Essential Soft Skills for Hospital Staffs



in collaboration with

Kanti Children's Hospital

Child Workers' In Nepal

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About This Guide

This reference guide accompanies the 1.5 hours session of Hospital's monthly Soft Skills Training Program. It is designed to sit alongside the training slides not to repeat them slide-for-slide as something you can keep at your workstation, revisit after the session, and share with colleagues who could not attend.

The guide covers the five essential soft skills introduced in Sessions: Communication; Teamwork & Collaboration; Empathy & Compassionate Care; Adaptability & Stress Management; and Professionalism & Conflict Resolution. Each section explains why the skill matters in a hospital setting, breaks it into practical components, and closes with a short, quick-reference checklist you can use on the ward.

The Annex includes a self-assessment checklist, a personal action-planning template, and the 1.5-hour session schedule, along with the full list of references this guide draws on.

Why This Program Exists

This training implements the staffing, conduct, and service-quality provisions of the Hospital Service Improvement Procedure, 2082. It reflects a hospital-wide commitment: that excellent care depends not only on clinical knowledge, but on how that knowledge is delivered through communication, teamwork, empathy, adaptability, and professionalism.

Why Soft Skills Matter in a Hospital

Soft skills are the personal attributes and interpersonal abilities that shape how we interact, collaborate, and communicate with others. They work alongside clinical or “hard” skills: clinical knowledge determines what care is given, but soft skills determine how it is delivered and how it is experienced by the patient and family receiving it.

Research consistently finds that as much as 85 percent of career and workplace success is attributable to soft skills, with only 15 percent attributable to technical training and IQ (Watts & Watts, 2009). This does not mean clinical skill matters less it means how that skill is delivered matters just as much. In healthcare specifically, most preventable medical errors trace back to a breakdown in communication between caregivers rather than a gap in medical knowledge, and higher team functioning is directly linked to better patient outcomes (Patel, 2021). A survey of 139,830 surgical patients found that what mattered most to them, alongside competent care, was proof that their caregivers were paying attention to them as people — friendliness, being kept informed, and having their concerns heard (Giordano, 1993, Patel, 2021).

> *"What surgical patients needed most was proof that healthcare workers cared — friendliness, attention to their personal concerns, and being kept informed, alongside clinical competence."*

Unlike innate personality traits, soft skills can be learned, practiced, and strengthened over time — exactly like a clinical skill.

How Soft Skills Are Defined?

Several international bodies have defined soft skills. Their wording differs, but the common thread is that these are personal and interpersonal abilities that are useful across many kinds of work, not tied to one technical specialty.

- **UNESCO IBE (2013):** "A set of intangible personal qualities, traits, attributes, habits and attitudes that can be used in many different types of jobs."
- **Irish National Training and Employment Authority (2016):** "The inter-personal and intra-personal skills required to be effective in the workplace."
- **European Commission – EU Skills Panorama:** "Skills that are cross-cutting across jobs and sectors and relate to personal competences … and social competences …."
- **European Commission (2012):** "Non-job specific skills that are related to individual ability to operate effectively in the workplace."

1. Communication

Communication is the single most-cited soft skill across the sources this program draws on, and for good reason: most preventable medical errors trace back to a breakdown in communication between caregivers rather than a gap in medical knowledge. Clear, honest, well-timed communication protects both patient safety and patient trust.

> **#1 cause of preventable medical errors: breakdowns in communication**
> Unclear handoffs, rushed explanations, and assumptions about "who told whom" are named repeatedly in patient-safety research as the leading contributor to avoidable harm.

Three Channels We Use Every Day

- **Verbal communication:** the words we choose, our tone, and our pace — especially when explaining a diagnosis or instruction.
- **Non-verbal communication:** eye contact, posture, facial expression, and gestures — often noticed before a single word is spoken.
- **Written communication:** charts, handoff notes, and records — accuracy here protects the next person caring for the patient.

Verbal Communication: Clear, Simple, Honest

- Avoid medical jargon when speaking with patients and families — explain in everyday language first, technical terms second if needed.
- Speak at a measured pace. Rushed explanations are the most common reason patients say they "didn't understand."
- Say what you mean directly but kindly — vague or overly cautious language can create more anxiety, not less.
- Check your tone, not just your words. The same sentence can reassure or alarm a family depending on how it is said.

Active Listening

Active listening means giving full attention, listening to understand rather than simply to reply, asking clarifying questions, and reflecting back what you heard ("So what I'm hearing is…") to confirm understanding and build trust. This means you have to use whole body to listen rather than using ears only. See the poster keep in Annex-iv.

Allow them to share their experiences and understanding regarding their loved one's (patient's /child's) problem. Listen carefully. Clarify the misconceptions if they are holding.

Once they have an understanding of the problems, they may have other concerns and worries; let them talk about their feelings/thoughts/experiences.
You could ask them how their lives have changed and the difficulties they face due to the current problem. Allow them to talk & help them feel their feelings/thoughts/experiences are important and genuine (i.e. validation).

Mention that "anyone in this situation would be feeling similar things, and that we understand their concerns." Try to see things by "being in their shoes". This process known as (Acknowledge, Universalize, Validate, and Empathize)**.**Then, teach them how to cope with their current problems.

Patient & Family-Centered Communication

- Explain before you act — tell the patient (and family, especially for children) what you're about to do and why.
- Honor their questions and concerns even when time is short — a rushed "I'll explain later" erodes trust quickly.
- Keep the whole family informed, not just whoever happens to be present, especially for diagnosis and treatment updates.
- Involve the family in decisions where appropriate — this is core to family-centered pediatric care.

The Teach-Back Method

A simple technique to confirm a patient or family truly understood what you explained: after explaining a diagnosis, instruction, or discharge plan, ask them to repeat it back in their own words. Listen for gaps or misunderstandings — these are yours to correct, not theirs to have "missed." Re-explain differently (not just repeat the same words) if something wasn't clear. This single habit is strongly linked to better treatment adherence and fewer follow-up complications.

> *"A patient's willingness to follow clinical recommendations, manage a condition, and adopt healthier habits is closely tied to how well their care team communicated with them."*

SBAR: A Simple Structure for Handoffs

SBAR is a widely used structure for passing patient information clearly between shifts or departments:

- **Situation:** what is happening with the patient right now, in one or two sentences?
- **Background:** relevant history, admission reason, and context the next person needs.
- **Assessment:** what you believe is going on, based on what you've observed.

- **Recommendation:** what you think should happen next, or what to watch for.

Handoffs are a high-risk moment — speak face-to-face when possible, not only through the written chart, and confirm the receiving staff member understood, the same way you would confirm understanding with a patient.

Common Pitfalls to Avoid

Less Effective	More Effective
• "You have a mild case of atelectasis." (unexplained jargon)	• "Part of the lung isn't fully open — this is common and treatable."
• Speaking while walking away	• Pausing, facing the person, making eye contact
• Assuming the chart says it all	• Confirming verbally with the next shift
• Interrupting to save time	• Listening fully, then responding
• One family member informed, others left out	• Updating the whole family together where possible

QUICK REFERENCE — COMMUNICATION

Speak clearly and simply. Listen actively and confirm understanding. Communicate with the whole family, not just whoever is nearest. Treat handoffs as a safety step, not paperwork — confirm out loud.

2. Teamwork & Collaboration

No single person delivers hospital care alone. A team shares one goal — the patient's wellbeing — while a group of individuals working near each other does not automatically share that focus. Harvard research studying 343 teams found that a measurable “team player effect” exists: some people reliably help every group they join perform better, and this can be identified and developed rather than assumed as fixed personality (Weidmann & Deming, 2021).

What Makes Someone a Good Team Player?

- It's a real, measurable effect, not just a personality label — some people reliably help every group they join perform better.
- Emotional perceptiveness predicts it, not raw intelligence — noticing how colleagues are feeling matters more than being the smartest person in the room.
- Personality tests don't predict it well. Being a good team player is a skill and a habit, which means it can be built.
- It shows up in small moments: picking up a task without being asked, sharing credit, and helping a struggling colleague.

> **343 teams studied — the “team player effect” was measurable and predictable**
> Harvard research (Weidmann & Deming, 2021) found that some people reliably make any group they join perform better, and that this can be identified and developed, not just assumed as personality. In the study, people were tested individually, randomly assigned to teams of three, and given team tasks. Researchers then compared each team’s actual performance with what its members’ individual skills predicted; the difference is the “team-player effect.” They also checked it against social intelligence and other characteristics.

Stages Every Team Moves Through

- **Forming:** a new team or new member — everyone is polite, cautious, and learning the group's norms.
- **Storming:** differences in style or priorities surface — this is normal, not a failure.
- **Norming:** the team settles into shared expectations and ways of working together.
- **Performing:** the team works smoothly, trusts each other, and focuses fully on the patient.

Cross-Department Collaboration

- Care rarely stays in one department — a single pediatric patient may involve doctors, nurses, record staff, therapists, and support staff in one day.

- Respect each role's expertise — a record-section colleague and a consultant both hold information the other needs.
- Share information proactively, not only when asked — a small update can save the next team significant time.
- Assume good intent when another department's process seems slow — ask how you can help, not just why it's late.

> *"A patient transferred between two wards recovered faster once both teams began a two-minute verbal handoff in addition to the written chart — small coordination changes can have an outsized effect."*
> **— (Weggelaar-Jansen & Van Wijngaarden, 2018)**

Building Trust within a Team

- Be dependable — do what you say you'll do; trust is built through consistency, not big gestures.
- Communicate openly — share concerns and updates directly rather than letting them build up unspoken.
- Support colleagues under pressure — offer help before it's requested, especially during a difficult shift.

> *"Higher team functioning is directly linked to better patient outcomes — teamwork is not a soft add-on to clinical care, it is part of clinical care."*
> **-Patel (2021)**

Barriers to Effective Teamwork

Common Barriers	What Helps
• Unclear roles — nobody sure who owns a task	• Clarify who is doing what, especially during handoffs
• Information kept in one person's head	• Write down and share key information
• Blame after mistakes instead of problem-solving	• Focus on "what happened, what next" over "whose fault"
• Hierarchy that discourages junior staff from speaking up	• Create space for every team member's observations

QUICK REFERENCE — TEAMWORK & COLLABORATION

A team shares one goal, not just individual tasks. Good team players are made, through consistency and emotional awareness. Share information proactively across roles and departments. Trust is built in small, repeated moments of dependability.

3. Empathy & Compassionate Care

Empathy is the ability to recognize and genuinely respond to what a patient or family member is feeling — not just what they are saying. It is not the same as agreeing, or taking on someone's distress as your own; it is understanding it clearly enough to respond well. This is especially important in pediatric care, where a frightened child cannot always explain what they need, and parents carry significant anxiety.

Empathy vs. Sympathy

Sympathy	Empathy
• “I feel sorry for you.”	• “I can see this is really hard for you.”
• Distance between you and the person	• Connection with the person's experience
• Can feel like pity	• Feels like being understood
• Focused on your own reaction	• Focused on their experience

Recognizing Emotional Cues

- Watch body language — tension, withdrawal, or restlessness often speak louder than words.
- Listen for what's under the words — “I'm fine” said quietly may mean the opposite.
- Watch the whole family — a child's distress is often mirrored, or hidden, in a parent's face.
- Notice timing — fear and confusion often peak right before a procedure or after receiving news.

Empathetic Responses: What Helps

Less Helpful	More Helpful
• “Don't worry, it's nothing.” (dismissive)	• “I can see you're worried — let's talk through it.”
• Rushing past a visibly upset parent	• Pausing for a moment, even briefly
• Only addressing the medical facts	• Naming the emotion and the facts together
• Avoiding eye contact with a crying child	• Getting to the child's eye level, speaking gently

Treating Patients as Individuals

- Explain before you act, and check that the explanation actually landed — not just that it was said.
- Honor each family's questions and preferences, even when the treatment plan itself is standard.

- Treat every patient with dignity, regardless of background, ward, or how busy the day is.
- Involve the family in decisions about their child's care wherever appropriate — this builds trust and improves adherence to treatment.

> **Patients who feel emotionally supported are more likely to follow medical advice and recover well**
> This pattern is repeated across healthcare research: empathetic care is not separate from clinical outcomes — it directly shapes them.

Emotional Intelligence: The Foundation of Empathy

- **Self-awareness — recognizing** your own stress or frustration before it affects how you speak to a patient.
- **Self-regulation — staying** calm and professional even when you're tired or under pressure.
- **Social awareness — reading** the emotional state of the patient, family, or colleague in front of you.
- **Relationship management — using** that awareness to respond in a way that actually helps, not just reacts.

QUICK REFERENCE — EMPATHY & COMPASSIONATE CARE

Empathy means understanding, not just feeling sorry for someone. Watch for emotional cues in both patients and the family members around them. Name what you notice, then respond to it. Compassionate care improves outcomes, not just experience.

4. Adaptability & Stress Management

Hospitals are unpredictable by nature. Schedules shift, emergencies arrive without warning, and protocols are updated as practice evolves. Adaptability protects patient safety — a rigid response to a changing situation can be as risky as an incorrect one and, like any professional skill, it can be practiced deliberately.

Responding to the Unexpected

Less Adaptive	More Adaptive
• "This isn't how we normally do it."	• "Okay — what does the patient need right now?"
• Freezing or waiting for someone else to decide	• Making a reasonable decision and adjusting as needed
• Treating every change as a disruption	• Treating change as a normal part of hospital work
• Sticking rigidly to routine under pressure	• Re-prioritizing quickly when the situation shifts

Recognizing Stress in Yourself and Colleagues

- Physical signs: tension, fatigue, shallow breathing, tight shoulders.
- Behavioural signs: short temper, withdrawal, or difficulty focusing on a task.
- Rushed decision-making: skipping steps or double-checks you'd normally do.
- Reduced patience with others: snapping at colleagues, patients, or family members.

Healthy Ways to Manage Stress at Work

- Take short, real breaks when possible — even two minutes away from the ward can reset your focus.
- Breathe deliberately for a few seconds before a difficult conversation or high-pressure moment.
- Talk to a colleague or supervisor rather than carrying a stressful moment alone through the rest of your shift.
- Debrief after a hard case, even briefly — naming what happened helps you process and move forward.

Note:See Care for caregivers (Annex V)

The Priority Matrix: Urgent versus Important

A simple way to sort tasks during a busy shift is to ask whether something is urgent and whether it is important, then place it in one of four categories:

- **Do first (urgent and important):** a patient in acute distress, a critical medication due now, an urgent call from a colleague.
- **Schedule (important, not urgent):** routine chart updates, planning tomorrow's rounds, non-urgent family conversations.
- **Delegate (urgent, less important for you specifically):** tasks another team member can handle, routine requests that don't need you specifically.
- **Reduce (neither urgent nor important):** non-essential interruptions, tasks that can wait until quieter hours.

Prioritizing During a Busy Shift

- Reassess often, not just at the start of a shift — priorities in a hospital can change within minutes.
- Patient safety tasks always come first, even if that means an administrative task waits.
- Communicate delays clearly to colleagues and patients rather than letting people wonder what's happening.
- Ask for help early, not after you're already behind — this is a sign of good judgment, not weakness.

> *"Asking for help on the job is not a sign of weakness — it is one of the clearest signs of professional judgment."*

QUICK REFERENCE — ADAPTABILITY & STRESS MANAGEMENT

Change is normal in a hospital — adaptability protects staff and patients. Notice stress early, in yourself and your colleagues. Use the priority matrix to decide what truly needs you right now. Asking for help is a professional skill, not a failure.

5. Professionalism & Conflict Resolution

Professionalism shows up in daily conduct, not only in a crisis. It rests on three things: attitude and behaviour (demonstrating respect, integrity, and reliability in every interaction, not only when someone is watching); accountability (taking responsibility for your actions and mistakes, and following through on commitments); and workplace etiquette (punctuality, appropriate communication, and adherence to hospital policies).

Workplace Ethics

- Confidentiality is non-negotiable. Patient information is shared only with those who need it for care — never as casual conversation.
- Treat every patient and family equally, regardless of background, ward, or how straightforward their case seems.
- Be honest about mistakes — covering up an error puts patients at greater risk than the original mistake itself.
- Represent the hospital's reputation in every interaction — patients remember how they were treated as much as their treatment.

> **One casual conversation is all it takes to break a patient's trust**
> A single overheard remark about a patient's diagnosis in a corridor or canteen can undo months of careful, compassionate care — confidentiality is protected in the small moments, not only in formal records.

Giving and Receiving Feedback

Giving Feedback Well	Receiving Feedback Well
• Be specific about the behaviour, not the person	• Listen fully before responding
• Choose a private, appropriate moment	• Separate the feedback from your self-worth
• Focus on what can change going forward	• Ask a clarifying question if something is unclear

What Usually Causes Workplace Conflict?

- Unclear roles or expectations — disagreement over who was responsible for a task.
- Communication breakdowns — information that didn't reach the right person in time.
- Pressure and fatigue — tension rises quickly during long or understaffed shifts.
- Differences in working style — not every disagreement is really about the issue on the surface.

A Simple Four-Step Process for Conflict

- **1. Pause before reacting —** take a breath. Respond, don't just react, especially in front of a patient or family.
- **2. Listen to understand the other side —** what does this look like from their perspective, not just yours?
- **3. State the issue calmly and specifically —** focus on the situation, not personal blame.
- **4. Agree on a next step together —** even a small, concrete agreement is better than an unresolved tension.

Handling Difficult Patients and Relatives

- Stay calm, even when the other person isn't — your steadiness often lowers the temperature of the whole interaction.
- Acknowledge their frustration first, before explaining anything — "I can see this is frustrating" goes a long way.
- Avoid taking it personally — most anger in a hospital setting comes from fear, pain, or helplessness, not from you.
- Stick to what you can control, and be honest about what you cannot promise.

De-escalation: Do's and Don'ts

Avoid(Don'ts)	Do Instead
• Raising your voice to match theirs	• Lower your voice and slow your pace
• Arguing about who is "right"	• Focus on what can be done next
• Making promises you can't keep	• Be honest about what you can and can't do
• Walking away without explanation	• Explain clearly if you need to step away

When to Involve a Supervisor

- When a situation involves a safety risk to you, a colleague, or the patient.
- When a conflict has not resolved after a genuine, calm attempt to address it directly.
- When a decision is beyond your authority to make on your own — this is appropriate escalation, not failure.

QUICK REFERENCE — PROFESSIONALISM & CONFLICT RESOLUTION

Professionalism shows in daily conduct, not just in a crisis. Confidentiality and honesty are non-negotiable. Pause, listen, state calmly, agree — a simple process for most conflicts. Escalating appropriately is good judgement, not a failure to cope.

6. Annex

(i)Self-Assessment Checklist

Soft skills develop through feedback and reflection, the same way a clinical skill does. Use this checklist privately and honestly — there are no "failing" scores here; the goal is insight, not self-criticism. Tick each statement that genuinely describes how you usually act, then look for the sections with fewer ticks — these are good places to focus your attention this month.

Communication

✓	Self-check statement
☐	I explain things to patients and families in plain language, avoiding unnecessary jargon.
☐	I regularly check that patients and families actually understood what I explained (teach-back).
☐	I keep the whole family informed, not just whoever is present at the time.
☐	I confirm handoff information out loud rather than assuming the chart says it all.

Teamwork & Collaboration

✓	Self-check statement
☐	I share important information proactively, without waiting to be asked.
☐	I offer help to colleagues under pressure before they have to ask.
☐	I respect the expertise of colleagues in other roles and departments.
☐	I focus on solving problems rather than assigning blame when something goes wrong.

Empathy & Compassionate Care

✓	Self-check statement
☐	I notice emotional cues in patients and family members, not just their medical needs.
☐	I acknowledge a patient's or family's feelings before explaining facts.
☐	I treat every patient as an individual, honoring their questions and preferences.
☐	I get down to a child's eye level and speak gently when appropriate.

Adaptability & Stress Management

✓	Self-check statement
☐	I stay calm and clear-headed when a shift becomes unexpectedly difficult.
☐	I notice early signs of stress in myself before they affect my care of patients.
☐	I reassess and reprioritize my tasks as the situation on the ward changes.
☐	I ask for help early, rather than waiting until I am already behind.

Professionalism & Conflict Resolution

✓	Self-check statement
☐	I maintain patient confidentiality in all conversations, including casual ones.
☐	I stay calm and lower my voice when someone else is upset or angry.
☐	I give and receive feedback constructively, focused on behaviour rather than blame.
☐	I know when a situation should be escalated to a supervisor.

(ii)My Personal Action Plan

Choose the one skill area from your self-assessment that you most want to strengthen this month. Write one specific, small action you will take, and how you will know it is working. Keep this page — revisit it before next month's session.

The skill I will focus on this month:

One specific action I will take (e.g. “I will use the teach-back method with every discharge this week”):

How I will know it's working — what will I notice change?

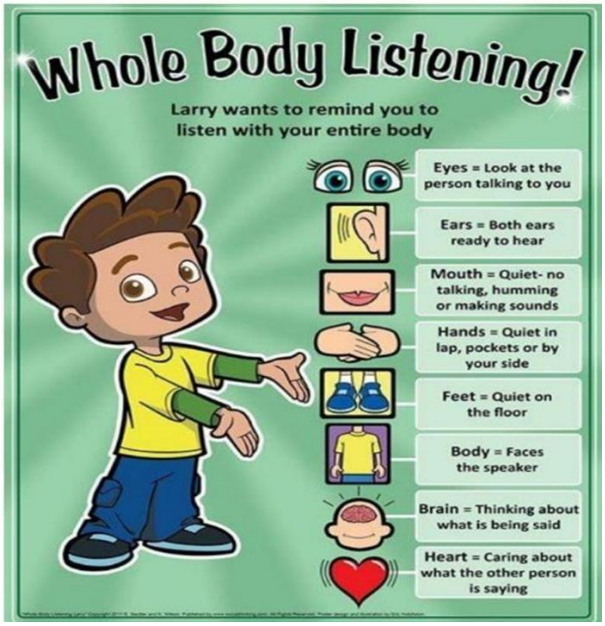
A colleague I've shared this action with:

Feedback:

(iii)The Soft Skills Training Series Continues

- **Future sessions will cover:** Emotional Intelligence, Handling Difficult Patients and Relatives in depth, Problem-Solving and Decision-Making, and more.
- **Monthly session:** Kanti Children's Hospital.
- **Your feedback shapes it:** the Soft Skills Training Committee welcomes topic suggestions from every session and person.

(iv) Active Listening (whole body listening) Poster



(V) Care For the Caregiver

By the end of this module, participants will be able to:

- Recognize Common Effects of Prolonged Stress
- Identify Signs of Burnout
- Understand the Importance of Self-Care
- Identify Personal and Professional Sources of Support
- Develop an individual well-being plan.

Why health worker's well-being matters

Health workers may experience stress while simultaneously supporting distressed patients/children and their caregivers. Therefore: "A helper also needs support." Self-care is not selfish. It helps health workers maintain their capacity to provide safe and compassionate care.

What is self-care?

Self-care refers to everyday intentional activities that support physical, emotional and psychological well-being. Examples include:

- Adequate sleep
- Regular meals
- Physical activity
- Rest
- Enjoyable activities
- Connection with family and friends
- Talking with trusted colleagues
- Time in nature
- Music
- Prayer or spiritual practices when personally meaningful
- Breathing or grounding
- Appropriate professional support if needed.

Self-care should be planned rather than left entirely to chance.

Activity 1: Self-care worksheet

Burnout

Burnout can occur after prolonged exposure to emotionally demanding work and accumulated stress. Possible signs include:

Physical
 Persistent tiredness
 Sleep difficulties
 Headaches
 Muscle tension
 Gastrointestinal discomfort
 becoming ill more frequently

Emotional
 Irritability
 Emotional exhaustion
 Reduced empathy
 Feeling overwhelmed
 Feeling detached

Cognitive/work-related
 Poor concentration
 Forgetfulness
 Difficulty making decisions
 Reduced work performance

Key message
Stress is a signal, not a personal failure. When stress becomes overwhelming or persistent, seek support.
Activity1:Self-Care Assessment Checklist

स्व-हेरचाहगर्ने आदत मापन गर्ने वाक्यांशहरु [SELF-CARE ASSESSMENT]

निर्देशन:तल दिईएका प्रत्येक कथनहरुको लागि, कृपया तपाईलाई सबै भन्दा राम्रो प्रतिनिधित्व गर्ने स्तम्भ नम्बरमा घेरा लगाउनुहोस जहाँ,

१-भनेको	यो म राम्रोसंग गर्दिन	वा	यो म थोरै गर्छु
२- भनेको	यो म ठिकै गर्छु	वा	यो म कहिलेकाही गर्छु
३-भनेको	यो म राम्रो गर्छु	वा	यो म प्राय गर्छु
★ भनेको	म यसमा सुधार गर्न चाहन्छु	वा	यो म धेरै गर्न चाहन्छु

शारीरिक स्व-हेरचाह	
1 2 3 ★	स्वस्थ खाना खान्छु
1 2 3 ★	व्यक्तिगत सरसफाईमा ध्यान दिन्छु
1 2 3 ★	व्यायाम गर्छु,हिड्डुल गर्छु
1 2 3 ★	आफूलाई सहज हुने लुगा लगाउँछु
1 2 3 ★	नियमित खाना खान्छु
1 2 3 ★	मनोरञ्जनात्मक कार्यहरु (जस्तैः घुमफिर, वनभोज ,पौडी, नृत्य,सिनेमा हेर्ने ,खेलकूद,आदि)मा सहभागि हुन्छु
1 2 3 ★	प्रयाप्त मात्रामा सुत्छु
1 2 3 ★	स्वास्थ्य समस्या नहोस भनेर रोकथामका लागि स्वास्थ्यकर्मीहरुसँग सरसल्लाह लिन जान्छु (जस्तैः दाँतको सफाई गर्न जाने गर्छु , अन्य शारीरिक जाँच गराउन समय छुट्याउने गर्छु)
1 2 3 ★	विरामी हुँदा आराम गर्छु
1 2 3 ★	समग्र शारीरिक स्व-हेरचाह गर्छु

मनोवैज्ञानिक/ सम्वेगात्मक स्व-हेरचाह	
1 2 3 ★	अफिस, पढाई र कामकाजबाट केही समय फुर्सद निकाल्छु
1 2 3 ★	आफ्नो रुचिको वा मनपर्ने काममा सहभागी हुन्छु
1 2 3 ★	ध्यान भङ्ग गराउने चिजहरु (जस्तैः सामाजिक संजाल, फोन, ईमेल,आदि) बाट केहीबेर आफुलाई टाढा बनाउछु
1 2 3 ★	काम र पढाईसँग सम्बन्धित नभएको नयाँ कुराहरु सिक्छु
1 2 3 ★	मेरो भावनाहरु स्वस्थ तरिका (जस्तैः कुराकानी, सृजनात्मक कला, लेखाई,आदि) बाट अभिव्यक्त गर्दछु
1 2 3 ★	मेरो आफ्नै क्षमताहरु र उपलब्धिहरु पहिचान गर्छु
1 2 3 ★	बिदा/फुर्सद मिलाएर घुम्न जान्छु
1 2 3 ★	शान्त रहनको लागि केहि गर्छु (जस्तैः ध्यान गर्ने, मनपर्ने सिनेमा दोहोर्याएर हेर्ने, शरिर भिजाउने/नुहाउने,आदि)
1 2 3 ★	हाँस्नको लागि कारणहरु खोज्छु (जस्तैःकमेडीहरु हेर्ने ,बालबालिकाहरु , साथीहरुसंग हासखेल गर्ने ,आदि)
1 2 3 ★	मेरो समस्याको बारेमा मन मिल्ने मानिस वा स्वास्थ्यकर्मी/मनोविदहरुसंग कुरा गर्छु
1 2 3 ★	समग्र मनोवैज्ञानिक र सम्वेगात्मक स्व-हेरचाह गर्छु

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सामाजिक स्व- हेरचाह	
1 2 3 ★	मलाई मनपर्ने व्यक्तिसंग समय बिताउछु
1 2 3 ★	टाढा रहेका साथीहरु र परिवारलाई कल/फोन गर्छु वा मेसेज पठाउछु
1 2 3 ★	उत्साहजनक कुराकानी गर्छु
1 2 3 ★	नयाँ-नयाँ व्यक्तिसँग भेट्छु(नयाँ- नयाँ साथीहरु बनाउछु)
1 2 3 ★	मेरो प्रियजनसँग एकान्त समय बिताउछु
1 2 3 ★	आवश्यक पर्दा अरुसँग मद्दत माग्छु
1 2 3 ★	अरुसँग संगै रमाइला गतिबिधिहरुमा सामेल हुन्छु
1 2 3 ★	मेरो प्रियजन,परिवारका सदस्यहरु,आफन्तहरुसँग आत्मिय रुपमा गुणस्तरीय समय बिताउछु
1 2 3 ★	पुरानो साथीहरुसँग सम्पर्कमा रहन्छु
1 2 3 ★	समग्र सामाजिक स्व -हेरचाह गर्छु

अध्यात्मिक स्व- हेरचाह	
1 2 3 ★	प्राकृतिक चिजहरुमा रमाउछु वा प्राकृतिक रमणीय वातावरणमा समय बिताउछु
1 2 3 ★	ध्यान गर्छु
1 2 3 ★	पुजापाठ,भजन-कृतन, प्राथना गर्छु
1 2 3 ★	मेरो जीवनको अर्थ/ महत्वलाई पहिचान गर्छु
1 2 3 ★	मेरो नैतिक मूल्य र मान्यता अनुसार कार्य गर्छु
1 2 3 ★	चिन्तन मनन गर्न समय छुट्याउछु
1 2 3 ★	मलाई महत्वपूर्ण लाग्ने अभियान (जस्तैःहेरविचार,सामाजिक काम,जनचेतना जगाउने काम,आदि)मा सहभागी हुन्छु
1 2 3 ★	मलाई प्रभावकारी लाग्ने विधा वा कला (जस्तै : शिक्षा,संगीत, फिल्म, साहित्य,नाटक,कविता ,आदि)लाई प्रशंसा गर्छु
1 2 3 ★	समग्र अध्यात्मिक स्व-हेरचाह गर्छु

पेशागत स्व - हेरचाह	
1 2 3 ★	मेरो पेशागत सिपहरु सुधार गर्छु
1 2 3 ★	अत्याधिक नयाँ जिम्मेवारीलाई नाइँ भन्छु
1 2 3 ★	रुचिकर वा लाभप्रदायक काम वा प्रोजेक्ट लिन्छु
1 2 3 ★	मेरो पेशासंग सम्बन्धित नयाँ कुरा सिक्छु
1 2 3 ★	सहकर्मीसंग कुराकानी गर्न र सम्बन्ध बनाउन समय निकाल्छु
1 2 3 ★	कामको अबधिमा बिच-बिचमा बिश्राम लिन्छु
1 2 3 ★	मेरो पेशा र व्यक्तिगत जिबनको बिचमा सन्तुलन राख्छु
1 2 3 ★	काम गर्न बस्दा आफुलाई चाहिने जति ठाउँ लिन्छु जसले गर्दा मेरो काम सजिलै सफल बनाउन सक्छु
1 2 3 ★	नियम अनुसारको तलब, सुबिधा र अन्य आवश्यकताको वकालत गर्छु
1 2 3 ★	समग्र पेशागत स्व- हेरचाह गर्छु

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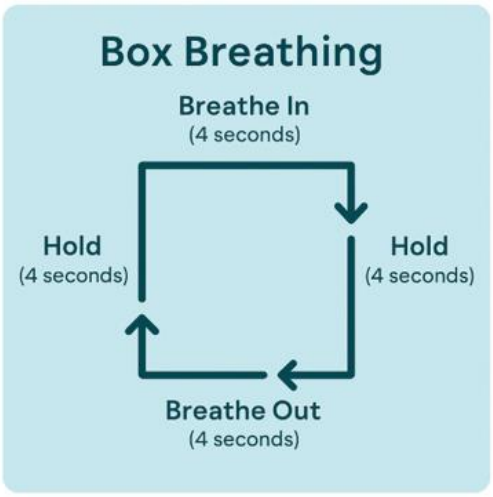
Activity 2: Assess “How Am I Today?”

Participants identify their current emotional state using weather:

- ☐ Sunny
- ☐ Partly cloudy
- ☐ Cloudy
- ☐ Rainy
- ☐ Stormy
- ☐ Clearing after rain

No personal disclosure is required.

Activity 3: Box breathing



Activity 3: Grounding exercise



(vi) Session Schedule (1.5 Hours)

This schedule shows how the 90-minute session is organized: 10 minutes of introduction to soft skills, 70 minutes for the five skills (20 minutes for Communication and 12–13 minutes for each of the other four), and 10 minutes for the conclusion and action plan. Times show minutes elapsed from the start of the session.

Time	Minutes	Segment	What happens
0:00 – 0:10	10	**Introduction to soft skills**	Welcome, ground rules, and session objectives. Opening reflection: a time someone made you feel cared for. What soft skills are, hard vs. soft skills, why soft skills are patient safety, and an overview of the five skills.
THE FIVE SKILLS — 70 minutes			
0:10 – 0:30	20	**1. Communication**	Verbal and non-verbal communication, active listening (including ventilation and Acknowledge–Universalize–Validate–Empathize), patient and family-centered communication, SBAR handoffs, common pitfalls, and key takeaways.
0:30 – 0:42	12	**2. Teamwork & Collaboration**	Team vs. group, what makes a good team player, cross-department collaboration, building trust, barriers to teamwork, the group activity "Coordinating a Busy Shift," and key takeaways.
0:42 – 0:55	13	**3. Empathy & Compassionate Care**	What empathy is, empathetic responses that help, recognizing emotional cues, treating patients as individuals, emotional intelligence, and key takeaways.
0:55 – 1:07	12	**4. Adaptability & Stress Management**	Why adaptability matters, responding to the unexpected, recognizing and managing stress, the priority matrix, prioritizing during a busy shift, the "Sort the Tasks" activity, and key takeaways.
1:07 – 1:20	13	**5. Professionalism & Conflict Resolution**	What professionalism looks like, workplace ethics and confidentiality, giving and receiving feedback, causes of conflict, the four-step process, handling difficult patients and relatives, de-escalation, and when to involve a supervisor.
1:20 – 1:30	10	**Conclusion and action plan**	Recap of the five skills, a quick honest self-check (Annex i), choosing one skill to practice this month (Annex ii), what to remember, and how the series continues (Annex iii).
1 hr 30 min	**90**	**Total session**	10 min introduction + 70 min five skills + 10 min conclusion and action plan

Timings are a guide. Facilitators may shorten activities and discussion to keep each block on time, so that the session starts and ends on schedule.

7. References

This guide draws on the following sources, reviewed and adapted for a hospital-staff audience:

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