (P 6, P 8 & P 10)

Furthermore, some of the participants shared their experiences in teaching and learning activities with soft skills, which are not being given priority by some of the academics. This was reflected by:

"Most of the academics don't seem to focus very much on soft skills. That's actually why students lack soft skills. Let's say 10 lecturers enter the classroom, and they emphasize the soft skills, I think some of the soft skills will be instilled in the students' minds. I am sure that not every lecturer is practicing and showing soft skills towards students." (P 9 & P 10)

The studied participants also shared that their view about being a role model for students is not only from the nursing

academics site but also important from the clinical setting site since students are also learning from their clinical posting. The studied participants expressed their views as follows;

"Students sometimes see graduate nurses do a shortcut, they tend to follow. In terms of soft skills, the clinical environment is also important; they need to see the right people and role models for them to enhance. Clinical environment support is very important." (P 4 & P 5)

Quality of educators

Studied participants have justified their view about the "quality of educators" which means their personal experience in working with patients in the clinical setting and the experience of teaching students. The studied participants believed that teaching and assessing soft skills to students required them to have a good experience handling patients and students. The studied participants have shared their view as follow;

"Teacher qualification is very important when we talk about soft skills. Teachers should be knowledgeable, skillful and experienced. Nursing lecturers must have a strong clinical background, e.g. Medical, clinical background, at least, that means they must have experience, not straight doing Masters or Ph.D. and teach to students." (P 1 & P 2)

Assessment driven

This subcategory refers to the studied participants' view that the assessment of soft skills in the undergraduate nursing program is unclear and is more focused on the steps of the procedure. The studied participants were interviewed on how they assess their soft skills in structured clinical skill assessments. Most of the studied participants expressed their opinion about soft skills 'should be assessed and viewed assessment' as a medium in structured clinical skill assessments which can drive learning. The following quotes reflect these:

"The challenge for us now is we must revise our current clinical assessment (OSCE) so that students are aware and everybody aware that we are not assessing the hard skills alone, but also their soft skills." (P 2 & P 3)

“Students are more oriented to the technical, and then in the exam, they don’t have the marks for soft skills, they are not bothered. Just like the cross book, logbook. Not counted, never mind, until the last day. It is very important to assess soft skills because we need to align with our course learning outcomes.” (P 2 & P 8)

Quality of students

In this category, the studied participants have shared that their views on nursing students’ soft skills competency also depend on the quality of students they have selected for their nursing program. Some participants have shared their views on whether the nursing program’s entry requirement or the pointer should be higher than other programs. This was reflected as follows;

“Look at the nursing program. We have very low and poorly thought out entry into nursing. We have set the entry requirement value low. That’s why facing low competency skills in our students” (P 1 & P 7)

Some of the participants have shared their views on the language proficiency skills of students as follows;

“Nursing need English speaking and writing skills. Because all the literature are in English. Nurses need to read, but nowadays nurses less in reading skills” (P 1)

“Communication skills are important in nursing. Sometimes students don’t speak because they don’t know the case that they are handling.” (P 3)

Some participants have shared their views regarding soft skills possessed by nurses depending on the maturity of students’ age which allows them to become nurses. They shared their experiences as follows;

“Maturity of the nurses is very important in nursing. Can a 17-year-old be a nurse? You are handling sick adults, children, and babies. Because here, our nursing students, 17 years old already in the clinical. I am referring to a diploma in nursing. Can they handle that emotionally? We want our nurses to be critical thinkers, problem-solver, and decision-makers. Soft skill is hard. For hard skills, everybody can do even a

maid. (P 1)

Some participants have shared their views on the health status of students is important when selecting them for the nursing program. They shared their view as follows;

“Before students enroll in the nursing program, we need to know their health status. Are they healthy? Because they are going to take care of the sick people and we need to make sure that they are fit for the nursing program. We need to have an interview session with them. (P 1 & P 2)

In summary of theme 3, the analysis of the interviewed data showed that the assessment of soft skills in the currently structured clinical nursing skill assessment and the development of the nursing student’s soft skills competency depended on the nursing academics’ responsibility.

Theme 4: Suggestions to overcome barriers

The last theme describes the studied participant’s views on their suggestions to overcome the barriers to assessing soft skills elements in the current structured clinical skills assessments. They have justified that, by having excellent nursing academics to teach nursing students and having a proper assessment system, they believed they still cannot produce quality nurses if they don’t have a proper system in the nursing profession itself to support the students who are future nurses. On a broad overarching level for this theme of “suggestions to overcome barriers”, seven categories were identified. These were; 1) recognition, 2) quality of future nurses, 3) well-structured curriculum, 4) educational requirements, 5) the need for improvements, 6) the need for extra time, and 7) collaborative practice. Each category’s findings will be explained in detail in the following session.

Recognition

This category refers to the studied participants’ views on assessing the soft skills in structured clinical skill assessment required for professional recognition, which is another angle to look into. They have shared their view as follows;

“In the future, we need to have a feedback system among academics as well as with

students, after the OSCE. E.g “what do you think of that student? “That student is very good, can she communicate well? For students, give them feedback on how they perform during OSCE”. So that we can improve the soft skills part.” (P 2)

We need to have an open discussion about the way of teaching at the end of the semester as well as mid of the semester. The teacher and the students get the feedback on soft skills teaching and learning activities.” (P 7)

Some participants also believed that the salary of nurses is also one of the factors which the government should consider. Most of the time, nurses have to do a lot of clinical work and are underpaid. The participants believed that if the salary of nurses is very low, nobody will join this profession in the future. The following quotes reflect on this:

“I think the best is the government should look into the salary of nurses. Most nurses are underpaid and the authorities should consider it. If not, no one wants to choose this profession in the future.” (P 6 & P 8)

Quality of future nurses

The studied participants have shared their opinion that building holistic nurses required upgrading the nursing education from time to time, looking upon the demand of society and employers, and instilling professional skills in nursing students to function at the global level. Some participants wished to abolish the diploma nursing programme, especially regarding soft skills competency. They described their view as follows;

“We should upgrade our nursing education. We should stop taking the Diploma level. Degree students are more knowledgeable, they can think more and mature compared to diploma nurses.” (P 1, P 6 & P 7)

Some participants also mentioned that they must be aware of society’s demands when producing their graduates. They believe soft skills competency is important for their students to survive in the workplace and have better careers. This was reflected by:

“Our society is becoming more knowledgeable and oriented on health care. So they knew whether the nurses

had the competency to take care of them or not. They start demanding nursing care as well as possible. Because some of them pay for their service, especially in the private sector, they are very demanding. Nurses who come to work have to portray positive values and attitudes. Because employers and patients really seek nurses who have soft skills. Soft skills come first. Because if soft skills are excellent, they feel happy and they say, “when I come and see you I feel my pain is gone, psychologically gone.” That means the soft skill can affect their spirituality.” (P6, P 8 & P 9)

Well-structured curriculum

This refers to the studied participants' views about producing holistic nurses who equip with the soft skills and hard skills required to have a balanced curriculum that includes humanity skills components, regular reviewing of the current nursing curriculum and, most importantly an alignment of the course learning outcomes and their assessments. The studied participants stated their views as follows;

“Sociology, psychology and management subjects should be taught properly in the undergraduate nursing program. These subjects have soft skills and we should have 15 -25% of these subjects in the nursing program. So that our students can work in the world.” (P 1 & P 6)

“From time to time, we need to revise the curriculum, we can't be complacent. Benchmark with developed countries to improve the quality of nursing education and nurses. One more thing we cannot forget about humanity components in our curriculum” (P 2)

As a result, having a well-structured curriculum will affect nursing students' learning of soft skills as well as their competency assessment.

Educational requirements

This category refers to studied participants' beliefs on providing the proper educational training for the new educators and providing refresher courses for the existing educators, especially emphasizing the soft skills elements for teaching and assessment. These were reflected by:

“Every lecturer should be sent for awareness program or quality

improvement courses on teaching and assessments to understand about what we set in the course learning outcomes to measure it.” (P 3)

“Perhaps the junior lecturers may need to supervise by senior in teaching. Having a proper guideline on how to do it. Let's say the student is not so good, we must think of different ways or approaches in teaching to integrate a different kind of soft skills in a different approach.” (P 4)

The need for support

Participants described that measuring or assessing the soft skills in the clinical nursing procedures required an experienced administrative staff, experienced examiners and a senior-junior tagging system in course-sharing subjects. The following quotes from the participants reflect on this.

“Of course, it will be more effective if we have knowledgeable and experienced administrators and examiners who understand what soft skills are and how they can be assessed in the OSCE. Because when we assess the real situation, we will get feedback from the patient. (P 2, P 6 & P 7)

The need for improvement

The studied participants shared their experiences with the current OSCE that assessed the clinical nursing skills of students. Many participants stated that “5 minutes” of the current OSCE can not assess anything and wished to have “more than 5 minutes OSCE”. This was reflected by:

“In the future, why don't we increase the OSCE time to assess the soft and hard skills. Within 5 minutes, some students were confused, and some panicked. Then the bell rang, He/she couldn't finish the procedure, especially in the junior years. We wish to have a properly well-planned OSCE but don't know how to do it.” (P 7, P 8 & P 10)

Collaborative practice

The studied participants' beliefs about another angle to look up for assessing soft skills in the current clinical skill assessments. They have described that students will be equipped with soft skills and ready to be assessed if the OSCE exam

is conducted in a real clinical setting and if the nursing institutions have collaborated with outstanding industries. These were reflected by:

“Assessing soft skills during the OSCE, the best thing is it is better to use a real patient and real setting. I mean in the future if we want to implement soft skills it should be in a real clinical setting. Not only that we need to invite the examiners from the outstanding industries so that they can give us feedback “ (P 6 & P 7)

In summary of theme 4, all participants have shared their views on quality improvement of soft skills assessment in the current clinical skill assessments of the undergraduate programme.

DISCUSSION

Based on this study's findings, participants stated that soft skills assessment and their components in the currently structured nursing clinical assessments are very limited and not paying attention as a priority. Soft skills are less recognized with little respect in our training institutions but can make or break one's career; unfortunately, most individuals learn them the hard way.¹⁴ Moreover, the devaluation of soft skills is a global setback. Although the participants claimed they were familiar with and knew about the soft skills elements of the undergraduate nursing programme set by the MQA and NBM, most of them understand soft skills in performing clinical nursing procedures referring to communication skills. It was apparent that soft skills are some of the hardest skills one will ever understand and learn.

Some studies also described that the assessment would direct student effort in developing soft skills.¹⁴⁻¹⁶ Moreover, those involved in the assessment must address issues of validity and reliability.^{9,16} The studied participants supported the assessment of soft skills in formal and nonformal learning in this study. Besides, nursing academic perceptions are important elements when considering the delivery and assessment of soft skill development in nursing students. Perceptions of teaching and learning are influenced by the academic level of awareness of options, involvement in activities, and beliefs about responsibility.

In this study, there was some indication that the studied participants felt that students with low motivation 'should be taught and students with high motivation would take on this responsibility for themselves. It was due to students coming from different cultures or socioeconomic backgrounds. Nevertheless, the studied participants also perceived responsibility should be shared between academics and students. Nursing academics are responsible for 'teaching' through formal learning activities and nursing students are responsible for their own 'learning' through formal, nonformal and informal activities.^{15,16}

All of the studied participants in this study expressed their desire to produce a competent nurse who equips with the soft skills and hard skills required to have a balanced curriculum, upgrade the nursing education, and recognize the nursing profession by the public. They explained their beliefs by emphasizing the transition of responsibility from the academics to the professional body as a moving direction for quality improvement of the nursing profession. This was similar to findings from a previous study where academics can train or guide their students to be competent in soft skills by themselves indicating the possession of the skills.¹⁷

Moreover, there was also a similar finding from a previous study about "role models", the study stated that an academic's indication of behavior related to soft skills while interacting or teaching with their students could support the enhancement of students' soft skills. Thus, as discovered by a previous study, teaching methods have the potential to enhance soft skills.¹⁸ After all, embedding the training of soft skills into hard skills courses is a very effective and efficient method of achieving an attractive way of teaching a particular content and enhancing soft skills in nursing students.

CONCLUSION

Findings from this study provide new insights into the nursing academic perception of soft skills elements in

structured clinical skill assessments of undergraduate nursing program needs improvement and proper structure on how/what soft skills elements want to measure for nursing students. These findings would assist in developing a more strategic framework for soft skills elements in structured clinical skill assessments in order to produce quality nursing graduates.

CONFLICT OF INTEREST

There is no conflict of interest. The development of this manuscript is part of a Ph.D. study.

ETHICAL CLEARANCE

For ethical consideration, approval was obtained from the International Islamic University Malaysia's Research Ethics Committee and the ethics approval number IREC 2019-129.

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AUTHOR CONTRIBUTION

All authors contributed to the research and writing of this manuscript.

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