



## Equal value must be placed on “soft” and “hard” knowledge and skills

SINCE BECOMING YOUR PRESIDENT, I have had the great privilege and opportunity to meet with many nursing colleagues across Ontario and Canada. I have learned from each encounter what works well for nurses, and what does not. I have paid close attention to the language used by nurses and by those talking about nurses and the profession. *Critical Social Theory* reminds us that language communicates more than content. The words we use can serve to elevate a group of people or further isolate them. Language in nursing can also enlighten or obscure matters of importance.

There are many expressions I have heard in my travels: “eating our young,” “front-line nurses,” and “male” nurses are just a few. Today, I want to discuss the notion of “soft knowledge and skills” in nursing, an expression I have heard frequently when it comes to describing nursing practice.

Usually this refers to the emotional, social and psychological aspects of the profession. Is this how we should characterize this side of nursing? Or should we, as registered nurses, challenge this term?

Let's focus on the other side of the coin first.

“Hard knowledge and skills” are those that can be measured. For example, the pathophysiology a nurse needs to master, and the psychomotor skills a new nurse must learn. This hard knowledge and skill is important and tangible, and

patients benefit from it. The risk here is that if we only focus on hard knowledge and skills, and only measure these, we are robbing patients and our profession of the humanity of nursing care.

For me, hard knowledge and skill captures one side of the nursing profession: its scientific side. The other side is the moral fabric of the profession, or its ethos. Let us not forget that nursing is a caring and

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service profession, and this must encompass science, art and morality.

As I have noted, soft knowledge and skills are the emotional, spiritual and caring aspects of the profession. These are harder to measure, but no less important and valued. In fact, I would argue they are critically important to patients and their families during their time in the health system. To say they are soft can be viewed, through a *Critical Social Theory* lens, in interesting ways.

Are they soft because they are perceived as a female trait, an innate part of being a woman and not necessarily guided in evidence and research? Are

they soft because they are “airy-fairy” and less valuable to the health-care field? If these skills are seen as not evidence-based, or perceived as less essential, then it becomes easier to ignore them when making decisions on how best to utilize nursing professionals in an ever-challenged fiscal environment.

So what can we do so these soft elements of nursing practice are regarded as equal in

Each nurse needs to have time in their day to be with patients, time to connect with the emotional and spiritual needs of patients and their families. This is as critical to positive outcomes as administering medications and providing treatment.

I urge you to use the evidence that currently exists to describe the outcomes of using emotions, spirituality and caring interventions when working with patients and their families. Challenge the notion that these are softer skills, and make the case this is part-and-parcel of what nursing is. It is the essence of the profession and represents a key element of the important role nurses play on any health-care team. If we forget this, we risk losing the real value-added of nursing. **RN**

RHONDA SEIDMAN-CARLSON, RN, MN, IS PRESIDENT OF RNAO.

value to the hard and measurable aspects of the profession?

I would urge all nurses – including myself – to watch our language. Do not speak of these elements of practice as soft skills. Talk about them as core skills and knowledge in nursing. When someone speaks of the soft skills, ask them to explain what they mean. Do they value them less because they are more difficult to measure? I believe the discussion itself will begin to change the meaning of the language. In addition, we need to highlight the outcomes in patient care, patient satisfaction and nurse satisfaction when nurses apply these core skills in their practice.

Visit [www.RNAO.ca/bpg/guidelines](http://www.RNAO.ca/bpg/guidelines) and enter the search terms “client centered care” and “establishing therapeutic relationships” to find out more.