

# Intersubjectivity of soft skills knowledge between clinicians and educators in nursing

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## Author contributions

Luke Laari conceptualised and prepared the draft of the manuscript, reviewed it, and performed the analysis.

## Competing interests

The authors declare no conflicts of interest.

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## Abstract

**Background:** Clinicians and educators provide two significant perspectives for comprehending soft skills in nursing. One in practice and the other in pedagogy. For clinicians, it is essential for compassionate care and regarded not merely as desirable but as indispensable to effective practice. Educators perceive soft skills as essential competencies that require methodical development and integration into nursing education because these are not merely innate characteristics but teachable and learnable components that infuse humanity into technical proficiency. **Methods:** This is an exploratory descriptive qualitative study that selected 27 nurses and midwives in Ghana and interviewed them using semi-structured interview guides. The data was analysed using content analysis. **Results:** Three main themes emerged with seven subthemes. These subthemes were the role of soft skills in nursing, the development of soft skills in nursing, the innate personality of professionals, and soft skills as a need in nursing. The others were the nature of nursing, the functioning unit of nursing, and concluded with the consequences of the absence of soft skills or the results of poor soft skills in nursing. Both nurse educators and clinicians intersubjectively agreed the lack of soft skills leads to diminished patient care and impaired communication. **Conclusion:** Both groups unanimously concurred that soft skills are essential for providing safe, compassionate, and effective nursing care. The consensus confirms that soft skills are essential and integral to the fundamental identity and operation of the nursing profession. The lack of these skills may lead to suboptimal nursing therapeutic outcomes.

**Keywords:** soft skills; intersubjectivity; nurses' knowledge; nursing practice; Ghana

## Introduction

Soft skills, sometimes called non-technical, transferable skills or power skills, such as communication, empathy, teamwork, critical thinking, and emotional intelligence, are essential for effective nursing practice and improved patient outcomes [1]. While soft skills are considered non-technical skills, emotional intelligence is considered a subset of soft skills. While “hard” technical skills are foundational, experts stress that soft skills are what enable nurses to deliver holistic, person-centred care [2, 3]. These skills are indispensable cognitive and social abilities that complement technical skills during nursing procedures. According to L Laari, O Anim-Boamah and M Nyame [4], these skills are the intrapersonal traits, interpersonal skills, and creativity of the nurse that, through professionalism, teamwork, and good communication skills, lead to quality of nursing care and improved care of patient/client.

Soft skills are essential for students due to their correlation with job performance and career advancement [5, 6]. They are vital for employees who must navigate interpersonal interactions and emotions to engage effectively with customers and align with workplace objectives [7]. These skills are a collection of people management skills, important to many professions and job positions [8]. It is the desire of every employer and employee globally, irrespective of discipline. In Ghana specifically, nursing students emphasised the need for formal instruction in communication, empathy, and teamwork to deliver high-quality care to their patients and clients [9].

Nurse educators often underscore communication, critical thinking, teamwork, and emotional intelligence as core competencies facilitating effective patient and interprofessional interactions [10]. The nurse educators’ opinions regarding their understanding of soft skills and how these can be inculcated into students are diverse. Evidence supports the use of active pedagogies like simulation, role-play, learning circles, and educational camps to foster soft skills [3]. One intervention using simulation and world cafés significantly improved nursing students’ communication, teamwork, and stress-management attitudes [11]. Learning circles have demonstrated the capacity to foster intersubjectivity and teamwork by enabling participants to share experiences and construct shared meaning in clinical settings [12]. Despite this recognition, many admit to difficulty in integrating these skills into both teaching and assessment processes [13].

Clinical nurses, however, hold a varied opinion, identifying personal development, professionalism, effective interaction, teamwork, and caring as key soft skills needed in clinical practice [14]. The skills enumerated by clinical nurses are more of what nurses require to render care with the human touch that promotes interpersonal interactions.

Intersubjective knowledge from both will bridge the gap of what both conceive as relevant to nursing as a profession. Intersubjectivity, a term originally coined by the philosopher Edmund Husserl (1859–1938), is most simply stated as the interchange of thoughts and feelings, both conscious and unconscious, between two persons or subjects [15]. Intersubjectivity in this context is the shared understanding, and negotiated meaning that arises through mutual awareness, dialogue, and common assumptions. In nursing education, intersubjectivity is critical for aligning the theoretical focus of educators with the nuanced, context-driven perspectives of clinicians, ensuring students develop coherent and applicable soft skills.

Although both educators and clinicians recognise the importance of soft skills, their approaches often diverge. Educators lean on theoretical frameworks, while clinicians emphasise experiential learning grounded in real patient care. Without deliberate intersubjective spaces such as co-facilitated debriefings, shared teaching sessions, or structured reflective practice [16], students may receive fragmented messages about what constitutes effective soft skill application. By examining how educators and clinicians co-construct meaning (intersubjectivity) around soft skills, this study aims to align

education and practice more intentionally. Understanding this mutual meaning-making process can inform curriculum development, teaching strategies, and reflective mentorship practices, leading to stronger, contextually relevant nursing competencies.

## Methods

### Research design

An exploratory descriptive qualitative design was used. This qualitative study use an inductive descriptive design by L Doyle, C McCabe, B Keogh, A Brady and M McCann [17]. A descriptive design was used due to its ability to identify issues with existing practice and make a judgement where the nurse educators and clinicians intersubjective views on soft skills in nursing are purported [18].

### Sample size and sampling

A purposive sampling technique was used to select nurse educators and nurse clinicians who are registered with the Nursing and Midwifery Council of Ghana and have worked in their current job positions for more than five years, as shown in Table 1. These categories of professionals were included because five years of working experience is assumed to have given these nurses and midwives that were teaching and nursing enough personal experience at work to contribute their views that will answer the research questions that are carved from the research objectives. Participants were selected at each setting for the purpose of having worked more than five years as an educator or clinician. The selection took place after approval from the Institutional Review Board was secured. The sample size was based on data saturation as recommended by V Braun and V Clarke [19] and G Guest, A Bunce and L Johnson [20].

### Setting

Three regions were selected based on purpose and convenience. The upper, middle, and southern zones were used to give a perspective of better cultural distribution and allow for zone-to-zone nurse view comparisons as shown in Table 2.

### Data collection

Individual in-depth interviews were conducted by trained research assistants who held master of nursing degrees. A semi-structured interview guide developed based on the research objectives of this study was used to elicit answers from participants. Semi-structured interview guides that guided the interviews were developed based on the five steps recommended by H Kallio, AM Pietilä, M Johnson and M Kangasniemi and the author did pilot testing using expert assessment and internal testing before data collection [21]. Semi-structured interview guides were used because of their flexibility that allows for in-depth probing while permitting the interviewer to keep the interview within the outlined parameters of the study objectives. The interview questions that directed this study were (1) What is your perspective on the soft skills required in nursing and midwifery? (2) What do we lose in the absence of soft skills, and (3) What do we gain in the presence of soft skills? Based on the answers from participants, prompts and probes were generated for clarification. The interviews were carried out in English because English is the official language of communication in the health system in Ghana, and that also facilitate transcription and analysis of the findings. Each interview lasted between 25 and 35 min and was audio recorded in the nurse manager’s office, a conducive environment that was devoid of interference and environmental noise.

### Data analysis

Data was analysed using qualitative content analysis based on UH Graneheim and B Lundman qualitative content analysis steps [22]. The transcripts were stored in an MS Word document on a personal computer with restricted access and imported into the computer software and analysed with the assistance of QSR International NVivo version 12. This approach entails identifying both concrete and

abstract patterns in the similarities and differences of the participants' data. The author and second coder read through the interview transcripts and compared them with the recorded interviews and the digitised field notes that were uploaded into NVivo software as memos and linked to their corresponding transcripts to provide a comprehensive understanding and in-depth analysis. Reading through the interviews several times allowed the author to obtain a sense of the whole in order to grasp the unit of analysis. When a sense of the whole had emerged, they were highlighted, extracted from the text,

and grouped into a separate node with the assistance of QSR International NVivo version 12. Each meaning unit was summed up and given a code, which was a short description of what it meant. The two coders discussed the content of the derived codes and grouped them into themes and identified subthemes based on the relationship between their similarities and differences. Before abstracting the subthemes into themes, the coders discussed the variations on them by moving back and forth between the parts as recommended by UH Graneheim and B Lundman [22].

**Table 1 Demographic distributions of participants**

| S/N | Participants | Age | Sex    | Years of experience | Category           |
|-----|--------------|-----|--------|---------------------|--------------------|
| 1   | NC 01        | 32  | Male   | 11                  | Nurse clinician    |
| 2   | NC 02        | 33  | Male   | 9                   | Nurse clinician    |
| 3   | NC 03        | 40  | Male   | 18                  | Nurse clinician    |
| 4   | NC 04        | 27  | Male   | 5                   | Nurse clinician    |
| 5   | NC 05        | 28  | Male   | 6                   | Nurse clinician    |
| 6   | NC 06        | 29  | Female | 8                   | Practicing midwife |
| 7   | NC 07        | 44  | Female | 21                  | Practicing midwife |
| 8   | NC 08        | 43  | Female | 19                  | Nurse clinician    |
| 9   | NC 09        | 45  | Female | 17                  | Practicing midwife |
| 10  | NC 10        | 44  | Female | 15                  | Practicing midwife |
| 11  | NC 11        | 41  | Female | 18                  | Nurse clinician    |
| 12  | NC 12        | 43  | Female | 20                  | Nurse clinician    |
| 13  | NC 13        | 31  | Female | 8                   | Nurse clinician    |
| 14  | NC 14        | 37  | Male   | 13                  | Nurse clinician    |
| 15  | NC 15        | 49  | Female | 26                  | Nurse clinician    |
| 16  | NC 16        | 47  | Male   | 19                  | Nurse clinician    |
| 17  | NC 17        | 42  | Female | 14                  | Practicing midwife |
| 18  | NC 18        | 45  | Female | 13                  | Practicing midwife |
| 19  | NE 01        | 30  | Female | 7                   | Midwifery educator |
| 20  | NE 02        | 28  | Female | 5                   | Midwifery educator |
| 21  | NE 03        | 34  | Male   | 11                  | Nurse educator     |
| 22  | NE 04        | 29  | Female | 5                   | Midwifery educator |
| 23  | NE 05        | 34  | Female | 10                  | Midwifery educator |
| 24  | NE 06        | 35  | Female | 10                  | Midwifery educator |
| 25  | NE 07        | 29  | Male   | 6                   | Nurse educator     |
| 26  | NE 08        | 32  | Male   | 9                   | Nurse educator     |
| 27  | NE 09        | 38  | Female | 14                  | Nurse educator     |

**Table 2 Zonal distribution of participants**

| Zone          | Participants | Sex    | Category | Average work experience (years) |
|---------------|--------------|--------|----------|---------------------------------|
| Upper zone    | 12           | Male   | Nurses   | 4                               |
|               |              | Female | Nurses   | 4                               |
|               |              |        | Midwives | 4                               |
| Middle zone   | 6            | Male   | Nurses   | 2                               |
|               |              | Female | Nurses   | 2                               |
|               |              |        | Midwives | 2                               |
| Southern zone | 9            | Male   | Nurses   | 2                               |
|               |              | Female | Nurses   | 3                               |
|               |              |        | Midwives | 4                               |
| Total sample  | 27           |        |          |                                 |

### Ethical considerations

This study applied for ethical clearance from the Noguchi Memorial Institute for Medical Research Institutional Review Board with reference number NMIMR-IRB CPN 058/23-24, and participation was voluntary. Confidentiality was adhered to during and after data collection by ensuring participants information was protected through coding to maintain anonymity when publishing. Information sheets of the study were provided to participants, and the research objectives were explained to participants before they signed the informed consent form.

Credibility, confirmability, dependability, and transferability by AK Shenton were ensured [23]. The credibility of the findings of the current study was ensured through member-checking validation, and raw data and codes were presented to colleagues for their input, to perform audits on the results, and to give suggestions to enhance confirmability. Data analysis procedures adopted in the study are outlined to allow an audit trail that will demonstrate the accuracy of the implementation of the thematic analysis for dependability. The researcher provided background information about the participants, the research context, and the setting to allow others to make transferability judgements.

## Results

### Findings

After the analysis, three main areas were considered as themes, as shown in Table 3, which included educators' knowledge of soft skills, the intersubjective knowledge of soft skills between clinical nurses and the academics, and clinicians' knowledge of what they conceived as soft skills in nursing.

The intersubjective knowledge of the nurse educators and nurse clinicians as perceived by the participants is illustrated in Figure 1, indicating the intersected subthemes that were conceived by both.

### Educators' knowledge

Educators' knowledge of soft skills in nursing refers to their understanding, awareness, and instructional capacity of how to teach and model interpersonal, emotional, and cognitive competencies in the classroom that are essential for effective nursing practice. The nurse educators demonstrated knowledge in the role of soft skills in nursing and the development of soft skills in nursing.

**Role of soft skills in nursing.** The nurse educators noted soft skills to play a vital role in nursing care, serving as the lubricant to technical skills and enabling nurses to carry out their duties in the most humane and compassionate way. These skills do not only supplement clinical expertise but also help prioritise tasks and multitask efficiently in high-pressure educational institutions. For both students and professionals, soft skills make teaching and learning easier while also giving students the freedom and confidence to communicate openly with patients, educators, and peers. The participants reported that in clinical settings, soft skills are pivotal to quality care, especially when caring for vulnerable populations who require empathy, patience, and attentive listening. Soft skills oil the interactions that happen during every nurse-patient encounter and are crucial for expressing opinions and concerns in a respectful, clear manner. Moreover, soft skills are essential for pleasing patients and families, contributing significantly to job satisfaction and a nurse's ability to excel in the workplace. The role of soft skills, as indicated by the educators, is not optional; it is the human thread woven through every clinical action, ensuring that care is not only competent but also kind.

Table 3 Summary of themes and subthemes

| Themes                                   | Subthemes                                                                                                                                                                                                                 |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Educators' knowledge                     | <ul style="list-style-type: none"> <li>Role of soft skills in nursing</li> <li>Development of soft skills in nursing</li> </ul>                                                                                           |
| Intersubjective knowledge of soft skills | <ul style="list-style-type: none"> <li>Nature of soft skills in nursing/nature of nursing</li> <li>The functioning unit of nursing</li> <li>Consequences of absence of soft skills/results of poor soft skills</li> </ul> |
| Clinicians' knowledge                    | <ul style="list-style-type: none"> <li>Innate personality of professionals</li> <li>Soft skills are the needs of nursing.</li> </ul>                                                                                      |

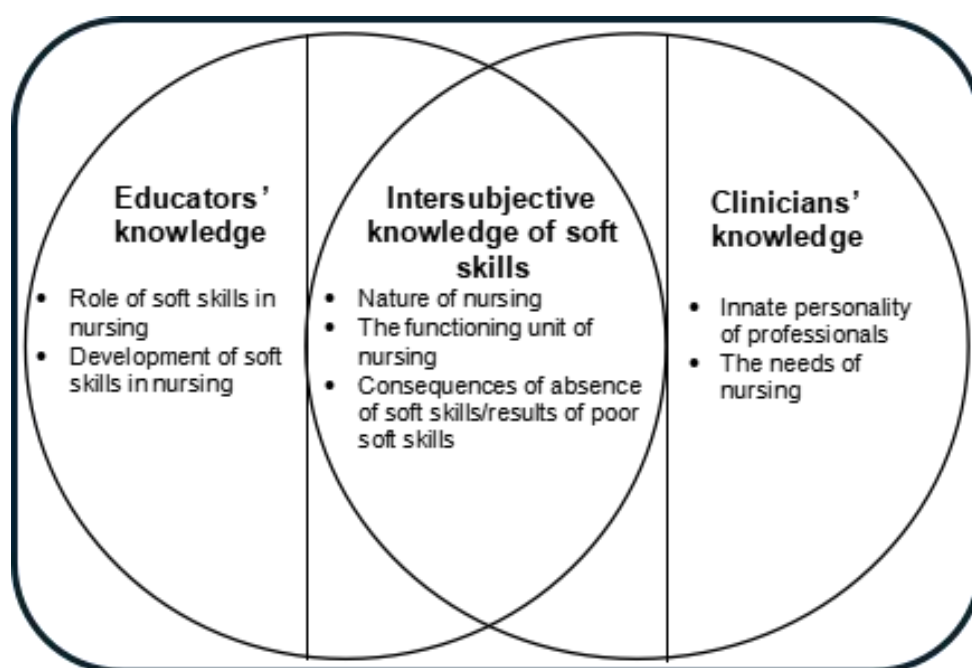


Figure 1 Intersubjectivity of educators and clinicians' knowledge in soft skills

“Soft skills play a vital role in our work, and I think soft skills are the best thing, a good thing, because we are teaching students who are going out not just to handle people in a good state only; we are teaching them to go into the world to handle people who are in a vulnerable state. So, it’s very important to teach these soft skills to them since they play a major role in handling these patients or vulnerable people we meet out there” (NE 04).

“Soft skills have an important role in teaching because we teach students how to convey their messages or what they want to carry across to their patients not only by actions but also by words. Soft skills are like lubricant; they are lubricating the technical skills to soothe the interaction with others so as to make encounters peaceful and successful” (NE 01).

**Development of soft skills in nursing.** According to the educators, soft skills are not fixed traits; they grow with practice. Just like any clinical procedure, they are refined over time through reflection, feedback, and real-world experience. These skills are often gained through interaction with others, as students learn to listen actively, express empathy, manage conflict, and communicate clearly across different settings. Participants indicate the need for all nurses to internalise soft skills as part of their professional identity, not as an add-on, but as a core aspect of who they are as caregivers. Some think soft skills should be equated with hard skills, not seen as secondary or optional because they are essential for safe, effective, and compassionate care. They reported that developing soft skills will allow nurses to combine technical precision with emotional intelligence and respectful communication to have a profound impact on patient outcomes and team dynamics.

“I think the development of soft skills evolves with time. Most of the time, you need to practice for some time and be engaged in some other things to be able to get that developed. You would not expect somebody who has barely worked or taught for a year or two to perform as well as somebody who has been there for a very long time because soft skills develop with time” (NE 03).

“So soft skills are those behaviours that they pick up when interacting with their colleagues and faculty, including other staff. At the end of the day the sources of the soft skills, even as a nurse, come from different sources as opposed to technical skills that are sort of provided as part of the training in a more structured and elaborate manner” (NE 08).

### Intersubjective knowledge of soft skills

Intersubjective knowledge of soft skills between clinicians and educators in nursing refers to the shared understanding, meaning, and interpretation of soft skills. These were co-constructed through the interactions and experiences in both educational and clinical settings. Although nurse clinicians and educators are expected to hold divergent opinions on soft skills based on their context, there were intersections where they both agreed about soft skills that were applicable in both situations in the nursing profession. Both educators and clinicians considered the nature of soft skills in nursing/nature of nursing, soft skills as the functioning unit of nursing, and the consequences of absence of soft skills/results of poor soft skills.

**Nature of soft skills in nursing/nature of nursing.** The nature of soft skills is the nature of nursing. These skills, according to both clinicians and educators, are not optional traits; they are key components of care. In every interaction, one’s soft skills reveal how one relates with clients through one’s posture, tone, and overall demeanour. They show in the verbal and nonverbal responses, the soft touch and eye contact, and even in the non-actions: the silent pauses that reassure a patient or help teach students by example. These are the non-technical, yet deeply human, aspects of our work.

The participants reported that soft skills are usually unstructured and intangible, yet essential to patient care because they are the emotional support nurses offer, the empathy they express, and the human feeling in delivering care. Some participants reported that these skills are part of the individual makeup and are refined over time. These skills are the essence of human relations, allowing nurses to identify the uniqueness of every individual they care for. Though

intangible, soft skills complement technical expertise, making clinical procedures more humane and person-centred. They are the heart of nursing activities, the tools that help nurses care, and the bridge between knowledge and compassion.

“Soft skills are essential in our profession, as expertise alone is insufficient for effective interaction with patients. Nurses engage with numerous patients, and frequently, their communication style, posture, demeanour, verbal expression, and overall communication proficiency reveal their true identity, so soft skills are nursing, and nursing is soft skills” (NE 03).

“Soft skills constitute the essence of nursing communication, as nurses engage with patients throughout the day. Employing appropriate touch, demonstrating respect, utilising a soothing tone, and expressing appreciation can have therapeutic effects on patients” (NE 05).

**The functioning unit of nursing.** The participants noted soft skills are the unseen force that helps them to interact meaningfully with their patients, colleagues, and communities. The skills enhance nurses’ ability to listen attentively and solve problems, enabling them to offer individualised care that responds to each person’s unique needs. Through these skills, nurses form interpersonal relationships that are at the heart of compassionate care, allowing nurses to relate well with both patients and team members.

In nursing, soft skills supplement and complete technical care. They are the professional, non-technical skills that bring out nurses’ professionalism, ensuring that what they do is not just accurate but also human. These skills are what make nurses different as nurses; they weave communication and empathy into every procedure, transforming routine tasks into moments of meaningful connection.

Soft skills create relationships, provide stability in how nurses express professionalism, and are the skills that enhance their work every single day. They are what make caring easier, more sincere, and more effective because in the end, it is not just about what nurses do, but how they do it that defines their impact.

“I said it is the basic unit in nursing because it (soft skills) helps us to actively listen and use our emotional intelligence to help solve issues among our clients and patients” (NC 03).

“Soft skills supplement the nursing skills that we learn from the field and make our practice complete, that is, in rendering total care. So it helps to make our care complete or to render complete care to our clients” (NC 10).

### Consequences of absence of soft skills/results of poor soft skills.

When soft skills are missing in nursing, the effects are visible and costly. Without them, nursing care becomes mechanical, lacking warmth, empathy, and connection. Nurses may appear rude, not because they are unkind, but because the human touch and the ability to listen, connect, and reassure are absent. Over time, this creates an environment that repels patients, making them hesitant to return and leading to a reduction in patient attendance.

In such settings, clinical procedures may be poorly organised, as communication falters and collaboration weakens. The nurse, unsure of how to engage or lead, may fall into timidity at work, unable to advocate effectively for patients or themselves. Without soft skills, we risk becoming like robots performing tasks without compassion, detached from the very people we are meant to care for. The truth is nursing without soft skills is difficult for both the nurse and the patient. These non-technical skills are the best way to ensure quality nursing care, because they remind us that every clinical action carries a human meaning. Without them, we may deliver treatment, but we lose the healing.

“The perception of nurses as impolite, negligent, and unprofessional in their communication with patients stems from a deficiency in soft skills. The patients arrive already apprehensive, and the nurse exacerbates their stress by communicating inappropriately and lacking empathy. This makes patients apprehensive about discussing their concerns with the nurse, and without the right information from the patient, the nurse will be unable to accurately ascertain the patient’s condition and provide appropriate care” (NE 09).

“The nurse’s inadequate soft skills deter individuals from seeking health services, prompting them to remain at home until issues arise

before seeking assistance. Particularly in public health facilities, one can observe the manner in which nurses communicate. Even those of us in the profession recognise that in the field, some nurses are not executing their duties correctly; they are not fully applying the knowledge from their training” (NE 05).

“An introduction of the soft skills concept to the teaching of basic nursing programmes will go a long way to improve on the quality of care you deliver. See, the absence of soft skills when carrying out nursing procedures makes the procedure mechanical. It’s like a machine performing a role, but if you’re able to blend your soft skills and hard skills, it makes nursing care humane” (NC 11).

### Clinicians’ knowledge

Clinicians’ knowledge of soft skills refers to their understanding, experience, and application of interpersonal, emotional, and cognitive skills that support effective patient care, teamwork, and professional practice in clinical settings. Unlike educators, who approach soft skills from a theoretical and instructional lens, clinicians develop and express their knowledge of soft skills through practical, real-time patient interactions and interdisciplinary collaboration. Their knowledge is context-driven and experiential and may be considered to have been acquired through repeated exposure to diverse clinical scenarios. Clinicians’ knowledge of soft skills comes through hands-on practice, making their knowledge tacit. The clinicians considered the innate personality of professionals and reported soft skills as the needs of nursing in the current dispensation.

**Innate personality of professionals.** Soft skills are often unseen yet deeply felt. They are the personal attributes nurses display during interactions, the way nurses listen, speak, respond, and connect with others. These are individual-based skills, shaped by one’s personalities, values, and emotional intelligence. Often perceived as innate characteristics, non-technical traits like kindness, patience, and humility, that quietly shape the way nurses deliver care. And the remarkable thing is, many people aren’t even aware they are practicing soft skills. They emerge naturally in moments of empathy, in calming a distressed patient, or in respectfully collaborating with a colleague. It is these subtle, human elements that form the core of compassionate nursing that may not be listed on a procedure checklist, but they are what make the care nurses give truly meaningful.

“The individual nurse’s supposed character or a certain behaviour exhibited during practice. The innate personal attributes during interaction with patients and colleagues that make one’s work effective” (NC 01).

“Soft skills are all the other skills that a person has that are not technical, as in they are not taught in the classroom or not structured, not in most syllabuses, or anything like that. They are mostly innate characteristics a person has that make nursing a human service” (NC 09).

**Soft skills are the needs of nursing.** Soft skills are needed in nursing because they are the building blocks and foundation upon which technical skills stand. They are not separate from clinical procedures; they are what complete them. A nurse may know how to perform a task perfectly, but without compassion, calm communication, and a reassuring presence, something important is missing. Soft skills are what make clients feel safe, understood, and happy about the care they receive. They enhance technical skills, making every procedure not only efficient but also clear and clean, because the patient feels included and respected throughout the process. The participants noted that sometimes, it’s as simple as smiling, staying present, and leaving your personal struggles at the door. That these small acts carry great weight. When technical skill is delivered with human connection, nursing becomes not just a profession but a healing experience.

“It is a need in nursing because soft skills form the building blocks or foundations of our technical skills, so overlooking them usually will give the nurse a lot of problems in the care they provide. Nurses need both soft skills and technical skills, or hard skills, to be able to render care effective” (NC 03).

“For me, there is no procedure a nurse will perform in nursing without

blending soft skills and hard skills. When nurses blend these skills very well, it makes the procedures stand out, clear and clean, and that is the only way the clients can get satisfied with the care you give to make sure that our patients benefit from the technical skills that we have learned” (NC 05).

## Discussion

This study aimed to describe the intersubjective knowledge of nurse educators and clinicians about soft skills in nursing. Literature exists about the knowledge of nurse educators [24] and nurse clinicians [14, 25, 26] regarding soft skills in nursing; however, a study examining the intersection of both is yet to be conducted. The current study identified three main areas describing both educators’ and nurse clinicians’ perceptions of what soft skills in nursing stand for. These themes that emerged were the educators’ knowledge of soft skills, the clinicians’ knowledge of soft skills, and the intersection of both, the intersubjective knowledge of soft skills in nursing practice.

The nurse educators looked at these skills with a pedagogical lens and considered what the role of soft skills in nursing is and how to inculcate soft skills into the novice nurse. Soft skills encapsulate an important role in nursing education even though some nursing curricula have not ensured the inclusion of soft skills during training. The nurse educators conceived of soft skills as playing a vital role in nursing practice and that these skills serve as the lubricant to the technical skills. When nurses employ soft skills as educators, they are enabled to carry out their duties in the most humane and compassionate way with an understanding to assist students individually in the classroom. Soft skills are not only complementary to hard skills but synergistic when appropriately applied in any working environment, as previously argued by L Laari, O Anim-Boamah and CM Boso [2].

Regarding the development of soft skills in students, the educators have a huge responsibility to inculcate these important skills into the future nurse and the midwife. Although previous studies indicated students’ acceptance of incorporating soft skills into the curriculum [9], numerous barriers and challenges have thwarted the implementation and incorporation into the nursing curriculum, especially in the Ghanaian context. Practical student assessments have remained a challenge and are yet to be conceptualised. Further studies that conceptualise clear measurement strategies would help educators to incorporate and examine students to ensure internalisation of knowledge transfer for practice.

As nurse educators conceived soft skills as knowing that can lead to knowledge, the nurse clinicians perceived them as the innate personality traits of the nursing professionals, although they noted it is an urgent need of nursing. The clinician regarded soft skills as intrapersonal traits that are innate or inborn, although they may be improved with the right training. Conceiving soft skills as intrapersonal has been reported previously by L Laari, O Anim-Boamah and M Nyame [4], however the conception of seeing soft skills as innate or intrapersonal may be misleading, as some components of soft skills, like communication, can be taught or learnt. Instead of thinking of them as inborn, curriculum experts should consciously work to integrate these skills into training nurses. Globally, there is a desire by many employers to recruit prospective workers with a good blend of hard and soft skills [27, 28], yet previous studies argue that nursing has sold the aesthetics in nursing to gain acceptance of the scientific community [2]. The current study corroborates that assertion, with the nurse clinicians agreeing that nursing cannot function fully without soft skills because soft skills are the basic unit of function in nursing.

Both educators and clinicians intersubjectively agreed on areas that are needed in both education and in the clinical area. They both agreed that soft skills are the nature of nursing, the functioning unit of nursing and that there are consequences in the absence of soft skills, or there will be undesirable results if nurses ignore soft skills both in training and in practice.

The nature of soft skills is the nature of nursing because both participants believe soft skills are not optional traits; they are key components of the nursing care and that this skill facilitates how one relates with clients through one's posture, tone, and overall demeanour. Appropriate verbal and nonverbal therapeutic touch, eye contact, and even the silent pauses incorporated by nurses are important to help elicit the right information from patients for treatment. This current finding agrees with previous studies by L Laari [1] that although eye contact and therapeutic touch are difficult to teach in the classroom, they are an integral part of the nursing practice. A nurse who lacks soft skills has a higher chance to perform inadequately in practice. The current study found that both educators and clinicians agree on an undesirable outcome in practice where a nurse is inadequately prepared with regard to soft skills competencies, confirming the conclusion by LK Ng [29], that patients and family members perceive soft skills as paramount in nursing care, and that performing procedures with little regard to these skills leaves patients and family members unsatisfied. Although soft skills are usually unstructured and intangible, they are essential to patient care because they are the emotional support nurses offer, the empathy they express, and the human feeling in delivering care.

#### Limitations and recommendations for further research

Despite the valuable insights from this study, it is not without limitations. The study was conducted within a specific geographical and cultural context in Ghana which may limit the generalisability of the findings to other settings with different educational or healthcare systems. In addition, it focused only on nurse educators and clinicians, excluding key stakeholders such as student nurses, patients, and administrators who may hold valuable perspectives on soft skills in nursing.

Future studies should aim to design and validate standardised instruments or frameworks for assessing soft skills among nursing students and professionals to support objective evaluation and curriculum development. Explore effective models for integrating soft skills into the nursing curriculum, with a focus on assessment strategies, teaching methods, and clinical mentorship. Include perspectives from patients, nursing students, and healthcare administrators to provide a more holistic understanding of soft skills' impact on nursing care outcomes. Also, future studies can compare the intersubjective knowledge of soft skills across different countries or cultural contexts to describe how socio-cultural norms shape perceptions and applications of soft skills in nursing.

### Conclusion

This study examined the shared understanding of nurse educators and clinicians regarding soft skills in nursing practice. The findings indicated that although both groups recognise the importance of soft skills in nursing, their viewpoints diverge in focus. Educators underscored the educational significance of soft skills in influencing student behaviour and professional preparedness, perceiving soft skills as teachable qualities that enhance technical competencies. Clinicians primarily regarded soft skills as inherent personal attributes, however subject to modification via practice and experience. Both groups unanimously concurred that soft skills are essential for providing safe, compassionate, and effective nursing care. The consensus confirms that soft skills are essential and integral to the fundamental identity and operation of the nursing profession. The lack of these skills leads to diminished patient care, impaired communication, and suboptimal nursing therapeutic results. These findings resonate with and expand upon previous studies by L Laari [1] and L Laari, O Anim-Boamah and CM Boso [2], highlighting the critical necessity of deliberately including soft skills in nursing education and clinical practice frameworks.

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