

Study Project

Impact of Soft Skills Training of Nursing Assistants on Indoor Patients Satisfaction Scores in Armed Forces Hospitals-A Comparative Study



As Part of MSc Medical Administration Course Requirement

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ABSTRACT

Title	Impact of soft skills training of Nursing Assistants on indoor patients satisfaction scores in Armed Forces Hospitals- A Comparative Study
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Source:	Unpublished MSc Dissertation of Quaid-e-Azam University Islamabad
Text:	<p>Armed Forces Hospitals are continuously in an endeavor to provide best quality health care to their worthy patients. The hospital health care is therefore dependent on team work. A harmonious work frequency among these team members can yield high quality of health care and reduce stress amongst the patients who are admitted in Armed Forces Hospitals.</p> <p>It has been observed that patients satisfaction scores are gradually decreasing in Armed Forces Hospitals due to lack of both hard and soft skills of doctors and paramedical staff which needs to be addressed by a training program envisaging the importance of soft skills training to improve patients satisfaction scores and to improve the image of Health care setups of Armed Forces</p> <p>Soft skills teaching to nursing assistants is an imminent need linked with the preparedness of Armed Forces Hospitals to achieve the hallmark of excellence in healthcare. Soft skills are built on attitude, manifest as communication and polished by etiquettes. Keeping in view the significance of soft skills in addition to the clinical skills and knowledge, a training initiative is required with specific focus on improving the attitudes of the nursing assistants. Being an integral and vital part of the healthcare team at the hospital, a training program for nursing assistants needs to be formulated.</p> <p>Review of the literature view was carried out through internet and by consulting relevant books. Structured Questionnaire from PSQ-III, tailored according to the study was used to gather information about impact of soft skills training on the indoor patients satisfaction of CMH Malir and PAF Hospital Faisal before and after the conduct of training. The data obtained was analyzed and findings drawn.</p> <p>It is to conclude that soft skills training should be part of the curriculum of nursing training at AMC School & Centre and other Armed Forces setups so that overall image of health care setups of Armed Forces and indoor patient's satisfaction scores could be improved.</p>
MeSH:	Soft skills, Hard skills, Patient Satisfaction, Hospitals, Quality of Nursing Care, Health Care, Health care delivery, Military

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Chapter-1

Introduction

1. Patient satisfaction has become progressively more popular, as a critical component in the measurement of the quality of care. Satisfaction is one of the cares out come for health care. Satisfaction with health care is measure with a long history in the community science. Nursing service is one of the most important apparatus of hospital service. Understanding how things are looking through the patient's eye should be central part of quality improvement. The level of patient satisfaction with nursing care is an important indicator of quality of care provided in hospitals (Laschinger et al 2005)[1]

2. Patient satisfaction is a term that can be interpreted differently by patients and its meaning can also differ for one patient at different times. Patients satisfaction some time called as an outcome measure of healthcare providers. A satisfied patient will recommend the hospital to provide health care to others based on his own experience (Abramowitz et al 1987)[2]

3. Patient satisfaction is defined as subjective evaluation of patients about their cognitive and emotional reaction as a result of contact between their expectation regarding important nursing care and their perceptions of actual nursing care (Erikson 1987).[3]

4. Patients places high value on the interpersonal care provided by the nursing assistants. Healthcare industry clients demand quality care and one important measure of quality is patients satisfaction. Patients satisfaction is an indicator of quality of care from patients point of view.

5. Nursing care is to promote health and to help support, educate and develop patient by invigorating his or her own resources. The nursing care provided by nursing assistants is regarded as most important factor in patient assessment of their satisfaction with health care. If patient is satisfied with health care received, this is positive not only for him but also for nursing assistants and entire hospital (Johanson et al 2002)[4]

6. Nursing profession has multiple roles and each of these roles has general and specific duties. The important duty of professional nursing assistants is maintaining and

promoting of personnel and human societies health care. This is done by using modern scientific principles, benefiting often from humanitarian and religious principles, establishing suitable communication with clients, and care based on medical ethics. Nursing assistants are in the forefront of healthcare and communication with patients as well as their families. They have a crucial role in maintenance and promotion of health, prevention from disease, and relieving the pain of the patients. [5]

7. Establishing an effective relationship with the patients in the process of treatment is vital. Therefore, nursing assistants must have the necessary knowledge and skills to establish effective relationships with the patients. Different studies have shown that nursing assistants have difficulty in establishing an effective relationship with patients and they usually do not have the necessary skills in this perspective.

8. According to McGilton, McCabe, Robinson and Boscart et al, communication skills are recognized as very important element of nursing practice and education, and to establish effective communication is obviously necessary in quality of patient care. [6, 7]. Research addressing the nursing assistants–patients professional relationship has contributed for understanding the importance of this aspect of nursing assistants practice. [8]

9. According to the Canadian Nurses Association, establishing therapeutic relationships with clients is the basis of nursing assistants practice. [9] The ability to establish an appropriate professional relationship is one of the fundamental community and life skills. [10] The importance of communication as some experts believe is the result of entire human development, individual defects and individual progress depend on different ways of communication. [11]

10. Different experts believe that the ability to establish an a meaningful communication is one of the most important features of hospital staff. Communicating effectively has beneficial effects on patients; including improved vital signs, relieving pain and anxiety, accumulative satisfaction, encouraging health outcomes and better involvement of patients in treatment programs. On the other hand, diminishing in communication leads to increasing errors in diagnosis, lesser patient's participation in his treatment and decline in the level of information received from the patients. [12]

11. Soft skills are different skills that can alter job stress. [13] Soft skills refer to a set of behaviors which can help persons alter their feelings and needs, and to achieve their interpersonal goals. [14] Soft skills are essential for nursing assistants to maintain effective and sensitive relationships with patients, their attendants, and other members of the medical staff. This is highlighted in studies which have related the communication skills and practices of nursing assistants with patient trust and satisfaction leading to early recovery. [15] Studies on perceptions of patient and medical staff have shown problems in establishing communication with hospital staff, which is a key concern for health clients, and draw attention to the need for more effective set of skills for nursing assistants. [16] Evidences suggest that learning skills is not only sufficient to fully master all the necessary skills. [17] However, training in soft skills has been found to lead to skill acquisition and improvement of patient satisfaction scores. In order to establish effective rapport with patients, nurses should learn the necessary skills for establishing a relationship with patients and other medical staff during nursing education, so that they can later on experience this in practice in a hospital setting. Practical and theoretical learning can cause a more meaningful learning. Some researchers believe that in order to develop soft skills, training must be both participatory and experiential. [18] Carson et al. showed in their study that soft skills training causes an increase in the effective communication. [19] Unfortunately, poor communication from the nursing assistants may lead to anger from the patients, which will eventually impact the quality of healthcare. [20].

12. The quality of care is not an independent variable, but it is the complex structure of values, beliefs and attitudes of community who are interacting together in the hospitals. [21] According to Neishabory et al. caring is an essential component of health services. [22] Nursing care is more important among health care providers in healthcare settings such as hospitals. Hence, providing high quality care and services is considered as a priority in the health care setup, particularly in the field of nursing services. Therefore attending to the patients' perspective is an important factor in order to improve the quality of care. [23] According to Merkouris et al. the quality of nursing care is influenced by the relationship between nursing assistant and patient and active participation of patients is essential in making decisions during the caring process. [24]

Self-efficacy is one of the discussed concepts in Bandura's social-cognitive theory that is a basic concept in understanding human behavior. This concept has been used in various fields such as health care improvement, affective disorders, sociopolitical changes, physical and mental health, and job selection. Self-efficacy creates differences in feelings, thought and action of persons. In the perspective of sensation, low self-efficacy is related with depression, anxiety, learned helplessness and low self esteem. In the situation of thought, high self efficacy will facilitate the cognitive process and academic performance. Level of self-efficacy has a direct correlation with motivation. [25] Self-efficacy affects the person's thought, style, how to deal with problems, emotional health, decision making, managing with stress and depression. Self-efficacy affects person's belief about their ability in motives management, cognitive resources and manipulating specific events. One of the basic aspects of person's self efficacy is the belief that they can affect their life by controlling their actions. When dealing with stressors, a sense of control is an important factor in managing with various situations. [26] Soft skills are important to effective job performance, professional achievement and organizational success. [27] Soft skills are mainly considered to be an important ability in making decisions. [28] Soft skills include effective communication, analytical thinking, demonstration of skills, change management, problem solving, team building, and listening. Hence, good verbal communication skills will enhance soft skills. [29]

13. Patient satisfaction is a multi-dimensional complicated concept. Patient satisfaction is an emotional reaction and behavioral expression of the insight of their care by Medical Assistants and Hospital staff. [30] It is also referred to as patient's positive experience of as a whole healthcare by paramedical staff.

14. Soft skills hindrance have led health care employers to express their concern that their employees are technically competent but lack the soft skills necessary to be productive. According to Burke(2013b),"For years, employers have been saying "Soft skills" or necessary workplace behaviours are rampantly deficient with a large percentage of people"[31].

15. Ray and Overman (2014) discussed soft skills and the need to extend beyond just clinical skills, include effective communication and collaboration skills. [32]

16. Robles(2012) discussed the need to include soft skills training in technical curriculum to meet the needs of employers.[33]
17. Wu-Pong et al(2013) noted the need for programming to take a functional role in meeting the requirements of employers and graduates by including a collaborative approach to soft skills training. Performing well academically is not enough in the present competitive workplace.[34]
18. Joseph, Soon, Chang and Slaughter(2010) argued that despite being technically and academically prepared, nursing assistants are still not equipped to function in the workplace without the appropriate soft skills.[35]
19. Without soft skills programming Nursing Assistants will continue to struggle at work place settings, an issue that will affect their employability as well as patient care and patient satisfaction in the clinical settings.
20. Almost half of nursing education courses are done in clinical environments and clinical education has a basic role in refining professional skills in nursing assistants. In recent years, soft skills training has been the main component of nursing education curriculums in many advanced countries. However, in Pakistan, there is no specific training of soft skills for nursing students during clinical education. Nursing assistants learn soft skills by indirect patterning and experiential method from clinical staff and doctors. As expected the nursing assistants are unable to establish effective communication with patients. The results of two studies conducted by Katherine Rowan (2008) in the United State of America and Edwards et al. (2006) in Canada showed that communication skills training is effective on communication skills rate.
21. Therefore, with consideration of the current situation in Pakistan and based on nursing clinical experiences, it is realized that nursing assistants are not able to communicate effectively with patients and their families. Furthermore, they are unable to handle difficult patients owing to lack of soft skills. This may be due to lack of information and education in this field.
22. The importance of soft skills related to nursing assistants performance is an important variable affecting patient"s satisfaction. Thus, soft skills training, quality of care and patient satisfaction rates are essentially correlated variables.

23. Hospitals need to show the community that they are interested in quality care, and they need to find ways to improve in order to remain competitive. Patients are easier to serve if they feel that their needs are being met. This results in happier staff and patients. On the contrary, when patients' needs are not met, we often hear about it through angry letters, poor satisfaction scores or sometimes in local papers. This is why patient's satisfaction is extremely important to doctors/paramedical staff and hospitals. As Nursing Assistants, there is a need to continue striving for high patient's satisfaction scores to maintain a good hospital's reputation.

24. Satisfaction trends will have ups and downs, but the overall trend should always be bullish. Making patients feel like unique persons and keeping them updated during their long waits may also help to increase patient's satisfaction. The way we speak and act influences the healing process of our patients. By helping patients feel more comfortable, their apprehension lessens, and they are better able to understand what is going on, their treatment plan, and the importance of following through with their discharge instructions. We may all come up to the same diagnosis for a patient, but satisfaction is also based on how the patient was treated while making that diagnosis.

25. Doctors and Paramedical staff of a hospital has a prime responsibility to protect and promote the health of their patients. After 20 weeks of Basic Military training and 24 weeks of Basic level nursing training at AMC School and Centre Abbottabad, Nursing Assistants of Army Medical Corps enter the work force. They are further given skilled enhancement training at various hospitals for 32 weeks (basic nursing training) and 52 weeks of advanced nursing training during their career in Army Medical Corps. Nursing Assistants work in healthcare set ups that are becoming increasingly busy. Increasing number of individuals is now requiring the healthcare services. This increase in demand for services results in more crowded conditions and longer wait times. This all will lead to greater dissatisfaction in our patients and more stress in our fellow coworkers and staff. With this increased demand for services in an already chaotic atmosphere, the patient satisfaction is on the decline.

26. Recognizing the problem at the PAF Hospitals during my posting as Director in Medical Directorate AHQ Peshawar, I participated in many discussions on the direction of a possible research project with my superiors in the PAF. The present Chief of the Air

Staff being the ardent supporter of the idea. The study was approved by AFGMI because it has not been researched in the Armed Forces before.

27. The study provided the information about the program needs to identify perceived soft skills deficits and offered recommendations on soft skills training for Nursing Assistants.

28. This research project of mine, being one of the first few of its kind, should not be taken as a last word. My gut feeling is that it is considered irrelevant by some of my colleagues who think talking of soft skills in military culture is to be like being out of step with others. The word "soft" is not in consonance with the military's way of tough talking. With due deference to my detractors, I humbly submit the term soft skill is not as they perceive of it. In military's healthcare settings, soft skills means being tough at the same time remaining cool, clear thinking and taking learned actions when the battle of life and death is going on and the healthcare providers are on the side of life. Nursing assistants working in operation theatres see more blood and cut up body parts in one month than might others in their whole military careers. Imagine the ordeal of nursing assistants who have to take care of patients whose arms and legs have been blown away in a bomb blast. That nursing assistant not only wipes, washes and keeps him clean besides his eating, drinking, dressing, undressing and performance of bodily functions even to the extent of suffering the indignity of removing his bed pan.

29. Most of the books I thought would help me in my research work were not available in "Hospital Libraries". I had to seek my colleagues or friends help to search them from big book stores in big cities like Lahore, Karachi and Islamabad. I was dismayed to find a disconnect between what was listed in the contents and what the books text contained. As these books were written by foreign scholars with scant knowledge of our cultural and social conditions, the material contained there in was totally irrelevant. A lot of money went down the drains.

30. A hospital must have its own library with internet service and stock of books related to medical and socio-cultural issues, works of fiction, history, foreign affairs etc.

31. As man in uniform with a respectable rank and at the last leg of service, I feel concerned about medical challenges that we might face in case our National security is threatened by our enemy. Ruling out the possibility of „Dooms Day“ scenario our next

conflict with our erstwhile enemy will be short, sharp and swift with massive casualties. How are we to cope with these challenges, Our best brains should get together to find workable solutions without losing focus from our men and material resources. Material resources remaining constant or with marginal increase, our focus of attention should be on improving manpower resources, which means improving the quality of nursing work force.

32. My personal research has clearly brought to view that our nursing assistants lack in soft skills. They do not know how to interact with patients with the exception of a few. The majority perform their duties in a routine manner.

What are soft skills

1. They are nothing more than the basics of old fashioned, wearing appropriate dress, making eye contact, saying please, "thank you", "Yes Sir", "Yes madam" and when to shut up and keep head down and do the grunt work without having to be told over and over again.

2. Soft skills may be harder to define and measure than hard skills, but key are just as critical. People get hired because of their hard skills but people get fired because of their soft skills.

3. Soft skills are broad based, transferable skills that never become obsolete and will make workers more valuable anywhere they go in any job. Soft skills matter a lot. They are not trivial. Soft skills make the difference every day between life and death, between success and failure. Soft skills can also make the difference between mediocre and good, between good and great and between great and one of a kind. Combination of soft skills with hard skills produces incredible results. It just acts like jet fuel magnifying the scope and quality of work.

4. As generally understood, they refer to any array of non technical skills- like professionalism, critical thinking and followership. These three broad categories encompass thousands of details of behavior that have emerged after surveys, interviews, focus groups and seminars.

What is Patient Satisfaction

1. When patients come to hospital they expect warm welcome, minimum waiting time, maximum attention, proper guidance, polite and friendly attitude of hospital staff, minimum cost and high quality of medical care. On admission, they expect homelike atmosphere, maximum comfort, and short stay and complete recovery. These are ideal conditions which usually do not prevail in a healthcare setting. People get dissatisfied as their expectations remain unmet.
2. Several factors influence patient satisfaction. They may comprise personal ,cultural, social, socio-economic and health related problems. They may also include continuity of care, the kind and number of diagnostic tests performed, interpersonal relations with the nursing staff, empathy, attitude and professional competence of the physicians, cost of treatment and outcome.
3. It can broadly be defined as complete fulfillment of needs and wants of an ill person in the context of health care delivery in the hospital.
4. Satisfaction can be defined as the extent of an individual's experience compared with his expectations and evaluating to what extent patients are satisfied.
5. With health services, it is clinically relevant as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical services and stay with a health provider and maintain with a specific system. A dissatisfied patient behaves opposite to the foregone.

Definitions of terms I found the following terms in the literature and used them throughout my study project:

- a. **Quality of Nursing Care** It refers to meeting the health care needs of patients with regards to caring attitude of nursing assistants, effective communication, proper explanations before procedures and treatment, adequate skill and competence, effective participation, administrative and management systems and involvement of patient and others related in patient's care.
- b. **Hard skills** Specialized skills and knowledge needed for successful job performance. These include job related skills in advancing technologies, shifting from an industrialized to a technologically based society

(Robles,2012)[36]. Laker and Powell(2011)[37] also provided a definition of hard skills, which included learning the technical skills needed to work with equipment, data or software. Similarly, Zhang(2012a)[38] related hard skills to technical skills and subject matter knowledge of content. Weber, Crawford, Lee and Dennison(2013) [39]similarly identified hard skills as the technical traits needed to perform a job, requiring the gaining knowledge. They are easier to define and measure (cognitive domains). They are critical and they deserve lot of attention. But soft skills have same importance. For the majority of people soft skills are the key to success. Soft skills have huge amount of power that is always hiding in the reservoir of often untapped values, a secret weapon for any smart organization, team, leader or person"s performance. Hard skills are at the other end of skill spectrum and are absolutely required.

- c. **Soft Skills** Relational skills such as self management and interpersonal skills such as how one deals with other people (Laker and Powell, 2011).[40]Low et al.(2013)[41] further defined soft skills to include multiple skill set such as communicating with various groups, adapting to change, as well as manifesting general personal attributes. In addition to personal attributes, Lau and Wang(2014)[42] noted that soft skills include transferable behaviours such as strong communication, negotiation, and conflict resolution in a wide range of professional settings, de Ridder et al.(2014) considered soft skills critical assets, and they defined soft skills as the social behaviors needed to be successful in the workplace.

Nursing Assistants

Individuals who perform a variety of roles in the out and in patient hospital settings. The role has evolved into the primary clinical assistants who work in many areas of medical offices, and in some circumstances even replacing registered nurses. Most function under the license of the medical office physician, but they also have two voluntary certifications(Elder et al 2014).Some of the roles of medical assistants include

administrative tasks such as coding and billing, answering telephones and greeting and assisting patients to rooms. Their clinical tasks include assisting during examinations, performing vital signs, and administering immunizations and medications under the supervision of the office physician.

The Physician

The Physician is in a position of trust and confidence as regards his patient. It is his duty to act with the utmost good faith towards the patient. If he knows that he cannot accomplish a cure or the treatment adopted will not be effective, it is his duty to advise his patient of these facts.

Patient Satisfaction

The word satisfaction means “complete fulfillment of a need or want, or attainment of a desired end” whereas the word patient means any person who is ill [43] so the patient satisfaction may be loosely defined as complete fulfillment of needs and wants of an ill person. In regards to health care delivery in the hospital, the patient satisfaction may be defined as the fulfillment of patient’s expectations.

Dissatisfaction

The word dissatisfaction means “the state of being uncomfortable because of failing to get something desired, expected or hoped for, or to the extent desired, expected or hoped for”[43]

Expectation

The feeling that something is about to happen or wishing with confidence of fulfillment[44]

Health care

Health care is an expression of concern for fellow human beings. It is defined as a “Multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, monitoring or restoring health.[45]

Health care delivery The provision of health care[46]

Back ground of the Study

1. Nursing is a career, which requires certain special qualities. Florence Nightingale is considered as the founder of modern nursing. She mentioned in her notes on nursing about the characteristics of this noble profession.
2. According to the American Nurses Association, Nursing practice is a direct service, goal directed and adaptable to the needs of the patients, family and community during health and illness. Their primary responsibility is for those who requires nursing care.
3. During hospitalization patients satisfaction represents a balance between patients perception and expectations of their nursing care. Patients satisfaction is important outcome to measure which is accepted as standard measure of quality of care being provided to them and it is gradually gaining popularity.
4. Patient satisfaction score with nursing care has consistently been found to be correlated with overall satisfaction care and has been defined as the patient subjective evaluation of cognitive and emotional response that result from patient's expectation during their hospitalization with nursing care and their perception of actual behavior and characteristics of hospital staff.
5. Nursing is a process of recognizing, understanding and meeting health needs of any individual or community and is based on constantly advancing scientific knowledge. Nurses and Doctors perceptions about good quality of care do not always agree with patients perceptions. Nursing is an accountable profession guided by science, code of ethics and the art of care. To treat human responses to health and illness, patients satisfaction with nursing care is considered an important factor in explaining patients perception of quality of service.
6. The work environment has been found to be both directly and indirectly, related to patients satisfaction scores. Patient's satisfaction has been advocated as an outcome measure of quality of nursing care. Quality of nursing care includes: adequate professional skills, caring attitudes, effective communication, efficient organizational and management systems and effective participation by all.

Importance/Rationale of the Study

1. Nursing care is recognized as an area of competition, where patient's are seen both as a client and consumer of any health care setup. To improve quality of nursing care, nursing assistants need to know what are the factors that influence patient satisfaction. Nursing assistants care plays a vital role in providing satisfaction in this field.
2. Quality of nursing care is vital to patient outcomes and safety. Patient satisfaction scores with nursing assistants care is robustly associated with patients overall satisfaction with hospital experience. To ensure service improvement, initiatives need to be taken at appropriate levels in hospital to understand factors which influence patient satisfaction with nursing assistants care. The measurement of patient satisfaction with nursing assistants care is important to determine and to meet patients needs in terms of care and to evaluate quality of care being provided to them.
3. Armed Forces Hospitals are continuously in an endeavor to provide best quality health care to their worthy patients. The hospital health care is, therefore, dependent on team work. A harmonious work frequency among these team members can yield high quality of health care and reduce stress amongst the patients who are admitted in these Hospitals.
4. It has been observed that patients satisfaction scores are gradually decreasing in Armed Forces Hospitals due to lack of both hard and soft skills of doctors and paramedical staff which needs to be addressed by a training program envisaging the importance of soft skills training to improve patients satisfaction scores and to improve the image of Health care setups of Armed Forces.
5. Nursing assistants are an integral part the hospital workforce. They form the face of the healthcare system. They are the first impression of the hospital, its constituting departments and respective doctors. It comes as no surprise that the feedback of the nursing assistants is duly shared by the patients and attendants with the doctors and vice versa. Critical incidents related to the attitude, communication skills and etiquettes of the nursing assistants are a common practice.
6. Soft skills teaching to nursing assistants is an imminent need linked with the preparedness of Armed Forces Hospitals to achieve the hallmark of excellence in

healthcare. Soft skills are built on attitude, manifest as communication and polished by etiquettes. Keeping in view the significance of soft skills in addition to the clinical skills and knowledge, a training initiative is required with specific focus on improving the attitudes of the nursing assistants. Being an integral and vital part of the healthcare team at the hospital, a training program for nursing assistants needs to be formulated.

Chapter-2
Review of Literature
Section-1

Introduction

Review of literature serves an important function in the research process. It is the critical summary of research on the topic of interest often prepared to put a research problem in perspective. Literature review helps to lay the foundation for a study and also inspire new research ideas. It gives character, insight into the problem and helps in selecting methodology, developing tool and also analyzing data. With these in view an intensive review of literature has been done.

Health Care Delivery

History

1. Before 1850 health care was provided to patients in their homes. It does not mean that the physicians did not see patients in their office. It was more common to see them at home because of their immobility due to illness and lack of transport. The few medicines and medical instruments required for treatment were carried by the doctor in his bag.
2. As population grew and new discoveries were made in medical science, it was thought convenient for patients to see the physicians in the properly designed health care settings staffed with trained nurses and equipped with latest supplies and instruments. This enabled the physicians to save time by going from one patient to another and the time thus saved was utilized to see more patients at his convenience as per scheduled visiting timings at his clinic.

Concept of Health care

Health care means services provided to individuals and communities by agents of health services professions, for the purpose of promoting, maintaining, monitoring or restoring health. Health care refers to those services that are provided directly by the physicians or rendered as a result of physician's instructions. They may range from domiciliary care to resident hospital care. Health care is a public right though not so

explicitly granted in the constitution and it is the responsibility of the Government to provide this care to all of its citizens with equity.

Types of Health Care

In deciding an appropriate treatment, patients have a choice of possibilities ranging from dealing with the symptoms themselves and obtaining professional help.

- a. **Self care** Most patients know how to take care of some common conditions like cut, a bruise, headache, stomach ache/indigestion and bad cold etc. They don't waste money by going to a doctor and know the remedy by past experience and purchase medicine from local drug store.
- b. **Family care** While coping with disease by self care, the family members are a great help in lending help to the sick with purchase of medicines, preparation of concoctions and providing him needed rest and recreation.[47]
- c. **Community Care** By pooling financial resources in the community and hiring a general practitioner. It is more convenient for the sick to seek help locally than going to expensive hospitals.

Self Help Groups

A self help group enables the patient to obtain support and advice from others with similar conditions. For many diseases and for many patients this remains very appropriate and important method of care.

Professional Care

It can be defined as the health care delivered by people in part or full time employment in health care setups like private and public clinics, hospitals or in alternate medicine setups.[48]

From yesterday to today(1947-2019)

1. At the time of partition there was hardly any medical infrastructure in the country. Whatever was, it was fractured and isolated. There were only two medical colleges one at Karachi and the other at Lahore and 78 registered medical practitioners. Outbreak of cholera in refugee camps at the peak of monsoon period in Punjab, played havoc with the helpless people who were wounded and had no food and hearths. In the wake of partition came million refugees, who had not only lost their homes and health, but had also witnessed the butchering of their near and dear ones in front of their eyes. They

themselves were wounded and sick, had no food, no shelter and no medical aid. The Government of the time which was in name only, had no means to bring the calamity under control. The situation abated after mother nature took its natural course.

Present state of affairs

2. Today we have travelled a long way forward and the health care situation is far more improved. Electronic media's efforts to impart health education, Government statement of vision and objectives of health care as spelled out in National Health Policy, devolution of health care planning and execution at District levels are important milestones in our way forward. Government initiatives for poverty alleviation combined with social security programmes in conjunction and cooperation with local Government are highly perceptive and pleasing but their success entirely depends on the will of Government and political leadership in and out of Government. The culture of corruption that has permeated down to the grass root levels of our society must be viewed with serious concern and not swept down under the carpet as it can be a stumbling block in the achievement of lofty aims and objectives. Strict accountability and oversight have never been so relevant as they are today.

Public Healthcare in rural areas

3. Coming to the point of what our public expectations in matters of health care are, the answer is very simple. In rural areas BHUs, RHCs and Tehsil HQ hospitals in primary and secondary health care settings are doing an excellent job. They just need to be augmented by competent staff, uninterrupted supplies of equipments and medicines and relocation in closer proximity to population centres they serve. Factors of over liability, accessibility, affordability and acceptability will automatically be taken care of if the patient's needs and expectations are fully met. Lady health workers and village based health workers have significant role in the overall health education, improved sanitation, family planning, skilled birth attendance and infant-mother protection and awareness in malnutrition.

Public Healthcare in urban areas

4. Public sector health care in urban areas is an epitome of inefficiency, malpractices, corruption, favoritism and political clout. That is why most people prefer to go to private sector, which is gradually expanding and taking over space left by the

public sector. The civil sector remains unregulated and there is no check on fees, diagnostic and therapeutic procedures, price regulation on cost of medicines and medical equipment. These aspects impact public health negatively. The only way to control this situation is to have strong political will, objective and efficient healthcare reforms, and effective oversight and governance. This objective is closely linked to civil services reforms. Health services and civil services are intertwined and unless one is changed the other will remain unchanged.

Health work force Pakistan-Armed Forces

Doctors

The majority of doctors in Armed Forces hail from well to do families with sound financial back ground. They have good personal attributes with the capacity to work hard. The military training blends them well with military way of living, traditions and customs of the service. They are well acclimatized with diverse cultures and climes of the country and are a well adjusted lot. They were attracted to military because of its discipline, opportunities for professional/promotional enhancements and institutionalized private practice. Frequent displacements, hard area postings, lack of accommodation, and children's education are their growing concerns.

Present lot of Medical assets in Armed Forces (Paramedical staff)

Rural environment and culture

1. Our present lot of medical assets comes from villages with extended families comprising parents, grandparents, uncles, aunties and their children. Men work outdoor in agriculture, poultry farming and animal breeding. Some do petty shop keeping in the villages and some go to neighboring villages as vendors. Quite a number come to big cities to work as domestic servants, security guards, waiters, salesmen and as laborers in factories, fruit and grain markets, construction and transportation business. Women folk work indoors, cleaning, cooking, washing, looking after children and other house hold chores. Village society is male dominated with an agrarian culture. People are generally honest and hardworking and support when such a need arises. Elderly are well respected for their age, experience and worldly wisdom. In family matters they are

the decision makers and their decisions are taken for granted. Children are brought up with tender care and affection. Only men are responsible for the sustenance of family affairs. Women enjoy no empowerment.

2. Rural environment continues to remain backward. Gender discrimination and denial of women's rights to property, health care and education are just as they were at the time of creation of the country. Rural development is in name only. If there are any manifestations of this much trumpeted programme, it is visible only in the installation of some hand pumps for drinking water and a primary school to boast about education. For getting higher than primary education, people have to go to nearby towns. Same is true of healthcare. Sanitation and drainage get worse during rains. Lack of development in the village is responsible for large scale migration from villages to cities.

Male Nursing Staff

With matric level education or above, village males look for steady and secure jobs and the military provides them this opportunity. They are quick to grab it lest they become over age, and they get recruited because of their good health. due to simple eating habits, clean air and hardiness developed by working in the fields. Discipline, obedience to orders, respect for seniors and the heavy burden of supporting large joint families make them excellent subordinates and they enjoy it with pride.

Female Nurses

They usually come from low/middle income group of families, have modest education and join Army when other avenues of employment are denied to them. Since they come from conservative backgrounds, they are generally shy and diffident and unlike their counterparts in other advanced countries of the world are not forthright in their behavior. They remain struck with their family traditions and values. They face difficulties in getting adjusted to the male dominated environment of the military. Postings to far flung areas, looking after children and taking care of elderly parents do cast a telling effect on their performance. Disruptive or intimidating behavior of male colleagues is yet another problem of their dissatisfaction. The ongoing movements of emancipation and empowerment of women in the country have opened up other

avenues of employment for them. Corporate sector, small businesses like fashion designing, banking and information technology are offering them lucrative incentives, which they find far more attractive than the disciplined way of Army life due to relaxed ambiance and greater freedom of movement.

Male Nursing Assistants

Bulk of them are drawn from traditional military recruitment areas of Punjab and KPK with some sprinkling from upper Sindh and lower reaches of Baluchistan. These areas are now drying up as the youth is immigrating to other lands in search of greener pastures. However this poses no problem as unemployed young men with better education from other parts of the country are available in plentiful. This resource if carefully explored and exploited will give us a very good chance to improve the quality of health care workforce. Recruitment and training of this force should be imaginatively planned and scientifically organized keeping in view the future challenges of health care and developments in newer technologies in diagnostic and therapeutic fields.

Desirable traits in a Nurse/Nursing Assistants

Background Check

1. An aspiring candidate for nursing service should be from an acceptable social/financial background. A person who has suffered from deprivations in his early childhood will bear the scars of his deprivations throughout his life. He will remain maladjusted, and will be a poor team worker. To compensate for his early losses, he may become over ambitious or demeaning to achieve his goals by fair or foul means. For a sensitive profession like health care such persons are misfits and should be turned away during recruitment process.

Selection Criteria

2. Besides intellect, intelligence and high Emotional Quotient, the candidate must have a fine bearing and pleasing personality with a serene smile on his face. His job will be to give hope and inspiration to the suffering patients and he must look the part of it. A shabby or clumsy man or woman cannot be a replica of mother Teresa or Ruth Pfau. Only those men/women who have the burning desire to relieve pain and agony of their wards regardless of caste, creed, religious sect, financial or social standing must be chosen for the profession. There should be no compromise on selection criteria.

Forces of change and progress

3. Medical sciences are making rapid progress in all branches of their disciplines, particularly in diagnostics and surgical/medical procedures. Awareness of these developments and keenness to learn about them are indicative of the resolve of an individual to remain compatible with forces of change and progress. Such individuals will be an asset in times to come and should be given preference over those belonging to old and orthodox schools of thought. Self complacency and static inertia are enemies of progress and improvement. They should be discouraged and dispensed with. Hierarchical barrier is well organized and is always resistant to any change in its organizational structure. Vertically organized hierarchies are rigid and inflexible, suffer from self denial and bureaucratic inertia. More they change, more they remain the same. In medical settings, top bureaucratic positions are occupied by doctors and the lower by care giving staff. Both have misperceptions about their roles and responsibilities in patient care. In many cases, medical errors, delay in treatment, incorrect reporting of patient status have ended up in adverse events. The change can be effected by a cultural shift, spirit of cooperation and not competition and a mechanism addressed to behavioral code, agreed to and accepted by all health care providers.

Services provided by international donors

International agencies like UNICEF and WHO provide us major support in preventive services like expanded programme of immunization, accelerated health care programme and diarrheal disease centres. HIV/Hepatitis also deserve world attention.

National Health Policies

Pakistan has clearly spelled out its vision, policies and programmes of health care and the time framework in which laid down objectives are to be achieved. However, now that health care has been devolved to provincial Governments and the Ministry of Health abolished from the Federal Government, the important task of coordination between the provinces has suffered a setback. After devolution, health planning is now the responsibility of the provincial government and it is implemented at district level in conjunction and cooperation with local political leadership. Health for all, poverty alleviation, focus on primary and secondary healthcare, good governance and

the pathways of national health programmes are positive steps in health care improvement. Hazardous diseases like tuberculosis/other respiratory diseases, infectious hepatitis B and C and HIV being on upswing need effective Government healthcare control. HIV epidemic in Larkana (Sindh) is a wakeup call. Effective checks on the quality and prices of medicines is yet another area which needs Government attention urgently. Recent price hike in life saving drugs has seriously jeopardized the cost of treatment which has become more expensive and beyond reach of common man. Pay packages of junior doctors and lady health workers need revision as also improvement in their work environment. This will encourage them to do better and be more productive. A lot is still to be done to achieve the vision set out in our stated health policies.

The Hospital: Origin and history of development

- a. **Hospital** It is commonly assumed that the word hospital denotes a place which is responsible to take care of sick/injured and by so doing restore him to his occupation as a useful member of society. The institution of hospital dates back to earlier Christian era, when religion motivated people to do good acts to mankind in keeping with the religious spirit. Elements of treating and ameliorating suffering were not the prime movers. They were incidental, in that, most of the hospices were located in Churches and other places of worship and worked under the care of priests and nuns. Healing practices of the times were food, shelter and solace for the destitute and the deprived.[49]
- b. **Christian Hospital** These hospitals came into being after emperor Constantine recognized Christianity and declared it as state religion. In AD 325 he instructed bishops to establish hospitals in all cathedral cities. These hospitals gradually evolved into a mould that provided care and treatment to the sick; medical care taking precedent over social care. The period leading to crusades led to the establishment of greatest number of hospitals as they became the need of the times.
- c. **Medieval Hospital** It was a house of shelter and care and less of an institution to provide healthcare. The medical skills of the church men

withered away. The inquisition was at its peak and Christian dogma set out rules for living and functioning. Lynching and burning at the stake were carried out ruthlessly without any consideration for human dignity and respect of life. This was the period called dark age.

- d. **Hospitals after Reformation** The period of reformation brought in its wake an age of reasoning and enlightenment. Old dogmas were replaced by logic and rationalism and cause and consequences. By an act of Parliament, Henry VIII dissolved all monasteries doing away with all hospitals, operating under their tutelage. Salvation of soul sought from priests was no longer considered essential and mundane practices of religion encouraged people to exercise independent thinking and free expression of thought. Separation of religion from the affairs of state encouraged new discoveries in science and knowledge. The hospitals did not undergo immediate reforms but the direction had been set to know more about disease and how to cure.
- e. **Voluntary Hospitals** The reformation laid sound foundation for a new trend in healthcare. This depended on philanthropy and voluntary donations and contributions which worked well and was socially acceptable. The Christian ethics were the guiding factors that shaped the health service of that era.[49]
- f. **Hospitals after world war II** The two wars that engulfed the whole world exposed the people to the miseries of war which were nothing but blood, stench and filth. Advances in science and technology opened up new vistas of vision and healthcare was organized on scientific lines. Due cognizance was given to improve efficiency, social, economic and psychological aspects of human life that impacted positively on healthcare. Experiences of war were finely blended with the practice of medicine and it gave birth to a new system of healthcare which was both preventive and curative.[50]
- g. **Modern Hospitals** Modern hospitals are extremely complex organizations. They have on their rolls a well trained and highly skilled

workforce composed of doctors, nursing and administrative staff. Computer aided medical technologies in diagnostic and therapeutic procedures add up to the complexities. Experienced and efficient management to run the hospital by synergistic efforts to meet the rising expectations of patient is a big challenge that needs to be faced squarely and objectively. In present environment healthcare has become an industry but with a difference. While other industries deal in products, healthcare is a people-processing industry. The rules and ethics of business remaining constant, healthcare industry cannot afford to ignore the fact that man has different planes of existence ie intellectual, emotional, spiritual and societal and all come in to play when he is sick. All plans are needed to be addressed in equal measure.[51]

- h. **Military Hospital** A military hospital is characterized by its planned layout and structure, competent, efficient and disciplined workforce, caring and courteous nursing staff, state of the art medical technologies, carefully supervised administrative services, open culture of complaints and their remedy, strict accountability, well regulated by military rules and regulations and managed by high class leadership vested by commensurate financial and administrative powers. Others in military hierarchy have also responsibilities to ensure that things work smoothly as it is great morale booster for officers, JCOs, Jawans and their dependent family members. As far as complaints and admissibility of treatment aspects of coverage and payment of fees and other expenses are concerned, they can be resolved by referring to rules and regulations and standing operating procedures(SOPs).If such complaints cannot be made up at lower level, they are referred to higher Head Quarters for clearer interpretation and broader comprehension. Military hospitals are far better managed than civil hospitals in public sector.

Section II

Hospitalization, patients behavior and doctor-patient relationship

1. The prospect of getting admitted to a hospital for amelioration of one's sickness is not a happy one. It frightens many people particularly the elderly, who identify it with pain and death. For a common person, particularly the young the hospital environment is depressing, distressing, and in many instances dreadful. Other people become upset in hospital because they are restricted and find difficulty in adjusting to the hospital routine.
2. Lack of clinical and non clinical skills discrepancies in expectations and actual experiences may yet be other factors impinging upon the hospital reputation.

Patients Reaction

1. When a person is ill, he is a patient. He is confused and in a state of anxiety. Not only is he worried about his illness and the prospect of hospitalization, he feels concerned about his family and friends, his job and many other roles and responsibilities that he was performing prior to his sickness. If he happens to be the sole bread winner and a large family to support, his worries get compounded. In the present stressful environment, getting sick and admitted to a hospital is a sin of which he finds himself powerless to get rid of. This guilt feeling, frustration, lack of information about prognosis of his disease, casual and indifferent attitude of staff and high cost of treatment, all exacerbate his condition. There is every chance of his blood pressure shooting up to dangerous levels. I am not saying this about the privileged class. They take hospital admission as hotel-motel business and enjoy the comforts and luxuries that money can buy for them.
2. The hospital is one of the few places where an individual forfeits control virtually over every aspect of his life and living. This loss of control depersonalizes him and robs him of his powers of discretion and behavior. He just becomes a body on which physicians, trainees and nursing staff exercise their expertise and hone their clinical skills. While all that is happening, he is expected to remain quiet and cooperative. The patient is not considered a person with feelings and emotions and cognitive and intellectual abilities to discern what all is happening to him. Remaining aloof and submissive will put him in the category of Good Patient. Asking questions about his well

being and the arbitrary authority of the hospital staff will condemn him to the second category known as Bad Patient. The patients must be treated with dignity and respect and not just as bodies that bear pathology.

Adaptation of Patients

Depersonalization treatment coupled with any disorientation produced by illness itself renders patients vulnerable to social influence from the staff. This is exactly what happens to the young recruits and cadets during their period of training. As they say to make a man a soldier, he should first just be unmade. Instant thought and instant obedience to words of Command is a centuries old military legacy and it continues to remain. Similarly the patient becomes concerned with doing precisely as he is told and following all instructions literally in an effort to increase his chances of recovering. Patients feel they must accommodate all instructions of the staff. Physicians are regarded by patients as expecting cooperation, trust and confidence and the Nursing staff are seen in expecting understanding, respect and good behavior. Thus the hospitalized patient regards pleasing the doctor and nursing staff by behaving properly as a chief role obligation. For the patient behaving properly means doing what he is told and not to create any trouble.[52]

Role of Doctors

1. When a patient looks for a doctor for his treatment, he has concerns for his competence so as to be in safe hands for his ordered.
2. The doctors in particular and health professionals in general are entrusted with what possibly is the most precious thing of all; life itself. Hence there has always been more than usual concern with the quality of professional performance.
3. The society in granting the health professionals considerable privileges and powers has expected in return that the profession regulates the conduct and competence of its members.
4. Sickness seldom informs, accidents never do. Who do we look for when such a situation arises. Obviously the answer is doctors and that too for a good one.
5. In recent years the demand for regulation of healthcare providers conduct and performance has become insistent. The main reason for this is the remarkable

development of medical technology and the specialization associated with it. As science places in the hands of the physician increasingly more powerful tools, it enhances both the ability to do good and the potential to inflict harm. The exercise of best judgment and professional excellence ought to be measurement tools of his professional performance.

Qualities of a doctor

1. A doctor must have a mature and wise outlook. He must be a master in the art of conversation. If he is not gifted with this art he must learn to acquire it with constant practice and with the help of books like one time best seller “ How to win friends and influence people” written by Dale Carnige. A study has revealed that in 52-84% of cases, doctors were able to diagnose the disease of their patient s merely by talking to them thus saving time on examination and expenses on laboratory testing.
2. Some patients are hesitant and shy of disclosing their diseases because of the social stigma attached to them. Doctors in such cases must show sympathy and understanding of their problems without causing embarrassment. The patient’s secrets should remain safe with them and the ethics of confidentiality should never get compromised. Our great Quaid at the time of partition in 1947, was suffering from a very serious disease and was under treatment of Dr Patel in Bombay(India).When the doctor informed Quaid that the disease was at its terminal stage and he had very little time left to live, the great Quaid told the doctor calmly that it was alright with him but he should keep this information as TOP SECRET. The doctor kept his word in keeping up with the moral and medical ethics of the time. Had he leaked this information to Indian Congress or British Government, Pakistan would not have come into existence.(Information from the book “Freedom at Mid Night”).The doctors also have the professional obligation to ensure that the patients are educated on infectious diseases so that they don’t pass them on to other members of their family and society at large. Recent outbreak of HIV in Larkana Sindh as reported on social media is a case in point.
3. When patients visit doctor they have explicit expectations and priorities for medical consultations. These may include how sick a person thinks he is, the intensity of symptoms including pain and disability, the perception of vulnerability to illness because of life style or family history and about vulnerability knowledge acquired from

family, friends, social media and easy to read medical books, magazines and journals. Our healthcare beliefs are outcrops of social, demographic and religious beliefs. Culture, education and exposure to health systems(Homeopathy, Hikmat, spiritual healing) shape our attitudes towards healthcare. Doctors treating the patients must be cognizant of these factors and devise their treatment plans after giving due consideration to these factors. It is generally observed that if the patients and doctors share the same culture and speak the same language, the health care outcomes are faster and better. Rapport between a doctor and patient is an essential pre-requisite for patient satisfaction and can be achieved by proper exercise of communication skills.

4. All it boils down to is the personality of the doctor. He certainly must have a positive personality that exudes influence. Must look like a doctor; Polite, courteous, well mannered, soft spoken with pleasant demeanor and on top of it all, he should be professionally competent. Must exhibit excellent communication skills; talk less and listen more. Be focused on patient's problems and concerns as if they all mattered to him. Patient-Doctor relationship is the essence of all health care.

Section III

Patient Satisfaction

Definition

1. “Complete fulfillment of a need or want or attainment of a desired end” whereas the word patient means any person who is ill. So the patient satisfaction may be loosely defined as complete fulfillment of needs and wants of an ill person. In the context of health care delivery in the hospital, satisfaction can be defined as the extent of an individual experience compared with his or her expectations.
2. Patients satisfaction is related to the extent to which general health care needs and condition specific needs are met. Evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more likely to comply with treatment, take an active role in their own care, to continue using medical care services, and stay with a health provider(where there are some choices) and maintain with a specific system.[53]

Patients Needs, satisfaction and health related quality of life

1. WHO in 1948 defined health “as a state of complete physical, mental and social well being, not merely the absence of disease or infirmity”
2. Medical profession however tends to focus more on a medical model of health care i.e history and examination, followed by investigation and treatment and finally clinical measures of successful outcome. This approach has been criticized for producing a paternalistic doctor-patient relationship. When this occurs we may ask ourselves; has a health need been met? Was the care process satisfactory? Has the burden of disease on the patients quality of life been minimized?
3. The traditional approach to patient assessment, using clinical and laboratory evaluation is largely based on observer ratings by health professionals. In the “ Medical Model” there is an optimal level of functioning and everybody below this could be assumed to suffer ill health. However if these cases are examined carefully, physically disabled individuals could be found with better quality of life than individuals with optimal functioning as quality of life refers to a broader concept of health than has traditionally been defined. Modern medicine is slowly beginning to recognize the importance of the perspective of the patient in health care and more investigations are needed to

understand the importance of the inter-relationships among health needs, satisfaction and quality of life.

4. No consensus seems to exist about the meaning and concept of “Need” in health, sociology and political literature. The ambiguity of the concept of „needs” and enormity of the task imposed upon practitioner has made the tradition from service led to needs. Patients with depreciated perception of health status have more social needs, thus meeting social needs may have a direct impact on general health status. This may raise the patients level of anxiety, which in turn worsen their emotional health status.[54]

5. “Need” may have a direct effect on satisfaction with care but the direction of the relationship is not clear. For example, patient may have a need for more or better information on some aspect of health. If this need is unmet, it may result in dissatisfaction with services. Alternatively, the better informed patient tends to have higher expectations and so be dissatisfied with care. Both of these scenarios directly influence quality of life.

6. The challenge therefore, is to identify and target patient’s genuine needs. At the moment there is no single definition of genuine health needs.

7. It is commonly acknowledged that patients reports of their satisfaction with the quality of care and services are as important as many clinical health measures. In the patients mind, perception is reality and patient satisfaction is a valid outcome indicator of the quality of the totality of care experienced. The combination of technical excellence and premier service is inseparable; one without the other is insufficient. Providing patient-centered care is an accepted goal in medicine today. Focusing on the patient has drawn attention to the importance of the interpersonal aspects of care, such as communication between the health care providers and patient. Patient-Centeredness means understanding the patient .Creating and strengthening the bond of trust between the health care institution and its patients is vital for a healthy and honest exchange of information. One must ask how can we be a successful institution if we don’t attend to the direct consequences of patient experience.[55]

Factors affecting patient satisfaction

Patient satisfaction is dependent upon variety of personal, cultural, social, socio-economic and health related factors, set against a background of previous exposure to

and experience of, health care services. Many of these may not be readily amenable to change, but where deficiencies are identified, alterations in services might well be rewarded with more satisfied patients.

Improving Patient satisfaction and harmonious relationship between the patient /relative and hospital authorities

a. **Hospital Efforts**

- (1) Hospital should try to establish cordial, equitable and mutually profitable relation between the hospitals and their beneficiaries. The patient mostly complain of discourteous behavior of hospital staff especially at the lower level. This irritates the patients and their relatives. The test of the efficiency of a hospital is the satisfaction of the beneficiaries. The sympathetic and courteous behavior of hospital staff would have a soothing and lasting effect on the patients and their relatives. All hospital personnel must inspire confidence and put the nervous patients and their relatives at ease.
- (2) The most irritating factor for the dissatisfaction of the patient is that they have to wait for long time in the outpatient departments because of the poor planning and management of hospital. The patients also complain of preferential treatment being given to VIPs and influential people.
- (3) There are other areas which must be attended to by hospital authorities to build the image of the hospitals. The patients also complain of the lack of coordination between supportive services, and the medical services. Most of the patients complain of non-availability either of their radiological reports or laboratory reports. They go on wasting their time in tracing their reports. Besides many patients complain that the preferential treatment is given to friends and relatives of the hospital staff. Many patients complain of non-availability of medicines. Besides, patients are referred to other departments which result in great delays for the treatment to be

given to them because of unsatisfactory coordination among the various departments of the hospital.

b. **Paramedical Staff Role**

- (1) Most of the patients complained of a great distance between the doctor and the patient. This gap can be bridged through personal attention given by the doctor to the patient. Hospital effectiveness which can be measured in terms of patient satisfaction does not depend on improvement of hospital service aspect alone but on the medical care aspect.[56]

Measures for improvement

In order to improve relationship between the patient/relative and hospital authorities following measures prove useful:-

- a. To encourage polite and courteous behavior of the staff towards the patients, orientation and in service training opportunities should be provided to them.
- b. Out Patients should be properly guided by the doctors issuing prescriptions regarding the procedure to be followed to get their blood, urine, stool etc samples tested.
- c. Laboratories may be modernized and out-dated equipment replaced as early as possible to improve the accuracy of the test results because these tests form the basis of the medical treatment which the patients are to be imparted.
- d. Patients may be issued with slips on arrival indicating the probable time of his examination by the doctor.
- e. Effective coordination should be established between the medical services and the supportive services to ensure promptness and clarity.
- f. Effective coordination and cooperation must be ensured among various departments of the hospital to facilitate the patient's diagnosis and treatment.
- g. A receptionist well-versed with the functioning of hospital system, may be appointed to guide the patients to approach the hospital properly.

- h. There is a need of placards and signboards inside the hospital to guide the patients and their relatives to various departments.
- i. Provision of cheap and quality goods for use by patients or their relatives.
- j. Arrangement of stay of the relatives in some suitable accommodation inside the hospital.
- k. Hospital beds may be given to patients according to the severity of the disease rather than other trifle considerations.

Section IV

Soft Skills and its explanation

Soft skills Anecdotal explanation

1. **Good Receptionist** Imagine the receptionist who is always early, appropriately dressed, bright eyed, cheerful and polite, moves about swiftly but steadily, all the while greeting patients warmly and crisply, enthusiastically answering their questions accurately and concisely and solving their problems whenever they arise and when there are no visitors, keeping everything clean and organized behind the counter, jumping in to help others and always watching that counter in case a visitor is approaching.[57]
2. **Careless Workers** In another scenario, two stretcher bearers without any regard for patient's safety, lift the critically injured patient to take him to the operation theatre, drop him on the ground while cutting jokes with each other and laughing. In yet another episode an untrained person administers a wrong injection to a young child girl and causes her death (Dara-UI-Sehat) Karachi.
3. **Bad Nurse** A nurse gets straight "As" from her nursing school, is great in her profession of inserting needles and tubes into the human body, but if that nurse falls asleep on the night shift or forgets to note correctly when medicines were given or does not communicate effectively, then patients will suffer and someone might die.[57]
4. **Excellent Nurse** Imagine the Nurse who not only stays late and takes very few breaks, but whom patients know by name and trust and look forward to seeing; who sees more patients, spends more time with patients. Knows more patients by name and smiles at more patients, notices subtle changes and recognizes important symptoms even when they are not conspicuous, can give a patient or his family greater feeling of dignity and safety, comfort and motivation, and one who enthusiastically asks patients, "Can I do something for you".
Soft skills are not trivial. They make the difference between life and death, between success and failure.[57]

6. **Poor Rapport** Imagine a specialist doctor clinic located in a narrow space in an old and dilapidated building with overcrowding of patients, some sitting, some standing and most loitering in verandah wait for their turn to see the specialist. The specialist himself is an experienced doctor, with many high qualifications to his credit, but he has very little time to exercise his expertise. The patient enters his office, there is no exchange of greetings, the doctor without lifting his eyes from his laptop screen asks him a few questions and writes down the prescription. Where is that relaxed ambience and the rapport between doctor and patient which is considered so essential for patient's needs, satisfaction and quality of care.
7. **Good/Bad Accountants** Imagine the accountant who not only knows the rules, follows the rules, insists upon his clients to follow the rules and knows the audit process, but also has the guts and tact to talk to clients, through the difficult details and to help them ethically, navigate around, over, under, or through, or maybe even the initiative, creativity and innovation to find a hidden opportunity or loop hole for fraud and brings it to the notice of authorities to plug that hole. He is an asset of the organization. On the other hand an accountant with top of the list qualifications does not pay close attention to details, or overlooks details and is apt to leak out confidential information to persons not authorized to receive it, can spell disaster to the organization he is working for. Which of the two will be your choice? The answer is obvious. Your choice is as good as mine.
8. **Soft Skills-High Priority Behaviours** There is a health care system where there is metrics-wait time in emergency rooms, cost per care, incident safety, patient satisfaction etc to surpass those of comparable hospitals. The reason is their incessant focus on a handful of high priority behaviours among healthcare delivery personnel ; pace, quality, decision making, treatment and service.
9. So it points that soft skills if implemented in our training curriculum can prove to be a game changer. They can act like jet fuel, enhancing every aspect of health care profession. Key areas recognized by the researchers where soft skills play significant role are communications, professionalism, critical thinking and

followership. Each of these areas abounds hundreds of soft skills needs to be explored, examined and implemented .After appropriate studies they will enable us to select the most appropriate ones suited to our professional needs.[57]

Top soft skills needed in the hospitals/workplace

1. Multiple researchers have discussed the specific soft skills needed for individual/person to be successful. According to Flaherty(2014), soft skills needed are interpersonal skills, written and spoken communication, critical thinking, etiquette, positive attitude, self confidence, work ethics, time management, team player, problem solving and decision making, negotiation, conflict resolution, computational skills, ethics, ability to work under pressure, cultural competency and sensitivity, good judgment, management of criticism, ability to be flexible and leadership.[58]
2. Robles(2012) defined hard skill and soft skills and researched soft skills based on executives perceptions in the current workplace. The top 10 soft skills that Robles identified are Communication, Courtesy, Flexibility, Integrity, interpersonal skills, positive attitude, professionalism, responsibility, team work and work ethics based on the survey in which individuals were asked to rate the importance of the 10 selected soft skills using a 5 point Likert scale of responses ranging from 1(Not at all important) to 5 (extremely important).The 10 soft skills were ranked in order of highest mean and standard deviation.
3. The most important soft skills recognized in Robles(2012) is communication, which means ability to speak appropriately and be proficient in written, presentation and listening skills.[36]
4. Mitchell et al.(2010) ranked 11 soft skills based on importance. They used “The ranking scale,(6) Extremely Important,(5) Very Important,(4) Somewhat important(3) Important(2) Not very important and (1) Not at all important”. The top 11 soft skills are, general communication , general ethics, time management/organization, written communication, team work, business etiquette, diversity and customer services, problem solving /critical thinking, oral communication, leadership.[59]
5. Zhang (2012b), ranked the skills commonly needed for success in the work place. The ranking scale applied to the survey was 1(least important to 5(Most important).The highest rated skill was honesty/integrity followed by Communication

skills, ability to work in teams, interpersonal skills, flexibility/adaptability, creative thinking and organizational skills (Zhang,2012b).[60]

6. Brugarth (2011) studied on students who received leadership training to identify the top soft skills needed for leadership training graduates to be successful in the workplace. The studies concluded that communication is the main soft skill needed in the workplace followed by Interpersonal skills, leadership, team work and problem solving soft skills.[61]

7. Soft skills also have been recognized at the national level in the US Department of Labour. The Office of disability Employment Policy created a soft skill program targeting youth ages 14 to 21 years. The department research showed that Communication, ranked first as a required soft skill including verbal, nonverbal written and visual communication. The second soft skill is enthusiasm and attitude in making the difference in obtaining a position. Having a positive attitude also was seen as for employee to advance in the workplace followed by team work, networking, problem solving and critical thinking.

8. Weber, Crawford and Dennison(2012) provided a perspective on soft skills from the viewpoint of human resources professionals. They investigated the possibility that leaders in the hospitality industry were not considered with technical skills because some organizations could provide work specific skills on the job but were more concerned with applicants possessing the appropriate soft skills to provide good customer service. The top soft skills identified were communication, ability to manage and motivate others, integrity, commitment, listening skills.[62]

Soft Skills essentially required/to be developed in Nursing Assistants

1. We expect from our Nursing Assistants to be polite, courteous and respectful to patients, kind and considerate to his relatives and visitors.
2. Display moral and medical ethics in his conduct and observe doctors instruction in regard to treatment plans in true letter and spirit.
3. Be cognizant with patient safety measure and occurrences of medical errors, adverse events must immediately be brought to the concerned authorities for prompt remedial measures.

4. Consult and seek help from colleagues when he does not find himself to manage the situation.
5. Must not be long winded in his description of case but be brief clear and substantive in messages, on face or on telephonic conversations. Involve patients in their treatment plans by gaining their confidence by peoples skills.
6. He must be thorough professional and look like one by his appearance, dress, grooming, body language, facial expressions, tone and tune of his voice. He should be very careful with the choice of words when conveying bad news.
7. Custody of medical documents/record is another responsibility of nursing assistants entrusted to the Nursing Assistants. These documents are legal documents and admissible as evidence in any court of law. Hence the importance of safe keeping.
8. He must be gentle, humble and respectful while dealing with patients. They must also be polite, courteous and accommodative while interacting with relatives and addressing their outcomes and worries of patients.
9. Adopt cheerful posture when discussing the prognosis of diseases and say encouraging words to boost up morale. Be very careful with words, tone of voice, facial expressions and body language.
10. Be patient, flexible and quiet without loosing temper. Always remain self controlled.
11. On arrival for duty, always plan your work and prioritize tasks.
12. Be helpful and offer your services to your colleagues. Appreciate their work, celebrate their success and never ever criticize and say bad words behind their back. You may be a top gun in your profession but if you are not a good team worker, you are of no use to your organization.
13. Be a reliable and dependable person. Accept responsibilities willingly and carefully and perform your duties with complete involvement. Show moral strength by admitting your mistakes honestly.

14. Learn the art of verbal conversation with clarity, fluency, and proper pauses.
15. Always observe proper discipline and code of conduct as laid down in standing operating procedures(SOP) of your duties while dealing with doctors and patients. Don't ever forget you are the most important link between the two.
16. Keep an urge to learn and know as much as possible and continuously seek help, guidance and support of your seniors/mentors and respect their wisdom.
17. Remember knowledge comes from reading and learning new ideas and information. Skills are built up by constant practice and wisdom from understanding multiple perspectives.
18. Never be shy in expressing your apology or saying "Sorry" to your patients when you are wrong or causes them harm or inconvenience. Never say "No" bluntly or curtly to a patients request even when you know it cannot be met. There are several other indirect ways of expressing the same by using tact and diplomacy.

Soft skills in Health care

1. " Soft skills in health care are important. People don't know how to judge the quality of care but they can judge if someone is nice and polite with good social skills". Most of the quality evaluations are based on soft skills".
2. Some Nursing assistants were not taught soft skills in their early life, so they lacked soft skills. Some develop with time, while others will never develop them. In this context back ground of Nursing Assistants plays an important role in their development of skills, some have them from their family and school, others never had that opportunity. Nursing Assistants could not determine when it was important to be professional and did not understand when not to openly express their thoughts. They need to be socially responsible and acceptable to be good Nursing Assistants. They did not understand that what they were doing was wrong. They did not know how to win friends and influence people. No matter how talented you might be, you have to relate yourselves with others and deal with them. They lacked the skill to work with others and were poor team members. Lack of professionalism and customer servicing were prominent by their absence. Lack of soft skills was evident in clinical settings. Their

superiors and colleagues also did not model soft skills. Most did not know how to make eye contact with patients and others and did not care to filter what they talked about.

3. Health care is a big business these days and sometimes soft skills are the only things making a clinic better than the clinical down the street.

Issues of Soft skills in Civil/ Military health care setups of Pakistan

1. In today's work environment our young workforce has so much to offer. New technical skills, new ideas, new perspectives, new energy. Yet too many of them are held back chiefly because of lack of soft skills. The problem has got further accentuated in military hospitals due to overcrowding, shortage of care giving staff, lack of space and even increasing entitlements. The patients visiting the hospitals are not like those who are ignorant of health problems and trusting of hospital staff and accepting the outcomes as will of God. Today they question everything ranging from the rude behavior of security staff to the competencies of health managers and health care providers. This awareness of their rights and privileges has come about with increasing levels of education, half baked medical education passed down through social media and easy to read medical literature available on the internet.

2. Unlike our counterparts in the civil sector who resort to strikes and sit outs to press for their demands for more pay and privileges without bothering about the sufferings of the poor and helpless, our military health care workforce, on the other hand is great. To them duty and service comes first. They work round the clock, their pays and privileges are much lesser, yet they bear all these hardships with patience and fortitude. The present turbulent political situation in the country, deteriorating socio-economic conditions, uncertain law and order do tell upon their mental thinking and instead of hampering their performance, spur them on to work with more dedication and enthusiasm. Military discipline, respect for authority, cooperation and collaboration with colleagues, punctuality, appropriate dress (Uniform) and accountability process have inbuilt soft skills which set them apart from civilians. That is why more and more people like to come to military hospitals for treatment. But due to security reasons, they are discouraged to approach military set ups as a result of which valuable source of generating income is drying up. In today's competitive health care market we need to attract more clientele to enable us to earn more money to purchase new tools of

treatment and carryout other improvements for image building. Imparting training on soft skills will not cost much; it can be imparted while being on job, but it will accrue us, dividends far beyond our expectations. We need to ponder over this idea and stay a little longer with it to comprehend its ramifications and benefits.

3. Why I say this is that while the civil sector has expanded enormously (70% of health space), there has not been corresponding improvement in the quality of health care. It has deteriorated beyond redemption. Aside corruption, malpractices, lack of oversight and stewardship the quality of work force is worst imaginable. They are rude, impolite, and ask for bribes even for letting the patients in. Coming late for work, absenteeism, shabby dresses and constant engagement with hand held devices are part of their work habits. They don't have respect for authority; most are political workers of authorities in power, lack in professionalism, don't know what to say and how to say it or how to behave in meetings. They also don't know how to think, learn or communicate without checking a device. Lack of civic sense and citizenship are prominent by their absence. To summarize they are:

- a. Unprofessional
- b. Unaware of self awareness
- c. Irresponsible with no sense of duty and accountability
- d. In need of attitudinal adjustment, work habits, and people skills.
- e. Deficient in critical thinking, team work, problem solving and decision making, sense of sacrifice for the greater good and most important of all deferring to authority.

Important soft skills learnt through Military training

1. Leadership
2. Discipline
3. Initiative
4. Team Work
5. Collaboration
6. Time Management

Explanation of different soft skills

There are more than 100 soft skills required for an individual's and organizational success. However based on my scope of study I have encapsulated few soft skills accordingly, as mentioned below:-

Encapsulated Soft Skills

1. Communication skills (Reading, Writing, Speaking, Listening, Reasoning)
2. Thinking Skills-Critical thinking
3. Leadership skills
4. Problem solving skills
6. Decision making skills
7. Service and citizenship skills
(Discipline, Initiative, Esprit de Corps, Team work, work Habits, Networking, socializing, career management)[57]

Communication Skills

Communication It is the exchange of information between two people, groups or entities. The word communication encompasses many types of exchanges, such as verbal and written. More suitable communication takes place through body language, attitude and tone. Communication is not just about what a person says but how he says it. The research on it has shown that 93% of it is through body language ,verbal part is only 7%.[63]

Reading Skills

1. **How to read most efficiently** Formal reading ceases at elementary school level. The stark and awful truth is that we read slowly, laboriously and inefficiently. An average reader reads between 200 to 300 words per minute. This speed can be increased to 600 to 800 words per minute by practicing reading skills daily. For efficient reading first of all determine in your mind what the purpose of your reading is? Is it surface reading or is it deep reading? For surface reading browse through the book to get a general idea. For a bird's eye view skim over the text like a Dragon fly over a pond of water. This will enable you to have a broader view of the landscape of author's theme and line of arguments. For in-depth reading, be slow, deliberate and critical in reading and take notes on important paragraphs and passages. In deliberate reading go from paragraph to paragraph reading first and last sentence of each paragraph. This will

give you a fair idea of the theme of the text and the authors line of argument being developed. Go for thoughts, not words. In critical reading of factual or thoughtful text jot down facts and figures and important arguments to verify their veracity or to reconfirm their authenticity later on. Some people read a book from A-Z and think they have read the book. Nothing could be further from truth. They have missed the forest for the trees. Reading words is not reading thoughts. Read with only one question in the background of your consciousness. Does it make sense-If it does, spur on. More thought lies ahead. Different authors have different styles, but they usually follow a consistent pattern of thought development. Once you have succeeded in decoding their style you will have no problem in understanding their line of argument and the ultimate theme of their subject. If you wish to read more thoroughly, rapidly and yet be careful, you need to have a more comprehensive grasp of the written word. There is a right approach to it and there is a wrong approach to it. For comprehensive reading note the main thought of the paragraph. Find it and fix it firmly and clearly in your mind. Read rapidly through the rest of the paragraphs and glean contributory ideas that expand, explain or enlarge upon the main thought. Look for words that express ideas without adding unnecessary details. Not all words are equally important. Learn the way you send a message.(SMS).The eye sees instantly much more than the mind actually reads. That there are only certain words within each sentence that the mind needs to dwell upon to get the thought of the author. While you see all the words you read only half of them. Practice telegraphic reading is a principle secret in faster reading and more comprehension. Check your reading for comprehension of facts. It should not fall below 80%.We also see more when we read faster. The eye picks up an eye full of print. The word by word reader brings the thought from printed page in dribs. The readable area that one sees with a single glance is called the eye span. This can be developed with proper training. Increased eye span means greater intake; more efficient reading. Reading is an extremely complex Visio psychological process. Many factors can be attributed to faster reading with more comprehension. To accomplish this, increase your eye span with daily practice by seeing more and more at a single glance. Arrest the impulse to glance back at what you had just read. The eye sees more than it sees, and the mind comprehends more than we realize.

2. **How to find time to read** An average reader cannot maintain that average unless he reads for every day. The reading speed can be increased to 6-1000 words per minutes with proper training and regular practice. Late American President John F. Kennedy was reputed to be a phenomenal speed reader. Late Z.A. Bhutto also had tremendous capacity for fast reading and sharp comprehension. An average reader by just reading for 15 minutes can read (4500 words in one day). 31500 words in one week, 126000 words in one month and 1512000 words in one year. Books vary in length from 60000 to 100000 words. The average is about 75000 words. The deductive logic is that an average reader by reading for 15 minutes a day can read about 20 books a year. This is a lot of books and yet it is easily possible. As healthcare professional you might complain that you don't have time for general reading. Let me give you the example of Doctor William Osler. He was one of the greatest of all modern physicians. He taught at the John Hopkins Medical school. He finished his teaching days at McGill University. Many outstanding physicians of the today were his students. He wrote many medical text books. Among his many remarkable contributions to medicine are his unpublished notes how people die. Doctor Osler was short on time; he was a busy physician, a teacher of physicians and a medical research scholar. He had no time to read anything other than his professional reading. But he found a solution to this problem early. He would read for 15 minutes every night before going to sleep. Over a very long life time Dr Osler never broke this rule. Just do a mental calculation for half of a century of a 15 minutes reading period daily and see how many books you get. He was a very literate and cultured man and an authority on English prose. He was interested in knowing what men had done and thought throughout the ages. The answer to lack of time may not be the last 15 minutes before you go to sleep. It can be any other time of the day. It can be during the periods of waiting which all of us experience daily - waiting for meals, transportation, doctors, haircuts, performances to begin or something to happen. No universal formula can be prescribed. Each of us must find our own 15 minutes period each day. It is better if it is regular, then all additional spare minutes are so many bonuses and believe me the opportunity for reading bonuses are many and unexpected. The only requirement is the will to read. With it you can find the 15 minutes no matter how busy you maybe. You must have the book at hand. Not even

seconds must be wasted starting to read. Set that book out in advance .Put it in your pocket when you dress. Put another book beside your bed. Put one in your bathroom. Keep one near your dining table. You cannot escape reading 15 minutes a day and that means you will read half a book a week, two books a month,20 a year and 1000 or more in a reading life time. It is an easy way to become well read.

Listening skills

1. A cultured man is a good listener. Following are its do"s and don"ts.
 - a. Show respect for others by listening attentively when they speak, instead provide positive feedback by body language such as nodding your head and smiling. If you don"t understand what the other person is saying, wait until he has finished and then ask questions about the topic, rather than requesting him to repeat what he has said. When someone speaks to you, spend most of the time listening. Active listening means that you stop talking and concentrate on the other person"s words, not on how to counter his arguments or respond to his claim. Active listening also helps you to understand other person"s needs and the content of the message. Listening shows how much you respect and value other person"s views and what he has to say. Ask only short questions for clarity, do not ever interrupt. Do not show your personal or emotional responses. Do not do anything else when you are listening. Listen with your ears and hear with your heart and mind. Listening is one of the most important skill, one must always strive to learn. Study suggests that people only remember 25-50% of what they hear in informal communication. They over look, disregard, misunderstand or forget the other 52-75%.By becoming a better listener you can improve your productivity, be more influential and avoid conflict and misunderstanding. The best way to enhance your listening skills is to learn to listen actively.[63]

Speaking Effectively

Speak quickly and use enthusiastic tone to excite your listener. Speak slowly when you want them to absorb your words or anticipate the next idea.

- a. **Pitch of voice** Moderately used both high and low pitches are effective in public speaking. Raising the pitch of your voice indicates uncertainty, lowering it gives your voice a more authoritative and influential character.
- b. **Control of volume** Speak loud enough so that your audience may hear you comfortably. If the volume is much louder, it may annoy your listeners and disturb others. Speaking too softly can make you inaudible, giving an impression of timidity and submissiveness. Varying your volume adds character to your speech. Raise the volume when you want to emphasize a word or an idea, lower it to tune in your audience to what you have to say to them.
- c. **Clarity and pauses** For listeners understanding, enunciate clearly each sentence, phrase and word. Improve your pronunciation by practice. Clarity and diction will enable you to create the impression of competence, confidence and intelligence. Occasional pauses to break up the flow of information will let listeners process and understand what was said. Low pitch with a varied pace and punctuated pauses are the vocal elements, considered essential for any effective public speaker.[63]

Written work

Everyone in the profession must be able to express his ideas clearly, concisely and completely. If the written work is unclear or lacks important details the readers become confused and cannot respond appropriately. Before writing anything first of all we must be clear about our thoughts, then collect the necessary information/data of the subject matter, jot it down in outline and then start writing it in a logical order in simple words and short paragraph. Every written work has a beginning with an aim and objective, a main body containing crux of the subject and an end or conclusion, summarizing in few paragraph all what has been written before.[63]

Importance of clear writing

A US study informs that people who can write clearly and in complete sentences are high in demand. It is not that they want to hire Tolstoys, but they need people who can write clearly.

Essential elements of writing

- a. **Know your reader** Start your writing by identifying your typical reader. Often you need to help readers understand your topic and ideas, persuade them to your point of view or motivate them to take action. You will be successful if you begin by seeing these topics from your audience's point of view rather than your own. If your document is long, complex or especially important draw a profile of your reader and refer to it as you write.
- b. **Relate to your reader's experience and understanding** Ideally your writing is not a new thing to your readers. Instead you should be adding to their knowledge and exploring alternative ideas with them. A skilled writer identifies topics, his readers already understand and builds on those to introduce new ones. Considering your readers experience, help make your writing clearer, more accessible and relevant.
- c. **Define your objective** Before you start to write, determine the exact purpose of your document. Why are you writing and what do you expect to achieve? The purpose of most writings is to inform about meetings, summarize decisions or list procedures. The object of many other documents is to persuade such as to convince superiors or colleagues, motivate workers or stimulate action. As you write, double check to make certain every sentence and paragraph contributes to your objective.
- d. **Keep it simple** Professional writing should be efficient, which means it is easy to read and understand .Keep your words, sentences and paragraphs short and to the point. Trim your writing by eliminating vague and unnecessary words. Watch out for long sentences and carefully review any that are longer than two printed lines.(average 20 words)
- e. **Make your document attractive** Your reader will actively decide whether to read the text you have prepared. One important influence on this decision is how your writing looks. Documents that are clearly written and use an attractive layout, are much more inviting and likely to be read. In contrast, long blocks of text, intimidate your readers and reduce the chances that they will carefully consider your work. Plain English is "good business". Don't say "Execute your sign" just say "Sign it".

How to write Email/Messages

E.mail is the most popular way to exchange information in organizations and is an indispensable communication tool. You can use an e.mail message to collect information respond to request or confirm decisions. A memo is appropriate, when you want to create a permanent record or make your message more formal. Before writing the message or memo you should always consider in your mind the purpose of writing this message and who is going to receive it. A message you write to a colleague can have an informal tone, while a message for your superiors should be more professional. E.mail messages are generally shorter, more immediate and less formal. They can also include information stored on computer network or the internet. They are becoming more and more popular because they let you quickly exchange short messages especially those that request a quick response, confirm a decision or provide brief information. When time is a factor they are the ideal way to exchange information. Instead of a telephone call send an e-mail requesting information as it will enable the recipient to refer to his stored record of information to answer your question/inquiry. The other advantage is that it can be addressed to many others at the same time.[63]

Formal Communication

Written messages are more formal, making them appropriate for official communication for policy decisions and other important matters. Messages should include four basic elements (1) A subject that offers a preview of the message (2) An opening sentence that conveys main idea (3) A message body that explains, supports or justifies the idea (4) An appropriate closing sentence like “Thank you for your help and cooperation”

Mastering the Art

Message and memo writing is an art which everybody cannot be master of. Learning this art to perfection can brighten your chances of success. Effective communication skills and strong work ethics are two top traits that any superior would look toward to see in his subordinates. Bill Gates, co – founder of Microsoft corporation, wrote a series of memos to colleagues about the potential of computers that set the direction of computer industry. He selects the promising ideas that are over the horizon but not too far over, studies them in great details and then communicates them very

effectively to the company and others interested in the subject. His communication skills have made him what he is today.

Etiquette of e.mails

1. E.mail responses are governed by common rules of e.mail etiquette. These are:
 - a. Ensure efficient and accurate responses that prevent misunderstandings.
 - b. Be sure to answer all the questions in the request message.
 - c. Respond as quickly as possible (within at least 24 hrs).
 - d. Proof read complete message text before you send it and look for language your reader might misinterpret.
 - e. Responding promptly is professional and courteous.
2. If you don't have an immediate answer to a question, send an e.mail explaining reasons, and when can the recipient expect the response. If you are tardy in your response or fail to respond at all, you can create the impression that you are avoiding the sender's request or have poor time management skills.

Importance of clear writing

Learning to write clearly will serve you well throughout your career or even afterwards. Some people have the misconception that clear writing means that it is free from spelling and grammar mistakes, while it may be partially true, clear writing actually means that you craft your communication to best meet the needs and interests of your readers. A well written paper has a specific purpose, makes its point clearly, organizes supporting and related information logically and is grammatically correct.

National Languages- Dichotomy

Urdu is our national language but English is the language in which most of our Government business takes place. Unfortunately in either of the two we have not been able to achieve any meaningful proficiency. They say if you acquire knowledge through language other than your mother language, you remain 20 years mentally behind others. That is why; perhaps we have not been able to produce any creative men of letters and science. The few we have are of mediocre standards. We have had some good English/Urdu writers in the past but they are now history. In last year's superior civil services examination, 98% of the candidates failed in English language. I am not lamenting the decline of English despite thousands of English medium schools in the

country, it is the failure of all of us to develop Urdu to become a language of learning in science, mathematics, engineering and medicine. This dichotomy of languages has created problems in health care services. Doctors write their prescriptions in English and the lower staff only understands Urdu.

Effective presentations

Mark Twain once observed that it usually takes me more than three weeks to prepare a good impromptu speech. It follows that in order to deliver a good presentation we have to plan and prepare it thoroughly. Time invested in planning will pay off as we develop, rehearse and finally deliver our speech. Some guidelines are:

- a. **Refine your message** When you start planning your presentation, write down on a piece of paper the main topic of your presentation. Read it over and over so that it seeps down in your mind. Keep a clear picture of the main and supporting ideas and look for suitable material from print and electronic media that should help you in the preparation of your presentation. Get advice from colleagues and superiors with more experience and knowledge of the subject matter and then set down to writing it in a chronological and rational order. A presentation is composed of three main parts, ie Introduction, main body and conclusion. Make sure your presentation is stuffed with “Must”, “Should” and “Could” and is presented to your audience in an effective style. Anticipate questions and prepare points for their answers.
- b. **Anticipate your audience** When you begin to prepare your presentation, carefully consider who your audience will be. What is their intellectual, professional and experience level and what is the purpose of your giving this presentation to them. This will set the course of your presentation effort in determining the aim, scope and contents of your message and the time allotted to do all this in.
- c. **Budget your time** Only experienced people know how much time and efforts are needed to collect, collate and disseminate information. Professional speakers often budget 10 or more hours of preparation for one hour of actual delivery. A

formal presentation requires more time than a casual speech. However in order to be on the safe side, give more time to prepare and rehearse your speech.

- d. **Some tips for presentations** (1)Keep it simple, (2)Leave plenty of wide space on your slides. (3)The less graphical clutter you have on a slide, the more powerful your visual message becomes. Follow the six by six rule. Include no more than six lines of text on a slide and no more than six words in each line. Slides should support your speech, not make you unnecessary limit special effects. You don't need to use animations on every slide, especially if they are slow. In the same way, you don't need to use transition effects between all slides. Using the same effect creates visual consistency. Use high quality graphics; Avoid cartoon or common clip art and take advantage of high quality graphics especially photographs available for purchase online.[63]
- e. **Use color effectively** In particular make sure you display light text on a dark background, or dark text on a light background.[63]

Reasoning skills

A claim is a statement that someone makes about a topic or issue. The claim can be true or false. Many statements are not claims. The truth or falsehood about a claim can be measured. When you are presented with a claim, it is up to you to accept reject or investigate it. An issue is any controversial subject that can be discussed, disputed or reviewed. If discussed from normal controversial topic then it can raise questions and concerns. An argument is a set of one or more claims that support a particular conclusion. The claims are sometimes called promises. When you persuade someone to accept your view point, you often put forward a claim and offer evidence that offers proof of your point as true. You should evaluate others claim carefully and decide to accept the argument. A fact is a claim that is considered to be true and opinion is a claim that someone believes is true. Opinions may or may not be factual even though people often assert their opinions as facts. If you can collect data and analyze fact it is called factual matter. You can accept a claim as a fact unless it can be approved or disproved. Open ended questions do not have particular answers. They are asked to encourage the other person to articulate motivations, ideas or solutions. Close questions are specific and concrete and generally seek a „yes“ or „no“ answers. Ask

these questions when you need a direct answer, follow up questions are feedback questions.[63]

Deductive Reasoning

1. Avoid slipping slope or circular arguments because there is no connectivity between reasoning and conclusion. In circular reasoning a claim or premise is little more than the restatement of the conclusion. In slipping slope arguments the premise and the conclusion are not rational, like if that event happened next one is bound to happen.
2. Be aware of false dilemmas and clear up equivocation. False dilemmas are a predicament and leave little choice of options. They are like closed questions seeking “yes” or “no” answers. Use of ambiguous or vague words can create equivocation in arguments misleading and blurred conclusion. Such words should be got clarified before arriving at conclusion.

Fallacies in reasoning

A fallacy is an invalid argument that is made out to look valid by skilled communicators. A good conclusion should normally follow sound reasoning. But sometimes flawed arguments are put up to sound reasonable. In both deductive and inductive reasoning, detection of such fallacies can help to distinguish straight thinking from crooked thinking. Inductive reasoning follows from specific to general, whereas in deductive reasoning follows from specific conclusion from broad premises or observations. Deductive reasoning should be preferred over inductive reasoning. Some fallacies to be avoided are

a. **Inductive reasoning**

- (1) **Avoid hasty generalizations** These are generally made due to negligence, biases or laziness. Conclusions based on limited observations lack completeness.
- (2) **Separate cause and effect** When two or more events take place at the same time it is generally assumed that one caused the other. The cause and effect should be separately examined to determine their interconnectivity.

- (3) **Look for false causes** A right decision cannot be taken with wrong reasons. Look for fault lines.
- (4) **Consider the composition** A composition error happens when one assumes that the quality of a part is also the quality of the whole. Limit your assumptions of things you know of and not jump to conclusions about things you do not know.[63]

Cell Phone Etiquette

1. **Follow the 10 foot rule** When speaking on your cell phone, maintain at least 10 feet distance between you and the nearest person. Even if you are speaking softly, you force others to listen to your conversation when you are closer than 10 feet and can become a nuisance.
2. **Be careful of “Cell Yel”** Although microphones are designed to reduce background noise, some people raise their voice when speaking on a cell phone which is disruptive to everyone around them. Speak softly when talking on a cell phone. If the other person cannot hear you, they usually ask you to speak up.
3. **Maintain confidentiality in Public** When using a cell phone in public, your conversation is open for all to see and hear. If you need to speak with someone about a private matter, maintain confidentiality by finding a private location before making the call. If someone calls you when you are in public, offer to call him back or ask him to hold on while you move to another spot.
4. **Avoid annoying and noisy ring tones** You can setup phones to play music sound effects and other sounds as a call indicator. If you carry and use a cell phone in your professional role, use a basic, subtle ringtone. A gentle ring or simple tone alert is appropriate. Configure the phone to ring once and use a low volume.
5. **Turn off the phone** Turn off your cell phone when attending meetings or doing other important tasks. If possible set the phone to vibrate or provide a silent indication that someone is calling. Cell phones must be completely turned off at funerals, weddings, in mosques and in court proceedings. Also turn off the phone while driving. Talking on a cell phone while driving increases the risk of accidents even when the driver uses a hands-free device with his cell phone.

6. **Don't interrupt live conversations** When speaking with someone face to face, it is courteous to give them your full attention. Instead of allowing a ringing phone to interrupt a live conversation, transfer the call to voice mail and return it later.[63]

Importance of Communication in health care facilities

Without clear, effective and reliable communication links and skills, no healthcare facility can claim to achieve its optimal performance in patient safety and quality of care.

Structured Communication techniques

As part of patients safety goals which require effective communication among care givers, particularly at the time of transition of care, medical organizations are required to develop and implement certain specified procedures (SOPs), which may convey vital information about patients current condition, ongoing treatment, recent changes in condition and possible changes or complications to monitor. Some useful techniques that may come handy are briefings and debriefings, group rounds and Situation-Background Assessment-Recommendations (SBAR). The later technique was developed by a physician to standardize the type of information shared between team members and helps set the expectations that specific information elements are going to be communicated every time a patient is discussed.[65] The purpose was to educate team members about professional behaviors, courtesy in telephonic interaction, business etiquette and general people skills. A need was also felt to develop a system to detect and receive reports in profession, about disruptive and intimidating behavior and to punish those guilty of its violation and enforce code of conduct strictly.

Communication and team collaboration culture

1. This must be fostered by addressing defects in communication that affect collaboration, information exchange, appreciation of roles and responsibilities and direct accountability for patient care.
2. Clinical and administrative leaders must get the tone by establishing and adhering to behavioral standards that support agreed upon code of conduct backed by a non punitive culture and zero tolerance policy.
3. Focused team training has been of particular value. Improving team collaboration and patient safety through lessons learnt from aviation industry(CRM) and fostering trust and respect, accountability, situational awareness. open communication,

assertiveness, shared decision making, feedback and education can be its valuable components.[66]

Barriers to Effective Communication in teamwork

1. Personality clashes between and among health care professionals.
2. Rigid and unbending attitude of hierarchical structures.
3. Disruptive or intimidating behaviors.
4. Gender biases.
5. Difference in schedules and professional rounds.
6. Concerns regarding clinical responsibility.
7. Complexity of case.
8. Emphasis on rapid decision making.

General communication strategies guidelines are

1. Look for systems problems and not for people's problems.
2. Do not allow the staff to play the blame game.
3. Explore the ways the staff members think. There are as many ways to do that as you may conjure up.
4. Promote listening skills. Listening without agreeing is acceptable.
5. Encourage staff participation in education of their colleagues particularly during case presentations.

Importance of Communication in collaborative team work

1. When health care professionals are not communicating effectively, patient safety is at risk for several reasons; Lack of critical information, misinterpretation of information, unclear orders over the telephone and overlooked changes in the status. Lack of communication may result in medical errors which have the potential to cause severe injury or unexpected patient death. Communication failures are the leading root cause of the sentinel events like medication errors, delay in treatment, wrong site surgeries, operative and post operative events and fatal falls.[63]

2. What is communication? It is imparting or interchange of thoughts, opinions or information by speech, writing or signs. In medical profession both verbal and non verbal modes are in extensive use. One study states that 93% of communication is more affected by body language, attitude and tone, leaving only 7% of the meaning and

intent based on the actual words said. The spoken words may contain the crucial content, their meaning can be influenced by the style of delivery, which includes the way speakers stand, speak and look at a person. Critical information is often transmitted via hand written notes, e mails or text messages, which can lead to serious consequences if there is miscommunication. Effective teams are characterized by respect, trust and collaboration with a common aim and work together to achieve that aim. The pooling of specialized services leads to integrated intervention. The patient finds that communication is easier with the cohesive team rather than with numerous professionals etc. The factors that lead to the effectiveness of a team are:-

- a. There is open communication between all team members.
- b. Clear and known roles and tasks for team members
- c. Clear directions
- d. Congenial environment with no blame game
- e. Shared responsibility for team success
- f. Social, cultural, relational and organizational structures contribute to common failures that are largely responsible for adverse clinical events and outcomes. Impact of physicians and nursing staff disruptive behaviours (any inappropriate behavior) that affect quality of care and patients satisfaction can be overcome or minimized by improving the communication skills. Effective communication between team members not only fosters team spirit, it improves information flow, effective intervention, staff morale, patient and family satisfaction and length of stay in hospital. Some common barriers to inter personal communication and collaboration include:
 - (1) Personal values and experiences
 - (2) Personality differences
 - (3) Gender gap
 - (4) Disruptive behavior
 - (5) Hierarchy

3. Behaviour related to personal values and personality differences can be overcome by showing respect and tolerance for each other's sensitivities.

Communication gap is an existent problem and cannot be ignored. Disruptive behavior is something that needs weeding out. Its identification and corrective measures like real time reporting, inquiry and punitive actions as agreed upon by all in code of conduct must be strictly imposed with zero tolerance.[66]

Disruptive behavior

1. Numerous challenges contribute to poor communication of which disruptive behavior is one. This can cause many medical errors, poor patient satisfaction and preventable adverse outcomes and increased cost of care. Decreased morale of the employees may force them to leave the organization and seek jobs elsewhere: Steps that can be taken to obviate them should;

- a. Lay down policies, frame structures and procedures related to content, timing or purpose of verbal reports
- b. There is no model or framework for verbal report in place. It results in differing observations on what information to be communicated. This needs to be streamlined, as doctor and nursing staff adopt different styles of communication. Nursing staff tends to be descriptive in describing the status of patient while doctor tends to be exact and to the point.[66]

Critical Thinking

1. Critical thinking is a sophisticated skill that requires flexibility and agility of mind. Thinking muscles of brain are developed by continually learning and contemplating multiple competing perspectives. If this exercise is not done regularly, the mind becomes dumb and loses its thinking. Modern research has proved that the mere act of learning/studying information improves your brain power.

2. Critical thinker do not immediately jump to conclusion.

3. They keep an open mind. That means they pend judgments, question assumptions and continually seek new information, technique or perspective. They know that most solutions are temporary and improve overtime with new data. That is why to become critical thinker you must first of all develop the habit of proactive learning. Seek new information and study it to build your store of knowledge. Practice

technique and you will build. Become master of it .Contemplate different perspectives and you will build stored wisdom.

4. A critical thinker is a literal person with broad base knowledge. He is free from prejudices and biases and not latched on to stereo type thinking. It is only after a free and scientific inquiry that he comes to a conclusion.

5. Humans differ from animals in that they have the ability to think, reason and make informed judgments about observations and facts. Thought and thinking are natural sometime automatic mental processes that include remembering, imagining and reflecting. Critical thinking generally requires more analysis, evaluation, discipline and rigor. The goal of critical thinking is often to improve choices and reduce the risk of adapting or acting on assumption.

6. Briefly stated critical thinking involves keeping an open mind, suspending judgment, questioning assumptions and seeking out information technique and perspective and studying, practicing and contemplating in order to build ones stored knowledge base skill set, and wisdom.

7. Critical thinking is the thoughtful, deliberate process of deciding whether you should accept, reject or reserve judgment about a particular idea. It is also a measure of your confidence in the idea itself. Use critical thinking whenever you make a decision, solve a problem, take an action or decide what to believe. The deciding factors should be based on logic and reasoning, cause and consequences. Changing thinking habits and practices is a long process and lifelong commitment.

8. Critical thinking is analytical in purpose. It questions information and facts, seeks options and calls for a decision making for the best option. In critical thinking, data, situations, issues and problems are already given and put on the table for a resolution, or the most preferred option.

9. Critical thinking skills apply not only to thinking but also to reading, writing, speaking and listening. You must be able to translate a thought clearly and accurately, quickly and logically so that others understand what you are writing or saying without any confusion. It is not easy for everyone. It is convergent. Good critical thinking skills require not just knowledge and practice, but persistent practice can bring about

improvements only if one has the right kind of motivation and attitude. Just do not develop the habit of saying, "I do not like it". Say "why you don't like it" and add suggestions to make it better. Don't be absolute yet don't be limited in your criticism. Always look for the good, the bad, and the interesting points.[57]

Critical thinking and critical judgments

(Create, Evaluate, Analyze, Apply, Understand, Remember)Lives depend on competent clinical reasoning. Thus it is a moral imperative for health care providers to strive to monitor and improve their clinical reasoning and care related judgments. Knowing that this is the agreement owed to the public trust, agencies responsible for the accreditation or professional training programmes and for the over sight of health care delivery should mandate the need to demonstrate competence in clinical reasoning in health care clinicians.

Components of Critical Thinking

1. **Proactive learning** Keeping an open mind, suspending judgment, questioning assumptions and seeking information, studying, practicing and contemplating in order to build one's stored knowledge base, skills, and wisdom.
2. **Problem solving** Mastering established best practices and proven repeatable solutions are helpful to avoid misjudgment and faulty decision making.
3. **Decision Making** Identifying and considering multiple options, assessing the pros and cons of each and choosing the best course of action to achieve the desired result.[57]

Critical thinker-Essential Elements

1. **Develop intellectual humility** It is defined as recognizing the limit of your knowledge and understanding of a situation. It includes an awareness of your biases and limitations in thinking. When you are intellectually humble you become more open to other ideas, different view point's and potential solutions to problems. You are also better able to avoid the effects that false beliefs and habits of mind tend to have. However feeling minds, and reasoning minds are difficult to separate.
2. **Be a critic not a cynic** Becoming a critical thinker is not the same thing as being a cynic or critical person. A cynic is generally a negative, scornful and distrusting of other people. Cynics are often self righteous and quick to point out flaws in other

peoples arguments. It is because of this that cynicism and critical thinking are sometimes confused. A critical thinker is neither negative nor distrustful. Rather you should be inquisitive, questioning and open minded in your thinking while also being empathic and respectful of other people.

3. **Challenge your assumptions and beliefs** Sometimes we look away and limit our ability to think critically. You can overcome this by not only challenging other peoples arguments but your own assumptions, ideas and beliefs as well. Don't always believe and accept everything you see for the first time. Ask yourself what you want to see or hear and how that influences any incoming information. Hold yourself to the same intellectual standards that you have for other people.

4. **Work through complex issues and problems** Thomas Edison once said that thinking is the hardest job on the planet. Critical thinking is certainly hard work; however it is also an important part of being a professional. There are no simplistic solutions to complex human problems and you need to be prepared to work through complex issues. Don't become comfortable with the easy answers or give up when you become frustrated.

5. **Have confidence in your reasoning ability** Know that you can learn to be a critical thinker and that your reasoning and decision making abilities can improve with practice. Trust yourself and give yourself permission to think openly and honestly. Know that your ideas and solutions may not always be optimal, but in most cases they will be "Good Enough" and better than they would otherwise have been.[57]

Leadership

1. There are two diametrically opposed concepts of leadership. One conceives leadership as an exact science, capable of being understood and practiced by anyone. The other opposite holds that no amount of learning will make a man a leader unless he has the natural qualities. One concept considers it a science, the other an art.

2. Leadership is the knack of getting somebody to do something you want done because he wants to do it. Acquiring the art of leadership is simply a matter of mastering certain techniques, understanding men and building up those sterling qualities that affect full expression of your natural talents. The average man can be a good potential leader provided he is willing to work diligently as being one.

3. Without getting into the controversial discussion of which concepts to agree with, I am inclined to go by the definition enumerated by Gen Eisenhower. Leadership has principles like eternal truths, which in equal measure apply today in all modes of human existence, be that military, business, industry or corporate sector.
4. Talking about the attributes of leadership we should be in no doubt that a leader is one who inspires others to follow. A leader of men is one, towards whom others turn in difficulty and from whom they expect guidance and direction. This quality is important for a nation in peace as well as war, but where its absence in peace may cause inefficiency and social and economic decay, its absence in war will almost certainly cause disaster.
5. Leaders of men are to be found in every walk of life; amongst thieves and robbers, priests and administrators, generals and privates, business executives and workers.
6. Each in a group stands out as a person, others acknowledge as their superior. A true leader will stand out regardless of official recognition. Whatever his occupation, there are certain traits of character that will generally stand out as common denominators in a wide sector of society. There are other qualities of secondary importance but non-the-less, they help in the exercise of leadership.
7. A leader must be qualified professionally and possess personal qualities that will inspire confidence and loyalty in subordinates. Some of the personal characteristics necessary are courage, mental and physical stability and energy and a sense of justice. The development of leadership in officers and non commissioned officer should be major concern of an Army.
8. Every man is a leader in his own humble or exalted status of life. I have come across many Nursing Assistants who exhibited excellent qualities of leadership, but they could not go on as they had to retire on completion of service.
9. Leadership attributes generally comprise professional excellence, a noble spirit, fortitude and humility, power of persuasion ability to win hearts and minds and above all honesty and integrity of the highest order. These are the qualities that will inspire others to follow him. There is a fine distinction between a boss and a leader. A boss derives his authority from his position, rules and regulations. People obey him because they have

to. On the other hand a leader exerts influence and people follow him because they want to.

10. General Eiensnhour, Supreme Commander of Allied Forces in Europe during 2nd World War has aptly summed up in his reflections on leadership that “Any man who does his work well who is justifiably self confident and not unduly disturbed by the Jeers of the cynics and the sticklers, any man who stays true to decent motives and is considerate of others is in essence a leader. Whether or not he is even singled out for prominence, he is bound to achieve great inner satisfaction in turning out superior work. And that by the way is what the good Lord put up on this earth for” A universal and timeless principle is that a gentle answer turns away every wrath, but a harsh word slurs up anger.

11. Leadership is a process not a position. It should not be confused with management. The significant difference between the two is that management is at its best when things stay the same. Leadership deals with people and their dynamics which are continually changing. They are never static. The challenge of leadership is to create change and facilitate growth. Good leadership is not about advancing yourself, it is about advancing your team.

Quality of Orders in Leadership

1. The quality of orders depends on the vision and experience of Commander and the quality of professional knowledge of his staff so as to be able to craft them intelligently. Lot of thinking, deliberating and consulting with appropriate quarters must go behind before they are issued to men. Always make sure they are good orders. They must be as few and as simple as possible. If the men understand the Commander’s mind, they will obey the orders and they will see the sense behind them. Orders must be obeyed intelligently and not otherwise. Exercise of good judgment will be the guiding factor.

2. Gen Eisenhower gave the definition of leadership and said “The art of leadership is getting somebody else to do something you want done, because he wants to do it” Trust men and they will be true to you. Treat them greatly and they will show themselves great.(Emerson)

Requirements of leadership

1. **Knowledge** Perhaps the most important requirement in a leader is knowledge. He must know his profession to Command respect. No one will willingly follow a person if he does not know his job and only if he knows it well, he will evoke respect and attention. This applies with even greater force where safety and well being of persons is involved like medical services/profession.
2. **Integrity** A real leader is a man of integrity. Integrity has many connotations but taken in its widest sense, it means reliability. People in different walks of life have their own standards of conduct and codes of ethics. If a person disregards these, he is likely to loose the respect and confidence of his fellow men. The leader must conform to those standards which are generally accepted as normal in a given society.
3. **Courage** It is another quality that is admired by all human beings in varying degrees. Courage can be moral or physical and both have a relationship with integrity. Physical courage can be displayed even by evil doers. But it takes only a man of integrity to show moral courage. Honesty and moral courage is the real edifice of a man's character.
4. **Compassion** The ability to feel genuinely for the well being of one's fellow beings and particularly for those less fortunate than one self. Is a quality which is universally accepted by all human beings. It creates an atmosphere of respect and affection which facilitates control and direction. The feeling of compassion must however be genuine for it is surprising how quickly people can see through the veneer of their pretension. A leader must be a man of character, knowledge, professionalism and compassion for human suffering.

Leadership Influence

1. Good leaders influence others, nothing more nothing less. Position leaders often focus their efforts on serving themselves or their organization with too little regard for others. Better leaders shift the focus from "Me to We". They like people and treat them like individuals. They develop relationship and win people over with interaction, instead of using power of their position. Their shift in attitude creates a positive shift with work environment. The work place becomes more friendly. People begins to like each other. Chemistry starts to develop on the team .They want to work and not have to work. The

work place becomes enjoyable for everyone and followers alike. Leadership provides an opportunity to serve.

2. They start moving around their organizations, meeting people. Leadership is relationally driven. That is only possible when people respect and value one another. When respect lessens in a relationship, the relationship diminishes. When there is danger, a good leader takes the front line, but when there is celebration a good leader stays in the back room. If you want the cooperation of human beings around you, make them feel that they are important and you do that by being humble.

3. Trust and integrity are other valuable attributes of good leadership. The more trust you develop the stronger the relationship becomes. It cannot be developed overnight. Incessant efforts are needed to build trust and gain people's confidence. When the crunch comes, people cling to those they know they can trust. Those who are not detached but involved. In times of difficulty, relationships are a shelter. In times of opportunity, they are a launching pad. Trust is required for people to feel safe enough to create, share, question, attempt and risk. Without it leadership is weak and team work is impossible.

4. In a hard charging, high performance, leadership intensive environment, leading by soft skills may appear as weakness especially to those who are prone to hard actions, rather than affections. This is a mistake and a handicap to the leadership potential. Those who start on hard side and refuse to learn soft skills often get struck. Then the leadership level becomes stagnant because leadership requires dynamism and moving forward. A fine combination of hard and soft skills is the way forward. If you are born with a soft nature you need hardness to add into it and vice versa. If you are relational without being productive you and your team won't achieve any progress. If you are productive without being relational, you may make a small degree of progress in the beginning, but you will fall short in the long run because you will either alienate your people or burn them out. You can't become successful in leadership until you learn both.

5. People must be able to trust you. Most people don't want to admit their mistakes, expose their faults and face up to their shortcomings. They don't want to be discovered. They don't get too close to people because of the negatives in their lives. However

people expect of their leaders to show greater strength of character and not put up a facade to the people they lead. They must own up their mistakes and admit faults.

6. Some people don't get anywhere in life. But instead of blaming themselves they blame others. It is very painful to be self deluded and be successful at the same time. Even the few who manage to pull it off can never sustain it. If you want to build relationships you need to be honest. Good leaders don't rely on rules. They don't depend on system. And they never rule with the stick, instead they use a personal touch whenever they deal with a people. They listen, learn and then lead. They have more than an open door policy in that they know the door swings both ways.

7. Effective leadership finds its source in understanding. Unless a leader has an awareness of humanity, a sensitivity toward the hopes and aspirations of those he leads and the capacity to analyze the emotional forces that motivate conduct, he will be unable to produce and be successful regardless of how often other incentives are given.

8. John Quincy Adams said "If your actions inspire others to dream more, learn more, do more and become more, you are a leader". When you give someone responsibility and authority, they not only learn but they also start to fulfill their leadership responsibilities. That action transforms people and organizations.

9. An American founding father Benjamin Franklin was a leader and he understood leadership. He gave an advice to a new officer concerning how to lead others. "Here after if you should observe an occasion to give your officers and friends a little more praise than is their due, and confess more fault than you justly be charged with, you will only become the sooner for it, a great captain. Criticizing and conserving almost everyone you have to do with, will diminish friends, increase enemies and thereby hurt your affairs." His wisdom is as valid today as it was then. He knew how to create a work environment conducive to growth and inspiration.

10. The purpose of life is not to win. The purpose of life is to grow and to share. When you come to look back on all that you have done in life, you will get more satisfaction from the pleasures you have brought into other people's lives than you will from the times that you outdid and defeated them(Rabi Harold.K).Helping others grow and develop, brings great joy, satisfaction and energy.

11. Albert Einstein once said. "Strange is our situation here upon earth. Each of us comes for a short visit, not knowing why, yet sometimes seeming to divine a purpose. From the stand point of daily life, however, there is one thing we do know: that man is here for the sake of other men. Above all for those upon whose smile and well being, our own happiness depends and also for the countless unknown souls with whose fate we are connected by a bond of sympathy. Many times a day I realize how much my own outer and inner life is built upon the labour of my fellow men, both living and dead and how earnestly I must exert myself in order to give in return as much as I have received".

Role of Character in leadership

Character is the bed rock on which the edifice of leadership rests. It is the prime element for which every profession, every corporation, every industry searches, in evaluating a member of its organization. With it the full worth of an individual can be developed. Without it particularly in the military profession, failure in peace, disaster in war or at least mediocrity in both will result. The three Cs-character, courage and competence are the building blocks of leadership.

Positional leadership

1. The only influence a positional leader has is that which comes with the job title. People follow because they have to. Positional leadership is based on the rights granted by the position and title. Nothing is wrong with having a leadership position. Everything is wrong when using position to get people to follow. Position is a poor substitute for influence. People who make it to position maybe bosses but they are never leaders. They have subordinates, not team members. They rely on rules and regulations and policy charts to control people. Their people will only follow them within their stated boundary of their authority and will do only what is required of them. When position leaders ask for extra effort or time, they rarely get it.

2. We live in a culture that values titles. We admire and respect people with titles like doctors, engineers, Army officers. The titles are ultimately empty and you must learn to seek them that way. People who make it their career's goals to gain certain titles are not setting themselves up to be the best leaders they can be what the person is and the work he does is really that matters. If the work is significant and adds value to people then it does not need to come with a title. Many times we don't even have any

control over whether we receive a title or a reward. And for every person who has received recognition, there are thousands of others worthy without recognition who perhaps deserve even a greater honour. Yet they continue to work without credit because the work itself and the positive effect on others is a reward enough in fact.

3. Leadership is next to be active and dynamic. Its purpose is to create positive change. If you want to become a better leader, you can't focus on rules and procedures to get things done or keep things going. You must develop relationships. As people are the power behind any organization, they are its most valuable and appreciated assets. Leaders must get the best out of people. It takes sometimes to develop the peoples, skills, expressing appreciation for them and taking interest in their personalities. Stand alone leadership doesn't lead to team work, creativity, collaboration, and high achievement. A good leadership requires inclusion, sacrifice of selfish personal attributes for the sake of the team and the vision of the organization. It means part of something greater than yourself. It means putting others ahead of yourself and being willing to go only as far as the people you lead. In real battle, officers don't wear their ranks but everyone knows who they are and what is their role in the chain of Command. They all do things together and live or die together regardless of rank or profession. If you in the past, have relied on rules and regulations, and procedures to guide the people to lead, then you need to make a shift to a more rational approach to leadership.

4. Begin by looking for value in every person you lead. Then go out of your way to communicate how much you value each person. People are the sole applicable asset of any organization. Get out of your office and initiate contact with them. Make it your goal to get to know them, express your appreciation, encourage them and offer your support to them. If you can do all this, you will be a happier man at peace with yourself and at peace with the world at large.

Problem Solving

1. Problem solving is the act of defining a problem, determining the cause of the problem, identifying, prioritizing and selecting alternatives for a solution and implementing a solution. As a matter of fact it is the critical thinking that leads to problem solving.

2. Most of the problems that we come across with work place are reoccurring in nature. They have occurred before and been solved before. What we need to do is to dig out their proven solutions and reapply them with some modifications if necessary. For justice the problem solver should be unbiased, clear, logical and rational in approach.

3. Steps for problem solving are:

- a. Identify and clearly state the problem.
- b. A problem well put is half solved
- c. Analyze the problem
- d. Explore implementation and ideas and seek options
- e. Select the best option or idea
- f. Implement and test the idea/option
- g. Evaluate results

4. SWOT Analysis and De Bono Techniques are usual tools for problem solving.[63]

Decision Making

1. It involves identifying and considering multiple options, assessing the pros and cons of each and choosing the course of action closest to the desired outcome. The process is like military appreciation where you set out an aim and consider all factors related and relevant to the achievement of that aim. You make a logical and rational analysis of each factor deriving important deductions each indicating line of action. You question each deduction with “So what” until you set clear answer. The process will lead you to a number of options. Again consider each course of action with advantages and disadvantages and choose the course you think may help you to achieve your aim. No biases and no emotionalism.

2. It can be equated with a very advanced form of problem solving. It is not about natural intelligence or accumulated knowledge. It is the ability to predict the future by learning from the past to accurately determine outcomes-connection between cause and consequences. Ninety percent of the problems faced by people in hospitals have already been solved. What a new entrant has to do is to dig out the old solution for the recurring problem and apply it if necessary with some modification to solve it. The

problem comes when the decision has not been made already by someone with more experience and authority. Decision making is not same thing as sheer brain power, mental capacity or natural intelligence. It is not even a matter of accumulated knowledge or memorized information. It is more than the mastery of techniques and tools.

3. The most basic decision making tool is weighing pros and cons but pros and cons are just prediction of likely outcomes so the pros and cons list is useless if you cannot predict accurately the likely outcome of one choice versus another.

4. Good decision making is really about being able to predict likely outcomes, the ability to see the connection between cause and effect to project out the consequences of one set of events and actions as opposed to another and the only way to develop this ability is to predict the future by learning from the past.

5. Experience also does not teach good decision making. The key to learning from experience is paying close attention and drawing lessons from one's experience. If you can begin to see the pattern in causes and their effects then you can start to think ahead with insight. Ultimately that is the key of decision making.

6. Decision making is very high level skill that is very hard to develop without years of experience. The key is to understand the cause and consequence so that you may be able to predict future. To learn the skill, work backward from effects to access likely causes to figure out what decision and actions lead to the current situation. This is the lessons learnt process. The way military does debriefing after an exercise by intense scrutiny of each and every action and decision, is the way to develop this ability.

7. If you want to become a good decision maker, always project your thinking in to the future. Take every move or counter move in your reckoning. By learning to think ahead and accurately predicting the outcome and consequences of specific decisions and actions is the way of good decision making. Learn this art quickly. Sooner or later you will be forced in to decision making with regards to your children's education, their career selection, marriage proposals and most important of all your post retirement rehabilitation and investment plans.

Discipline

1. Discipline pervades the whole universe. The sun rises in the east and sets in the west. Earth revolves around its axis. Day follows night. After winter, spring is not far away. Water flows from high to low level. Trees keep standing to add beauty to the landscape. Mountains are wedded to the earth from the day of creation. Seas remain confined in their spaces. Weathers follow defined courses and effects. Imagine the consequences if the seas were to come into a fury and the sun decides to take a day off. The whole world is a symphonic orchestra with all disciplines blended together to make it a beautiful and livable place.
2. All life, be that plants, animals or human follows a set pattern of birth, decay and death. This pattern is regulated by Almighty Allah in his own scheme of things. He has created man in His own image and given him attributes both good and bad and by gifting him with thinking abilities, has him free to choose good from bad. Allah has not created this universe to let it be destroyed by evil forces. All things of creation have their limitations and if allowed to go unchecked have the potential to destroy everything.
3. To restrain them from doing so, there is a dire need that a code be imposed on human nature to regulate his conduct and behavior. This is called discipline. The purpose of discipline is to create harmony, so other may exist, work and live in peace and tranquility amongst themselves and the world at large. All religious scriptures, ethics, moral and societal codes, lay great emphasis on the importance of discipline. In civil society it is called civic sense but in military it has slightly different connotations not in spirit and essence but due to their different roles and responsibilities. Civil and Military are two different cultures. The former perceives war as glory, the latter knows what war is. It brings death and destruction. A war veteran in his old age may reminisce about his comrades in arms whose warmth and company he enjoyed like a family but the sights of blood, filth and stench cannot be erased from his memory.
4. I am not in favour of the ramrod discipline of the gone by era of the British colonial rule when we were slaves and they had imposed strict restrictions on our movements and behaviours. Today we live in a free and liberal world and the definition and practice of that kind of discipline needs revision.
5. The idea that in order to make a soldier, we must first unmake him. This has been held for many years and by many Armies of the world. The concept may have its

efficacy but the kind of soldiers we will produce by this system will lack in cognitive abilities of modern knowledge, with limited and narrow outlooks, inimical to forces of change, initiative and entrepreneurship. A soldier is moved by fear or interest. Fear keeps him in line: interest motivates him to develop. These two aspects need to be harmonized in our concept of discipline so that we may have soldiers with inner discipline and not just an outward display of its façade. The best form of discipline is moral, mental and physical state in which all ranks respond to the will of the Commander, whether he is there or not. In line with this, our expectation from our young officers and soldiers should be to encourage them to give of their best, to do well and be interested. As regards obedience to orders they must be carefully crafted after a lot of deliberations and consultations to minimize chances of disobedience. A clearly worded order with actionable intent is bound to create desired results. Orders must be as few and as simple as possible. The other viable option is mission-oriented directives. The blind obedience to orders should be resorted to when the Commander himself is present at the scene of action. "Imam responsible" type of obedience exemplifies this situation as in artillery firing when firing may result in own casualties in disregard to the advice of safety officer, the Commander present on the scene assumes all responsibility on to himself inclusive of endangering his own life.

Military Discipline

It is a state of training (Individual and Group) that creates a mental attitude resulting in correct and automatic obedience to military law under all conditions. It is founded on respect for loyalty to military law and authority. This training is continuous throughout military service. It is emphasized in the early stages of individual and unit training. Its principles are applied in every military activity. Although it is developed primarily through military drills and repetitive training, every feature of military life has its effect upon military discipline. It is indicated in the individual or unit by smartness of appearance and action; by cleanliness and neatness of dress, equipment and quarters; by respect for seniors and by the prompt and willing execution by subordinates of both the spirit and intent of orders or instructions. The ultimate teamwork expected of all is based on thorough military discipline.

Initiative

1. Initiative is the agent which translates imagination into actions. It must be used intelligently lest it becomes irresponsibility or even insubordination but it must be used courageously when the situation warrants. Medical history provides us many examples of medical staff who confronted with unforeseen circumstances have adhered slavishly to instructions, and at best, having lost an opportunity and to act, at worst, lost the life of patient. They say the good leaders get killed but the bad leaders get their men killed.
2. Military mind by necessity is a conformist mind and it resists change and innovation. Strategies of the past wars do not apply to future wars unless we make a clean break with the old thought habits. Our growth and development should not remain stifled. Conformity in human conduct, no doubt, is valuable for homogeneity, cohesion, and good order and military discipline but conformity in human thought can be catastrophic.
3. Man is not a dumb, driven animal. He is naturally inquisitive and that gives him the incentive to explore things by himself. Discipline and obedience to orders are the key elements of any good Military force but blind obedience to a flawed order and rigidity in slavishly adhering to instructions many times can course disastrous consequences.
4. Unfortunately right from our childhood we are brought up in such a manner that is not conducive to original thinking and initiative taking. Constant nagging and negativity by our parents develops in us a negative psychology which persists to prevail in our unconscious mind throughout the rest of our lives. Suppressed social conditioning , taboos, dogmas have further aggravated the ways we think and today we have become a decadent society rife with mega corruption, diabolic swindling and unimaginable perversions. We have lost the meaning of good living and believe you me, poverty of thinking is the worst form of death.
5. None the less what is initiative? A combination of imagination and intelligent thinking. Just as there is a fine division between boldness and recklessness, there is a subtle limit of action lest it should become irresponsibility or insubordination.
6. Initiative means the energy and ability to initiate action promptly to meet any situation. These are essential qualities for every individual member of a military force.

The mission of any unit is accomplished by the prompt and when necessary independent action of individuals and small groups.

7. Therefore, the development of initiative and adaptability is a most important factor to be attained by training. Those objectives are developed effectively by assigning people responsibilities, with inadequate guidance and less than required resources. Flexibility of mind and resourcefulness will become evidently visible in the assignees.

Morale and Esprit de Corps

Morale and Esprit de Corps refer to the mental state of troops, their confidence, courage, zeal and pride in organization. In peace it is the measure of their contentment and well being; In war it is the measure of their will to do and the courage to execute unhesitatingly the orders, tasks assigned to them. Individual morale and Esprit de corps denote optimism and confidence; both stimulate determination and the physical effort. Strength in numbers, equipment and material resources cannot wholly compensate for lack of morale within a unit. Morale and esprit de corps are influenced by many factors but primarily by good leadership through and comprehensive training and the pride and confidence of the individual in himself and his unit.

Team work

1. There is no single man Army, Navy or Air Force in the world. We all work in teams in collaboration with each other. Team work is essential for efficiency, economy and optimal results. As nation we swim or sink together. Fissiparous tendencies in a Nation give birth to separatist movements thus spelling ruins for the country. Importance of cohesion and forging of unity amongst various regions of the country and its people are an essential pre-requisite for staying together and for progress and prosperity of the people. This is the job of our national leadership who are at the helm of affairs. The cost and benefit research in corporate sector the world over, has amply proved that team work pays greater dividends than the individual talent or enterprise. Concentration is the principle of war. If all three military services operate in unison in war the synergistic effect created by their efforts becomes a force multiplier that is so essential for military victory. In sports like hockey, football and basket ball and in athletics like relay races individuals talent no doubt is important ,but it cannot be counted upon to win. It is the

team effort collectively that brings victories. John Wooden the famous basket ball coach very rightly said that the one who scores a basket has ten hands.

2. The commitment of the team begins with the commitment of its members. Teams don't win unless their players do so. Each member must be determined to win and all his efforts should be focused for success. If he is selfish and exhibits individual glory, he is a misfit and should be shown the door. Building of esprit de corps is considered very important in military life. It creates confidence, team spirit and boosts morale.

3. Few things inspire people like victory. US President John F Kennedy after suffering a setback in Cuban crisis in 1960s, very rightly said that "Victory has a thousand fathers but defeat is an orphan". So is true of political leadership. As long as they are in power, everyone wants to get closer to them to seek favours and to be in good books. On relinquishing power, a wide gulf develops between them and their followers. Some of their closest allies change courses and join opposition parties."The King is dead long live the king".

4. A good team is always greater than the sum of its parts and is able to accomplish more than individuals working alone. Working as a team is also just plain fun. There are some critical things that are related to team building:-

a. Team members should complement one another, where every strength is made effective and each weakness is made irrelevant. That is ideal ,we should aspire for people working together ,each bringing their strengths to make the team better and compensating for each other's weaknesses. We must also realize that :-

- (1) One is too small a number to achieve greatness
- (2) As the challenge escalates, the need for team work escalates
- (3) Winning teams have players who make things happen.
- (4) Great teams have greater depths.
- (5) Investing in teams compounds over time.
- (6) The goal is more important than the role.
- (7) All players have a place where they add the most value.
- (8) Vision gives team members direction and confidence.
- (9) The team fails to reach its potential when it fails to pay the price.

- (10) The strength of the team is impacted by its weakest link.
- (11) Like bad apples, rotten attitudes ruin a team.
- (12) The team mates must be able to count on each other when it counts.
- (13) The team can make adjustments when it knows where it stands.

5. In Military terminology, team work is the concerted action of a group of individuals in the accomplishment of a common objective. It involves the subordination of the individual to the common interest. This objective is attained by the careful hiring of individuals and organizations in their respective roles by the effective utilization and training of all elements in coordinated action to achieve a single goal. Military discipline and morale are essential factors in the development of team work as a fundamental objective in military training.

Professionalism

1. **Self Evaluation** Regularly assessing one's own thoughts, words and actions against clear meaningful standards and one's own performance against specific goals ,timelines, guidelines and parameters. This will create self awareness and set the pace for self development. Know thyself and the mirror is the best teacher. If you can truly and honestly know about your positive and negative points of your nature, conduct, character and personal attributes and have the urge and drive to build up on your strengths and minimize your weakness, you will be truly on your way to constant development and to achieve great success in your career. Self evaluation is the beginning, middle and end of your development.

2. **Personal Responsibility** Staying focused on what one can control directly. Principally one's self and controlling ones responses in the face of factors outside one's own control. It is akin to the saintly saying "God grant me the serenity to change things which I can and to accept things which I cannot and the wisdom to know the difference". Hold yourself responsible for your thoughts, words and actions, don't take credit for success and blame others for failure. Time, gravity and outside factors should not deter you from your focus of attention. Achieve whatever you are capable of and do not blame others for your short comings.

3. **Positive attitude** Maintaining and conveying a positive, generous ,enthusiastic demeanor in ones expressions, gestures, words and tone. It will motivate others to follow. Attitudes are not personal and internal matters. Feelings are observable behavior, can be seen heard and felt. Positive attitude makes the difference as it permeates throughout the organization. A person with positive personality has good behavioral characteristics, positive mind set and outlook. He shows confidence and cheerfulness while doing the job and has a tendency to get over the difficulties and problems. He is adaptable to any environment. A good communicator and a good professional puts forward his views with logic and evidence based reasoning.

4. **Good Work Habits** Being healthy, happy, neat and clean with good manners, appropriate dress and grooming and strong work ethics can make us more efficient and productive, thus making us a valuable asset of the organization. Humans are creatures of their habits. Good work habits makes positive impact on the efficiency and output of an organization.

5. **People skills** Are the most valuable skills in developing interpersonal relationships, communicating and exchanging ideas/information, understanding diverse points of views and to solve problems. Some are naturally gifted with these skills. The others can acquire them with learning and practice skills. Lack of these skills is a major cause of work place conflicts and problems. People skills can help you get ahead faster, so learn the habit of tuning in to people and read them more efficiently. Develop better communication skills with structure and substance to be more effective. Attentive listening, observing and reading, perceiving and empathizing; effective use of words, tone, expressions and gestures, verbal, written and otherwise. One on one and in groups, in person or remotely will win friends and influence others.[57]

Followership

1. **Respect for context**
 - a. Reading and adapting to the existing structure, rules, customs and leadership in an unfamiliar situation. It does not pay to be an odd man out.
 - b. When a person joins an institution, there are only two choices open to him-fit in or get thrown out. It will be wise and prudent for him to go for the

first choice because the institutions are pre existing with their structures, rules, customs and leadership. And it is you who has to get adjusted rather than the other way round.

- c. Your role in any work situation is largely determined by factors outside of your control. So it will be better for you to get familiar with various reference points of the context in quick time and get adapted soon. Play your role to the absolute best of your ability; contribute your very best and put in more time and effort, no matter how unlike that task maybe to your temperament and personality. And remember be happy with your work.

2. **Citizenship** Accepting, embracing and observing not just the rights and rewards but the obligations of membership/belonging participation in a defined group with its own structure, rules, customs and leadership. The duty and loyalty to the country, the service and the institution you serve are absolute. There are no two views about it. But the employment relationships are transactional and transitional in nature. To be a good citizen at workplace you must be prepared to accept all responsibilities of belonging and membership. Those may require of you to:-

- a. Respect other people's time, workspace, knowledge and experience, values, culture, background and religious beliefs.
- b. Show courtesy and good manners by saying „**Please**“, „**Thank you**“, „**You are welcome**“, „**Excuse me**“, „**Sorry**“ and address them by their ranks and status in life.
- c. Arrive at work early, stay long, take short or no break, come to work without being called, chip in to do additional work and always under promise and over deliver.
- d. Be patient when faced with difficulties, keep your word and confidence. Don't quarrel and bad mouth others. Accept your mistakes gracefully and don't blame other.

- e. Wear proper uniform, be neat and clean and well groomed, look cheerful and wear a smile on your face.

3. **Service**

- a. Accomplishing relationships in terms of what you have to offer. Respect, commitment, hard work, creativity, sacrifice, rather than what you need or want. The routine work rarely gets noticed. It is not what you know but who you know that matters. The old moralistic view of service is no more in currency. It has been replaced by market place transactional spin that clearly outlines quid pro quo. You get paid for what you offer by the way of service. Stop coming for work and the organization will stop your pay.
- b. The spirit of selfless to service still exists but it is uncommon among common lot. This intangible element if developed has the most powerful value to create self reinforcing virtuous circle. Pakistan is the luckiest country in the world to have this virtuous circle in its Armed Forces.
- c. In today's environment your immediate superior is your customer, and you have to be good at customer service. That is the way to move ahead and sometimes even to queue jump. So be at good terms with your boss, make friends with him and win his trust and confidence. Be the most reliable and trust worthy subordinate in meeting with his expectations, preferences and priorities. Assure him of your loyalty in keeping your word and his confidences. Remember successful bosses like to surround themselves by trust worthy subordinates.
- d. As far as your work is concerned, build a reputation for doing great work every day, every week, every month and every year. Consistency without any let up for your personal problems or convenience. Be prepared to work under resourced, under staffed and face difficulties with patience and a smile on your face. Seize opportunities that require you to go above and beyond call and do an extra mile to add value to your work. Volunteer for tough assignments and hard roles that are difficult to fulfill and finish

them ahead of time. Look for ways and make sacrifices to save your boss from awkward situations. Always apprise your boss of your performances and give him accurate feedback. Let him monitor and measure your performance. Seek his help and guidance to stay on course. Keep a track of your written record and be always visible to your boss.

4. **Team Work**

- a. Healthcare is all about teamwork coordinating cooperating and collaborating in pursuit of a shared goal. When a team is properly formed, developed and managed, it can achieve incredible results. However forming good team is not as easy as it might seem. Teams bring together different perspectives, abilities, skills, attitudes and experience levels to make collective decisions and to commonly shares successes or blames.
- b. Building effective teams requires commitment and deliberate thought process. Some people pull more weight than others. Work harder, faster with positive attitude; others are slow mediocre in skills and abilities and over all dim witted and negative in attitude. While selecting team members of the team these factors must remain uppermost in the mind.
- c. A good team leader can create a healthy and positive work environment, motivate and inspire team members. He should be a participating member of the team so he can work closely with other members. He should recognize and manage conflicts and animosities before they fester and become unmanageable. He should also be a creative, sociable, trusting and encouraging person.
- d. `Choose team members based on their attitude and skills. Successful teams have members with excellent skills and positive attitudes. Teams that do not accomplish their goals are stagnant due to mediocre skills and negative attitudes. Innovative teams are unusual. Their members have expert skills and very positive attitudes.

Time Management

1. Everyone must be conscious and aware of the time. In our part of the world 24 hours are 24 hours, they cannot be stretched to 25 hours and our activities have to be confined within this time limit. Knowing the usage and management of time while performing our duties and discharging our responsibilities and obligations will impress upon us the value of time. Time is money and need not be wasted in gossip. Time wasted is time lost forever. Saving time will enable us to undertake additional responsibilities willingly and smilingly.
2. Those who keep their eyes set on the time factor are given credit and appreciation about value of the time as it enables them to control and monitor progress of various activities and thus ensure completion within the specified time limits, scheduling time for work, family and friends/relatives, social activities, rest and play is a way to achieve success at work and happiness in your personal life. The things that matter the most should never be left at the mercy of things that matter the least.[63]

Creative Thinking

1. It involves creating something new or original. It involves the skills of flexibility, originating, influencing, elaborating, brain storming, modification, imagery associative thinking, attribute listening, metaphysical thinking, forced relationships. The aim of creative thinking is to stimulate divergence.
2. Creativity requires a balance among synthetic, analytic and practical abilities. Its further requires departing from facts, finding new ways, making unusual associations or seeing unexplained situations.
3. Creative thinking is essential for any organization to prevent stagnation and to keep the business moving forward.[63]

Collaboration

1. In healthcare collaboration can be defined as healthcare professionals, assuming complementary role, and cooperatively working together, sharing responsibility for problem solving, and making decisions to formulate and carryout plans for patient care.
2. Collaboration between doctors and nursing staff and other healthcare professionals increases team members awareness of each other's type of knowledge and skills, leading to continued improvement in decision making, trust, respect and

collaboration and common aim to work together. The posting of specialized services lead to integrated interventions.[57]

Chapter-3

Materials and Methods

Aim: To measure the improvement in patient satisfaction scores of indoor patients by imparting soft skills training to nursing assistants.

Objectives:

1. The objectives of the study include:-
 - a. To assess the patients" satisfaction score (indoor) before the conduct of soft skills training for nursing assistants
 - b. To conduct the soft skills training for nursing assistants
 - c. To assess the patients" satisfaction score (indoor) after the conduct of soft skills training for nursing assistants

Study Design: Quasi experimental study (Interventional study)

Study Site: Combined Military Hospital Malir (Where soft skills training will be conducted) and Pakistan Air Force Hospital Faisal (Where no training will be conducted)

Study Duration: 01 year after the approval of synopsis

Study Population: Nursing assistants of Combined Military Hospital Malir who are working in indoor settings of various sections/ wards of the hospital. Patients admitted at the various wards will be included in the patients" satisfaction survey pre and post implementation of the soft skills training.

Sampling Technique:

1. Convenience non probability sampling technique was adapted for selection of indoor patients from the following wards of CMH Malir and PAF Hospital Faisal.
 - a. Officers and Family Wards(Medical/Surgical/Gynae)
 - b. Medical Ward
 - c. Surgical Ward
 - d. Soldiers Family Ward (Medical/Surgical)
 - e. Gynecological Ward
2. These patients were given structured questionnaire before the conduct of soft skills training and later on training was conducted at CMH Malir only and again survey

was carried out to find out the impact of soft skills training on patient's satisfaction scores.

Standards to be achieved:

1. For comparison, following were taken as standards:-
 - a. To see the impact of training of Nursing assistants on different soft skills like Communication, Critical thinking, Leadership, Problem solving, Decision making, Inter personal aspects, Team work, and Initiative etc on Indoor patients satisfaction scores in Combined Military Hospital Malir and to compare it with PAF Hospital Faisal where no such training was imparted.
 - b. To suggest viable options for soft skills training of Nursing Assistants in Armed Forces setups to be included in the Curriculum during their initial training, so that Patients satisfaction scores could be improved.

Sample size:

All Nursing Assistants performing duties in the indoor settings in Combined Military Hospital Malir will be trained. Patient sample size for satisfaction survey will be reflection of the average bed occupancy. In total 650 indoor patients were selected for the study (210 patients-Combined Military Hospital Malir and 115 patients Pakistan Air Force Hospital Faisal before the conduct of soft skills training and same number of patients from these Hospitals after the conduct of soft skills training) Sample will be taken for patients satisfaction survey at baseline (Before the conduct of soft skills training) and after the conduct of soft skills training. On completion of soft skills training patients satisfaction surveys will again be carried out.

Inclusion criteria:

All nursing assistants of Combined Military Hospital Malir willing to participate in the present study will be included in the soft skills training. All adult patients admitted in the hospital for a minimum duration of 2 days will be included in the satisfaction surveys.

Exclusion criteria:

All Patients whose cognitive state and comprehension is compromised, will be excluded as they will not be able to comprehend the patient survey.

Data Collection Tool:

Patient satisfaction scores will be measured through the selection of specific questions from patients satisfaction questionnaire-3, which is an internationally accepted questionnaire along with indoor patients specific questionnaire of General Medical Council and Questionnaire taken from previous study of Patients satisfaction carried out at AFGMI .

Data Collection Technique:

1. This study will commence after getting approval from the concerned hospital's ethical committees. Patients' satisfaction survey will be carried out in indoor setting using the structured questionnaire. This survey will include all consenting indoor patients at Combined Military Hospital Malir and Pakistan Air Force Hospital Faisal. All nursing assistants working at Combined Military Hospital Malir in indoor settings who will meet the inclusion criteria will be imparted soft skills training. Four topics of soft skills will be taught using interactive lecture technique.
2. Four topics of soft skills will be taught using interactive lecture technique

Topic
Etiquette based medicine – Achieving excellence in patient care
New nurse notes – 7 ways to improve nursing professional etiquettes
Nurses role in communication and patient safety
Professional communication and team collaboration

3. The soft skills training will be carried out systematically involving all stake holders. The methodology for the conduct of training is given below in the table:-

Activity	Venue and Schedule	Conducted by
<p>Journal Club-1 Journal Club on „Soft Skills for Nursing Assistants“ (Etiquette based medicine-achieving excellence in patients and New nurse notes in Patient care</p>	<p>December 2018 Conference Hall 0800 hrs to 1000 hrs All available GDMOs, House officers and CMPs</p>	<p>Lt Col Adnan Khan (Research Officer)</p>
<p>Study period-1</p>	<p>One week-Followed by a small MCQ exam and practical demonstration what was learnt from the lecture</p>	<p>All available GDMOs, House officers and CMPs</p>
<p>Journal Club-2 Journal Club on „Soft Skills for Nursing Assistants“ (Nurses role in communication and patient safety and Professional communication and team collaboration</p>	<p>December 2018 Conference Hall 0800 hrs to 1000 hrs All available GDMOs, House officers and CMPs</p>	<p>Lt Col Adnan Khan (Research Officer)</p>

Study period-2	One week-Followed by a small MCQ exam and practical demonstration what was learnt from the lecture	All available GDMOs, House officers and CMPs
Etiquette based medicine - achieving excellence in patient care	January 2019 to January 2019 (01 week duration) All available Nursing Assistants of CMH Malir	House Officer/CMP (Master Trainer) detailed for the lectures by the training officer of CMH Malir
New nurse notes – 7 ways to improve nursing professional etiquettes	January 2019 to January 2019 (01 week duration) All available Nursing Assistants of CMH Malir	House Officer/CMP (Master Trainer) detailed for the lectures by the training officer of CMH Malir
Nurses role in communication and patient safety	January 2019 to January 2019 (01 week duration) All available Nursing Assistants of CMH Malir	House Officer/CMP (Master Trainer) detailed for the lectures by the training officer of CMH Malir
Professional communication and team collaboration	January 2019 to January 2019 (01 week duration) All available Nursing Assistants of CMH Malir	House Officer/CMP (Master Trainer) detailed for the lectures by the training officer of CMH Malir

4. After the training, patients' satisfaction survey will be carried out in indoor setting using the structured Questionnaire. This survey will include indoor patients based on average bed occupancy at Combined Military hospital Malir and PAF Hospital Faisal.

Data Analysis:

The scoring will be compared, pre and post training by applying **Paired T Test**, their outcome will be compared using **chi-square test** and a **P-value** of <0.05 will be considered as statistically significant. Means and standard deviation of these variables were calculated and subjected to chi-square test. Statistical Package for Social Sciences **SPSS version 19** program was utilized for statistical analysis.

Ethical Considerations:

Ethical approval will be obtained from Ethical Review board of respective hospitals. Anonymity and confidentiality of participants as well as data will be maintained. Informed consent will be sought from study respondents. Respondents will be explained in clear, simple language that this research will result in new knowledge and procedures related to health and well being of study participants and other relevant population. The estimated cost of this study is negligible as no special manpower or research material has to be arranged or procured. Hard copies will be kept under lock and key while soft copy data will be password protected. Findings of the study will be fed back to the community and benefits achieved from such intervention will be accessible to them as well.

Limitation of study:

1. Patients lacked expert knowledge to accurately assess the technical competence of medical personnel. Their physical or emotional status impeded accurate judgment.
2. Patients were influenced by "Non-Medical factors" such as interpersonal skills of the health provider. For instance good manners could easily mask questionable technical quality.
3. Patients were often reluctant to disclose what they really meant because of their sense of dependency or prior failures in patient-Nursing communication. Patients also feared retribution from the provider, if they voiced discontent.
4. Patient could not accurately recall aspects of the delivery process.
5. Time being the major limitation.

Chapter- 4
Findings and Discussion
Section I
Patients Satisfaction Surveys

Patient satisfaction surveys

1. Health care organizations are operating in an extremely competitive environment and patient satisfaction has become the key to gaining and retaining market share. All major players in the health care field use satisfaction information when making decisions, overshadowed by measure of clinical process and outcomes in the quality of care equation. Patient satisfaction measurement, has traditionally been related to service improvement efforts by hospitals and larger physician practices and for fulfilling accreditation requirements of health plans.
2. Patients satisfaction survey is often the structural mechanism through which patients can alert health care providers their concerns, needs and perceptions of indoor patients in Armed Forces Hospitals. It will help health care providers especially Nursing Assistants to identify potential areas to improve in the soft skills as per expectations of modern patient clientele in Armed Forces. Where deficiencies are identified, alterations in services might well be rewarded with more satisfied patients. The achievements in patients Satisfaction and shortcomings in Nursing Assistants soft skills awareness in Armed Forces hospitals as identified by this study are highlighted in the succeeding paragraphs.
3. In the pursuance of the objectives of study, a detailed patients satisfaction survey regarding impact of soft skills training was carried out among indoor patients of Combined Military Hospital Malir and Pakistan Air Force Hospital Faisal. A total of 650 patients were surveyed using structured questionnaire(PSQ-III) before and after the conduct of training of soft skills to Nursing Assistants of CMH Malir.
4. Based on my 50 Structured Questionnaire (Tailored according to my study from PSQ III), following categories are grouped and scaled according to the different variables of soft skills:-

a. General Satisfaction (GSAT)

- (1) Question No 3 (Very satisfied with care)
- (2) Question No 9(Care just about perfect)
- (3) Question No 14 (Things needs to be improved)
- (4) Question No 21(Something could be better)
- (5) Question No 29 (Medical care is excellent)
- (6) Question No 34 (Dissatisfied with something)
- (7) Question No 39 (Nursing Assistant check daily)
- (8) Question No 40 (Getting medicines on time)
- (9) Question No 42 (Good in providing/arranging treatment)
- (10) Question No 47 (Satisfied with indoor nursing assistants)
- (11) Question No 49 (Satisfied with the medicines during admission)

b. Technical Quality (TECH)

- (1) Question No 2 (Nursing Assistants needs to be more thorough)
- (2) Question No 7 (Ward has everything needed)
- (3) Question No 11(Careful to check everything)
- (4) Question No 15 (Know latest medical development)
- (5) Question No 24 (Lack experience with medical problem)
- (6) Question No 28 (Nursing Assistants rarely give advice)
- (7) Question No 31(Doubt about the ability of Nursing Assistant)
- (8) Question No 35 (Nursing Assistants competent and well trained)
- (9) Question No 38 (Professional competence of Nursing Assistants)
- (10) Question No 45 (Nursing Assistant good in assessing medical condition)
- (11) Question No 47 (Involved in decision about treatment)

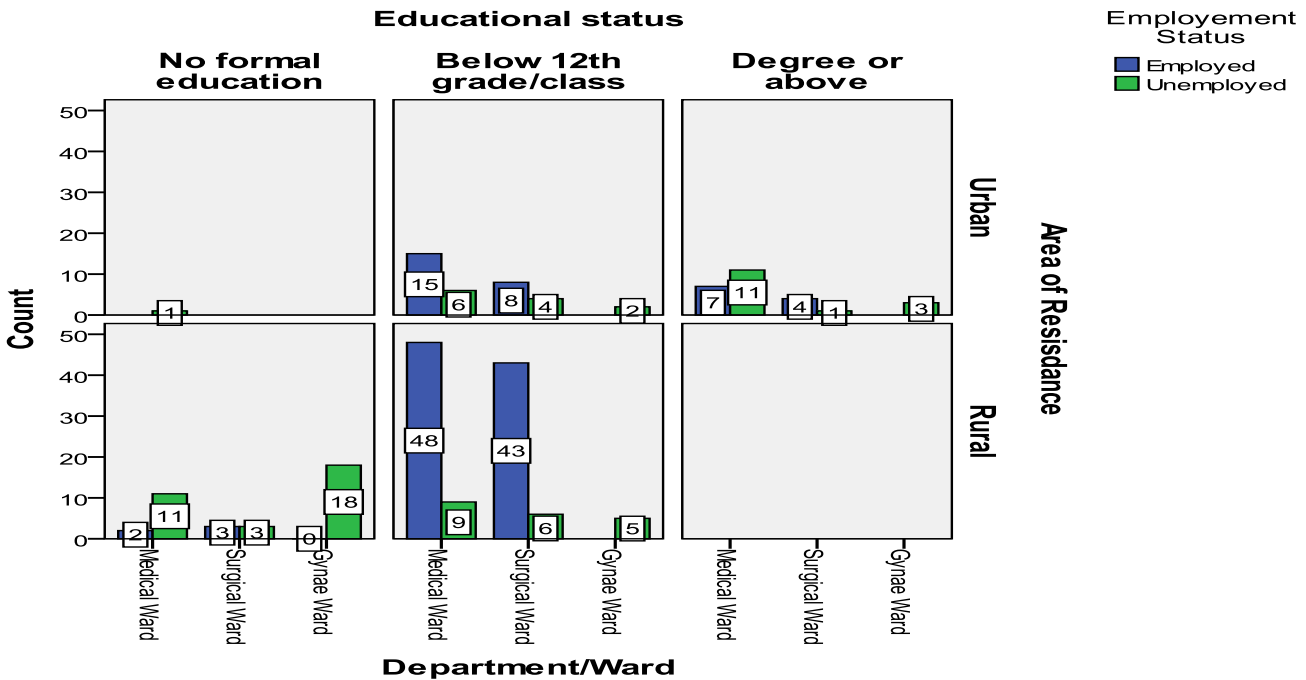
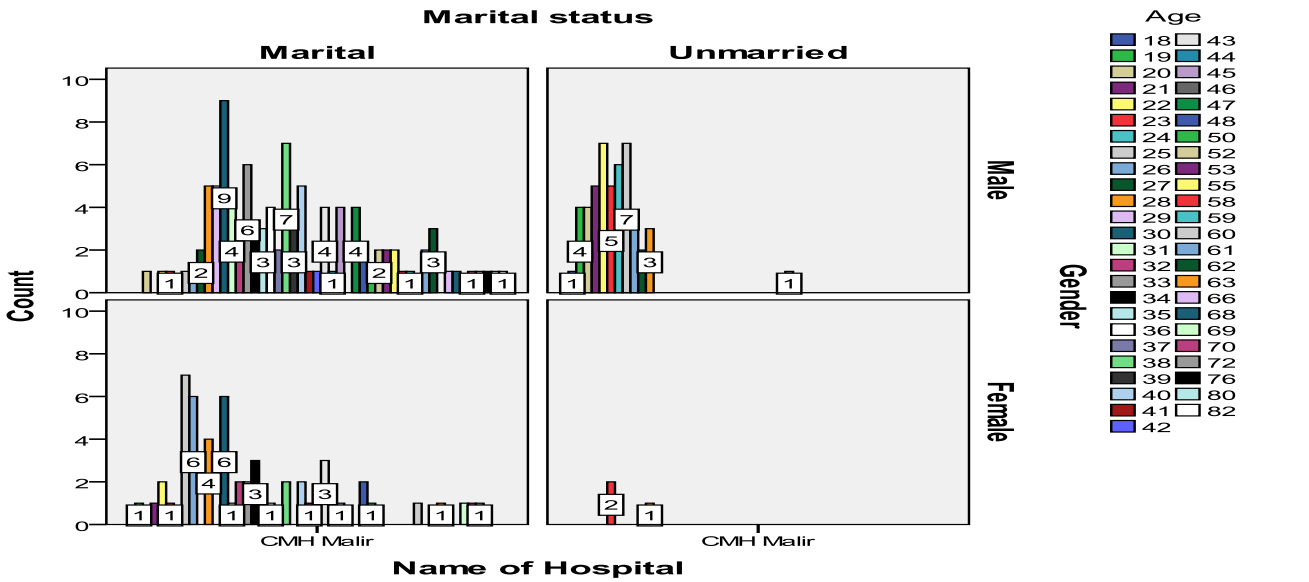
c. Inter personal aspects (INTER)

- (1) Question No 8 (Should give me more respect)
- (2) Question No 12 (Genuine interest in me)
- (3) Question No 17 (Make me feel foolish)
- (4) Question No 19 (Too business like, impersonal)

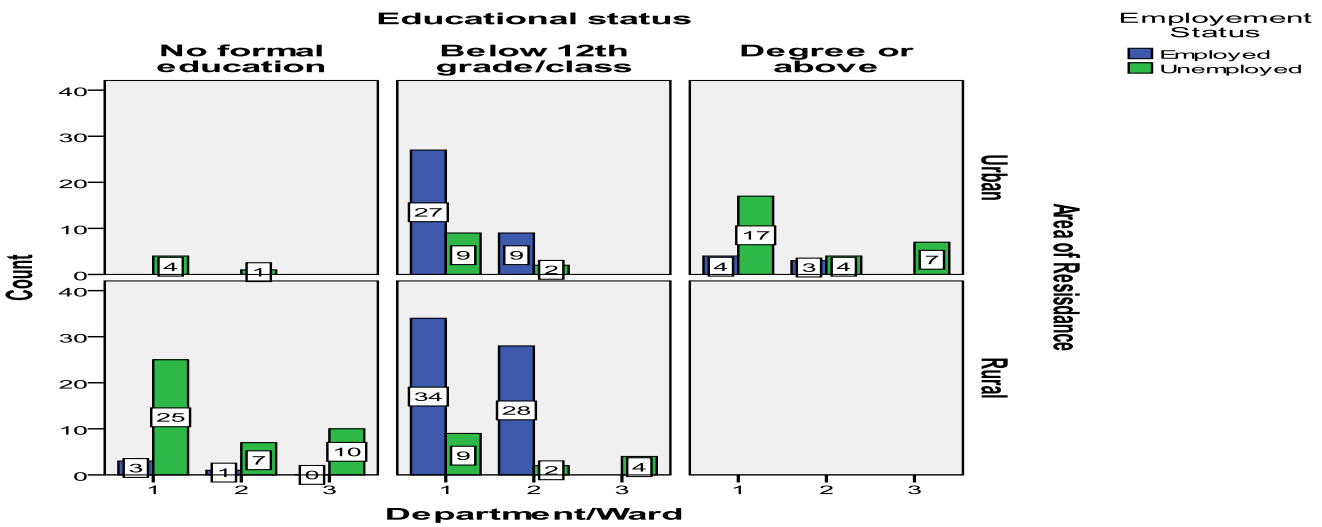
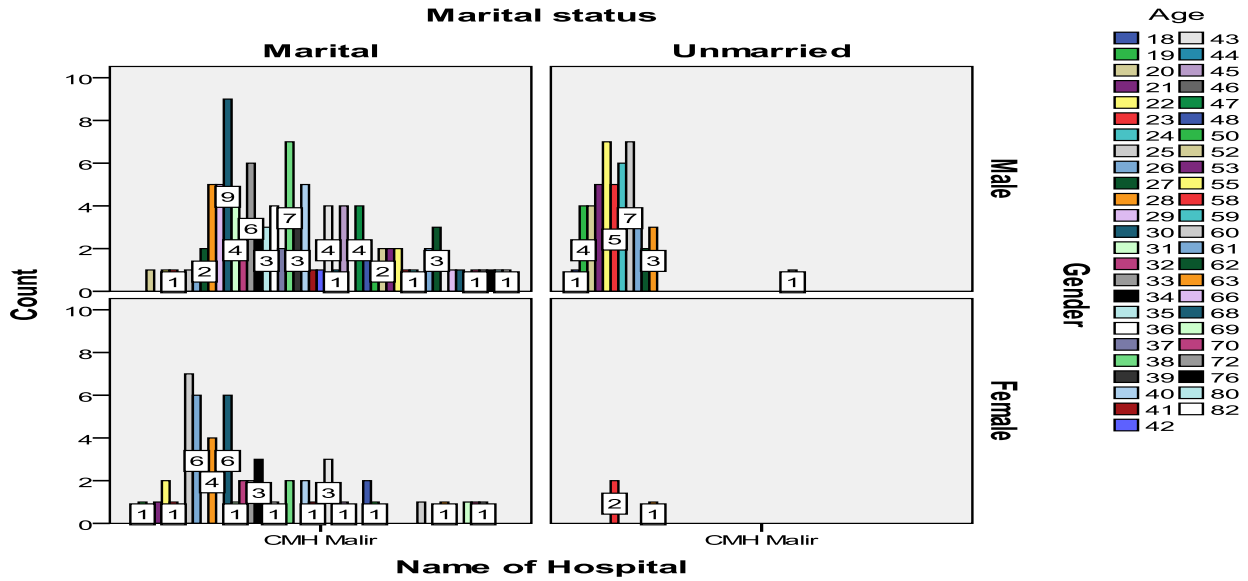
- (5) Question No 22(Very Friendly and courteous)
- (6) Question No 26 (Should pay attention to privacy)
- (7) Question No 33 (Should do best to keep me from worrying)
- (8) Question No 46 (Good in making you feel at ease)
- d. Communication (COMM)
 - (1) Question No 5 (Explain the reasons for tests)
 - (2) Question No 10 (Say everything that is important)
 - (3) Question No 13 (Use terms without explaining)
 - (4) Question No 25 (Ignore what I tell them)
 - (5) Question No 30 (Nursing Assistant Listen carefully)
 - (6) Question No 41 (Good in listening)
 - (7) Question No 44 (Nursing Assistants are polite)
 - (6) Question No 50 (Information provided about disease)
- e. Time spent with Nursing Assistant (TIME)
 - (1) Question No 23 (Hurry too much when treat me)
 - (2) Question No 32 (Nursing Assistants spend too much time)
- f. Access/Availability/Convenience
 - (1) Question No 1 (Get hospital care without trouble)
 - (2) Question No 4 (Easy to get care in emergency)
 - (3) Question No 6 (Kept waiting for long time)
 - (4) Question No 16 (Easy access to specialists)
 - (5) Question No 18 (Wait too long for medical care)
 - (6) Question No 27 (Can reach doctor for help with medical question)
 - (7) Question No 36 (Get medical care whenever need it)
- g. Soft Skills and its training need
 - (1) Question No 20 (Crisis in health care especially soft skills training)
 - (2) Question No 37 (Behaviour and attitude of Nursing Assistants)

The data as revealed by the survey are presented in the succeeding figures and tables.

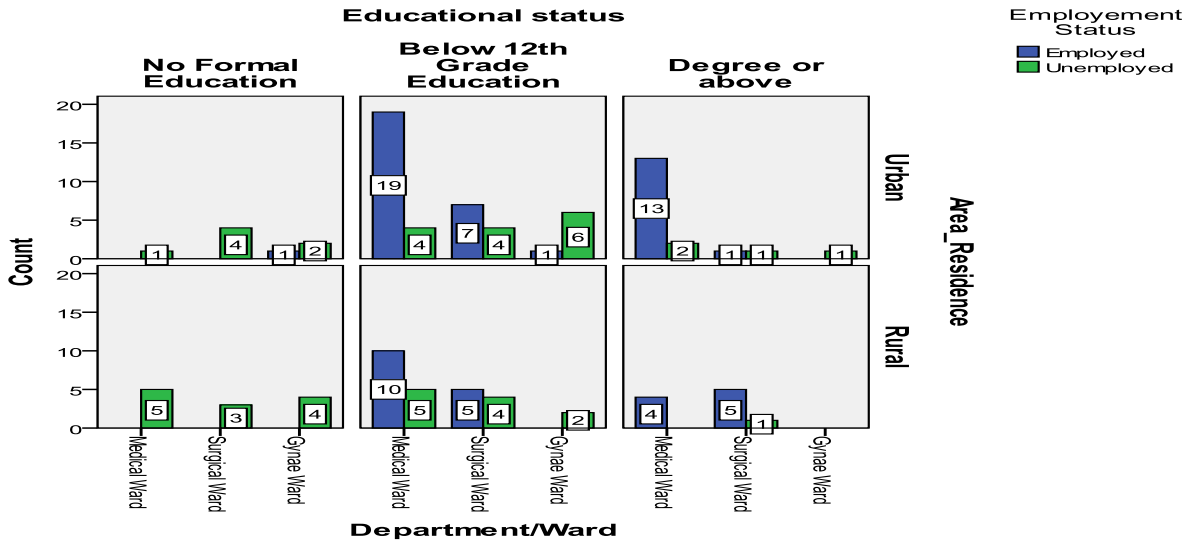
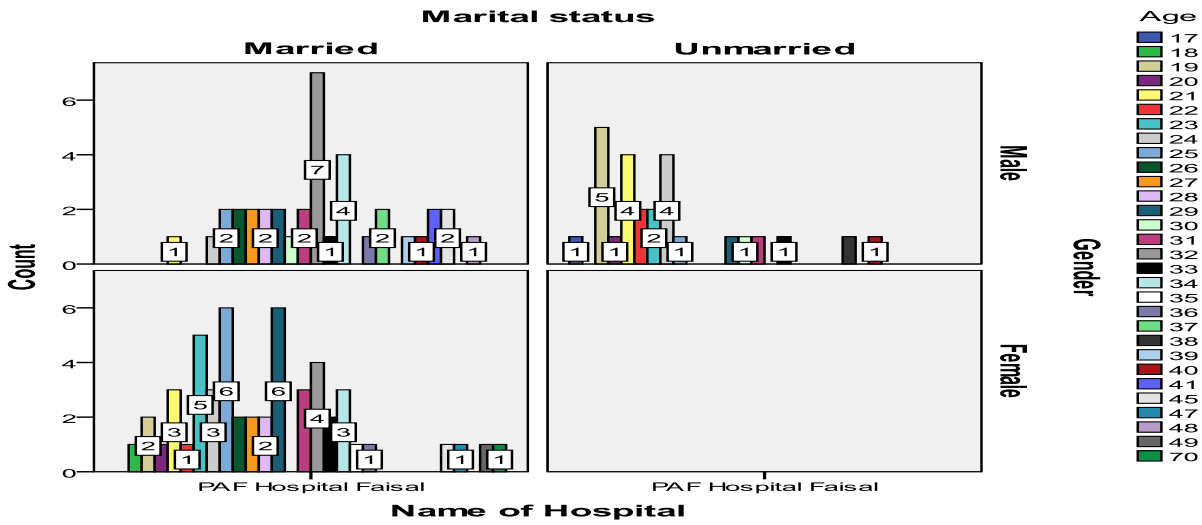
Demographic and Socio-economic Data CMH Malir - Pre Training



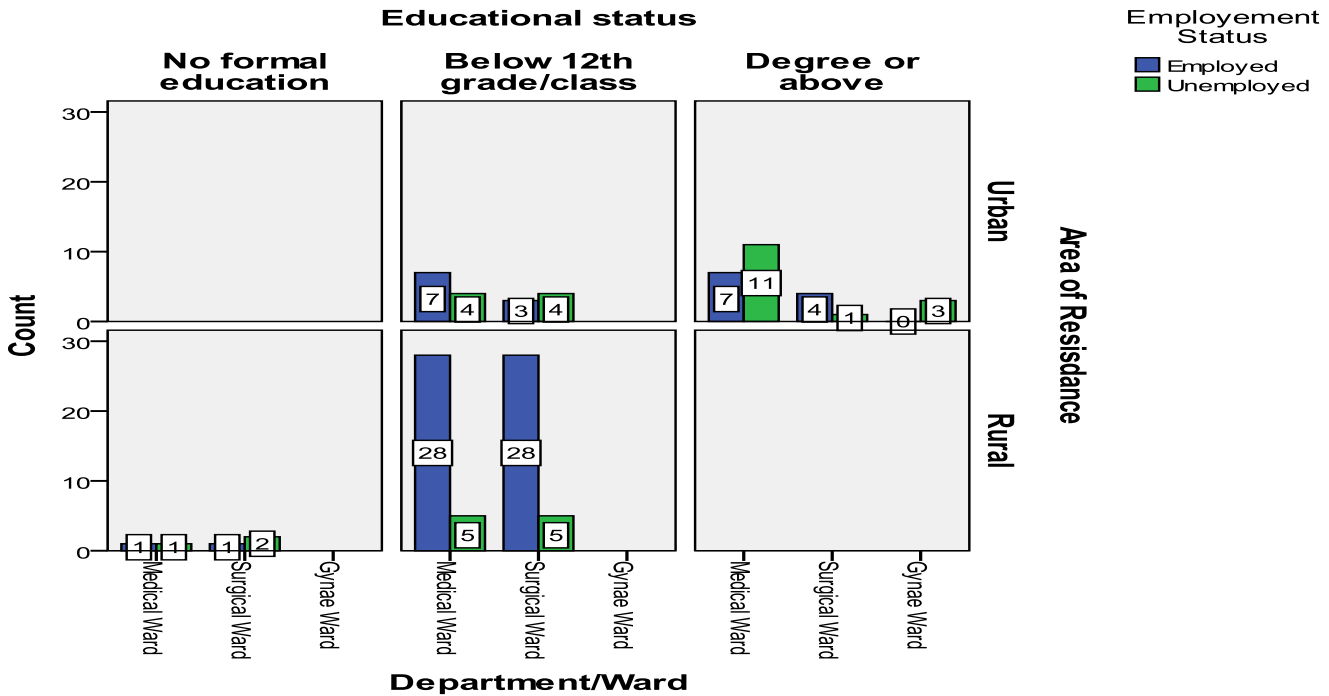
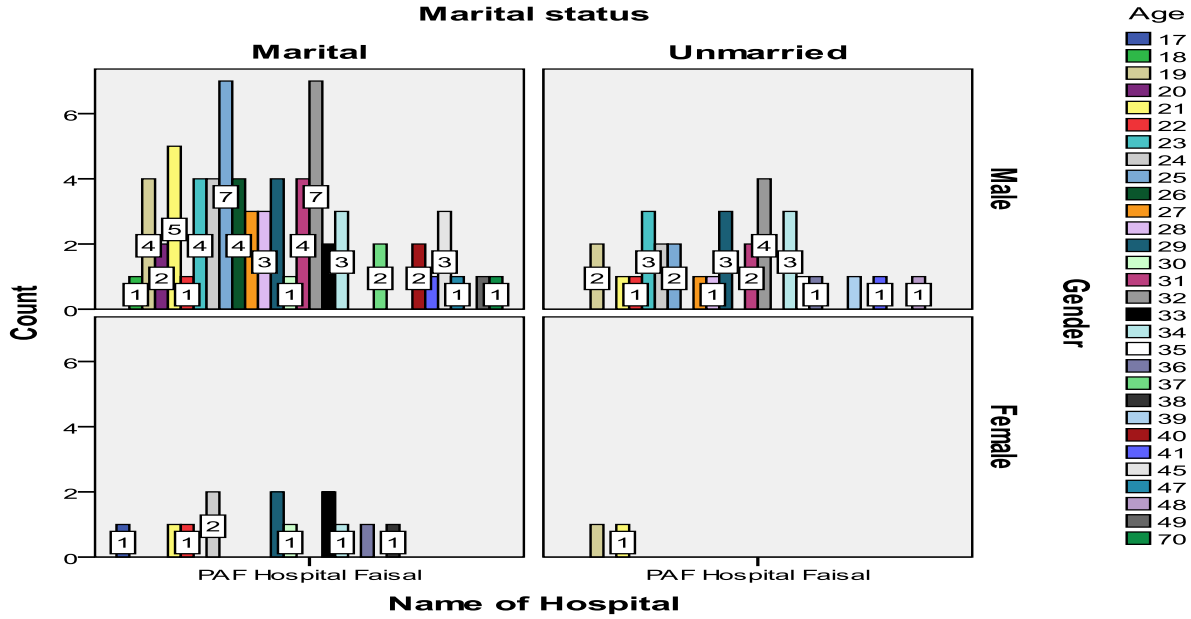
Demographic and Socioeconomic Data CMH Malir- Post Training



Demographic and Socio-economic Data – PAF Hospital Faisal-1st Survey



Demographic and Socioeconomic Data- PAF Hospital Faisal-2nd Survey



Faisal Hospital- Demographic and Socioeconomic Data**Frequencies****Statistics**

	Age	Gender	Department/Ward	Employment Status	Area of Residence	Educational status	Marital status
N Valid	115	115	115	115	115	115	115
Missing	0	0	0	0	0	0	0

Frequency Table**Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17	1	.9	.9	.9
	18	1	.9	.9	1.7
	19	7	6.1	6.1	7.8
	20	2	1.7	1.7	9.6
	21	8	7.0	7.0	16.5
	22	3	2.6	2.6	19.1
	23	7	6.1	6.1	25.2
	24	8	7.0	7.0	32.2
	25	9	7.8	7.8	40.0
	26	4	3.5	3.5	43.5
	27	4	3.5	3.5	47.0
	28	4	3.5	3.5	50.4
	29	9	7.8	7.8	58.3
	30	2	1.7	1.7	60.0
	31	6	5.2	5.2	65.2

32	11	9.6	9.6	74.8
33	4	3.5	3.5	78.3
34	7	6.1	6.1	84.3
35	1	.9	.9	85.2
36	2	1.7	1.7	87.0
37	2	1.7	1.7	88.7
38	1	.9	.9	89.6
39	1	.9	.9	90.4
40	2	1.7	1.7	92.2
41	2	1.7	1.7	93.9
45	3	2.6	2.6	96.5
47	1	.9	.9	97.4
48	1	.9	.9	98.3
49	1	.9	.9	99.1
70	1	.9	.9	100.0
Total	115	100.0	100.0	

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	63	54.8	54.8	54.8
	Female	52	45.2	45.2	100.0
	Total	115	100.0	100.0	

Department/Ward

		Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Medical Ward	63	54.8	54.8	54.8
	Surgical Ward	35	30.4	30.4	85.2
	Gynae Ward	17	14.8	14.8	100.0
	Total	115	100.0	100.0	

Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	66	57.4	57.4	57.4
	Unemployed	49	42.6	42.6	100.0
	Total	115	100.0	100.0	

Area Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	67	58.3	58.3	58.3
	Rural	48	41.7	41.7	100.0
	Total	115	100.0	100.0	

Educational status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No Formal Education	20	17.4	17.4	17.4
	Below 12th Grade Education	67	58.3	58.3	75.7
	Degree or above	28	24.3	24.3	100.0
	Total	115	100.0	100.0	

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	89	77.4	77.4	77.4
	Unmarried	26	22.6	22.6	100.0
	Total	115	100.0	100.0	

CMH Malir- Demographic and Socioeconomic Data-Pre-Training Frequencies**Statistics**

	Age	Gender	Department/Ward	Employment Status	Area of Residence	Educational status	Marital status
Valid	210	210	210	210	210	210	210
Missing	0	0	0	0	0	0	0

Frequency Table**Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18	1	.5	.5	.5
	19	5	2.4	2.4	2.9
	20	5	2.4	2.4	5.2
	21	6	2.9	2.9	8.1
	22	10	4.8	4.8	12.9
	23	9	4.3	4.3	17.1
	24	6	2.9	2.9	20.0
	25	15	7.1	7.1	27.1

26	10	4.8	4.8	31.9
27	4	1.9	1.9	33.8
28	13	6.2	6.2	40.0
29	5	2.4	2.4	42.4
30	15	7.1	7.1	49.5
31	5	2.4	2.4	51.9
32	5	2.4	2.4	54.3
33	8	3.8	3.8	58.1
34	6	2.9	2.9	61.0
35	4	1.9	1.9	62.9
36	5	2.4	2.4	65.2
37	2	1.0	1.0	66.2
38	9	4.3	4.3	70.5
39	3	1.4	1.4	71.9
40	7	3.3	3.3	75.2
41	2	1.0	1.0	76.2
42	1	.5	.5	76.7
43	7	3.3	3.3	80.0
44	1	.5	.5	80.5
45	5	2.4	2.4	82.9
46	1	.5	.5	83.3
47	4	1.9	1.9	85.2
48	4	1.9	1.9	87.1
50	2	1.0	1.0	88.1
52	2	1.0	1.0	89.0
53	2	1.0	1.0	90.0
55	2	1.0	1.0	91.0
58	1	.5	.5	91.4
59	1	.5	.5	91.9
60	1	.5	.5	92.4

61	2	1.0	1.0	93.3
62	3	1.4	1.4	94.8
63	1	.5	.5	95.2
66	1	.5	.5	95.7
68	1	.5	.5	96.2
69	1	.5	.5	96.7
70	2	1.0	1.0	97.6
72	2	1.0	1.0	98.6
76	1	.5	.5	99.0
80	1	.5	.5	99.5
82	1	.5	.5	100.0
Total	210	100.0	100.0	

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	152	72.4	72.4	72.4
Female	58	27.6	27.6	100.0
Total	210	100.0	100.0	

Department/Ward

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Medical Ward	110	52.4	52.4	52.4
Surgical Ward	72	34.3	34.3	86.7
Gynae Ward	28	13.3	13.3	100.0
Total	210	100.0	100.0	

Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	130	61.9	61.9	61.9
	Unemployed	80	38.1	38.1	100.0
	Total	210	100.0	100.0	

Area of Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	62	29.5	29.5	29.5
	Rural	148	70.5	70.5	100.0
	Total	210	100.0	100.0	

Educational status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No formal education	38	18.1	18.1	18.1
	Below 12th grade/class	146	69.5	69.5	87.6
	Degree or above	26	12.4	12.4	100.0
	Total	210	100.0	100.0	

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Marital	159	75.7	75.7	75.7
	Unmarried	51	24.3	24.3	100.0

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Marital	159	75.7	75.7	75.7
	Unmarried	51	24.3	24.3	100.0
	Total	210	100.0	100.0	

CMH Malir- Demographic and Socioeconomic Data-Post Training Frequencies**Statistics**

	Age	Gender	Department/Ward	Employment Status	Area of Residence	Educational status	Marital status
N Valid	210	327	327	210	210	210	210
Missing	117	0	0	117	117	117	117

Frequency Table**Age**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10	2	.6	1.0	1.0
	14	3	.9	1.4	2.4
	17	2	.6	1.0	3.3
	18	4	1.2	1.9	5.2
	19	1	.3	.5	5.7
	20	5	1.5	2.4	8.1
	21	6	1.8	2.9	11.0
	22	9	2.8	4.3	15.2

23	10	3.1	4.8	20.0
24	4	1.2	1.9	21.9
25	4	1.2	1.9	23.8
26	5	1.5	2.4	26.2
27	1	.3	.5	26.7
28	9	2.8	4.3	31.0
29	6	1.8	2.9	33.8
30	14	4.3	6.7	40.5
31	2	.6	1.0	41.4
32	6	1.8	2.9	44.3
33	4	1.2	1.9	46.2
34	7	2.1	3.3	49.5
35	7	2.1	3.3	52.9
36	3	.9	1.4	54.3
37	2	.6	1.0	55.2
38	5	1.5	2.4	57.6
39	3	.9	1.4	59.0
40	9	2.8	4.3	63.3
41	3	.9	1.4	64.8
42	3	.9	1.4	66.2
43	2	.6	1.0	67.1
44	1	.3	.5	67.6
45	7	2.1	3.3	71.0
47	2	.6	1.0	71.9
48	4	1.2	1.9	73.8
49	3	.9	1.4	75.2
50	4	1.2	1.9	77.1
52	2	.6	1.0	78.1
54	1	.3	.5	78.6
55	1	.3	.5	79.0

	58	5	1.5	2.4	81.4
	60	5	1.5	2.4	83.8
	61	1	.3	.5	84.3
	62	1	.3	.5	84.8
	64	3	.9	1.4	86.2
	65	6	1.8	2.9	89.0
	67	1	.3	.5	89.5
	68	2	.6	1.0	90.5
	69	1	.3	.5	91.0
	70	7	2.1	3.3	94.3
	71	1	.3	.5	94.8
	73	1	.3	.5	95.2
	74	1	.3	.5	95.7
	75	2	.6	1.0	96.7
	76	2	.6	1.0	97.6
	85	4	1.2	1.9	99.5
	96	1	.3	.5	100.0
	Total	210	64.2	100.0	
Missing	System	117	35.8		
Total		327	100.0		

Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	117	35.8	35.8	35.8
1	159	48.6	48.6	84.4
2	51	15.6	15.6	100.0
Total	327	100.0	100.0	

Department/Ward

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		117	35.8	35.8	35.8
	1	132	40.4	40.4	76.1
	2	57	17.4	17.4	93.6
	3	21	6.4	6.4	100.0
	Total	327	100.0	100.0	

Employment Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	109	33.3	51.9	51.9
	Unemployed	101	30.9	48.1	100.0
	Total	210	64.2	100.0	
Missing	System	117	35.8		
Total		327	100.0		

Area of Residence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Urban	87	26.6	41.4	41.4
	Rural	123	37.6	58.6	100.0
	Total	210	64.2	100.0	
Missing	System	117	35.8		
Total		327	100.0		

Educational status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No formal education	51	15.6	24.3	24.3
	Below 12th grade/class	124	37.9	59.0	83.3
	Degree or above	35	10.7	16.7	100.0
	Total	210	64.2	100.0	
Missing	System	117	35.8		
Total		327	100.0		

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Marital	167	51.1	79.5	79.5
	Unmarried	43	13.1	20.5	100.0
	Total	210	64.2	100.0	
Missing	System	117	35.8		
Total		327	100.0		

Results of Paired T test CMH Malir for soft skills(Pre and Post training)**Paired Samples Statistics**

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Very satisfied with Care	2.81	210	1.153	.080
	Very satisfied with Care	3.78	210	.945	.065
Pair 2	Care is just perfect	2.61	210	1.102	.076

	Care is just perfect	3.86	210	.953	.066
Pair 3	Things that needs to be improved	3.91	210	.628	.043
	Things that needs to be improved	2.17	210	.749	.052
Pair 4	Something about Medical care	3.79	210	.937	.065
	Something about Medical care	2.14	210	.794	.055
Pair 5	Medical care is excellent	3.84	210	.770	.053
	Medical care is excellent	2.10	210	.695	.048
Pair 6	Dissatisfied with something about Medical care	3.93	210	.810	.056
	Dissatisfied with something about Medical care	2.03	210	.852	.059
Pair 7	Check you daily during your stay in ward	2.33	210	1.013	.070
	Check you daily during your stay in ward	3.73	210	.992	.068
Pair 8	Getting medicine on time	2.25	210	.981	.068
	Getting medicine on time	3.86	210	.990	.068

Pair 9	Good in providing/arranging treatment for you	2.37	210	.935	.065
	Good in providing/arranging treatment for you	3.90	210	.938	.065
Pair 10	Satisfied with indoor nursing assistants	2.45	210	1.067	.074
	Satisfied with indoor nursing assistants	4.00	210	.936	.065
Pair 11	Satisfied with medicines during hospital stay	2.41	210	1.095	.076
	Satisfied with medicines during hospital stay	3.63	210	1.159	.080
Pair 12	Nursing Assistants needs to be more thorough in treating me	2.27	210	1.156	.080
	Nursing Assistants needs to be more thorough in treating me	3.55	210	1.102	.076
Pair 13	Ward has everything available for medical care	2.28	210	1.081	.075
	Ward has everything available for medical care	3.72	210	1.077	.074

Pair 14	Careful to check everything	2.22	210	.968	.067
	Careful to check everything	3.81	210	1.027	.071
Pair 15	Know latest medical development	2.29	210	.967	.067
	Know latest medical development	3.74	210	.974	.067
Pair 16	Lack experience with medical problem	3.75	210	1.034	.071
	Lack experience with medical problem	2.12	210	.801	.055
Pair 17	Nursing Assistants rarely give me advise about health	4.06	210	.892	.062
	Nursing Assistants rarely give me advise about health	2.00	210	.630	.043
Pair 18	Doubt about the abilities of Nursing Assistants	2.46	210	1.116	.077
	Doubt about the abilities of Nursing Assistants	3.87	210	.962	.066
Pair 19	Competent and well trained Nursing Assistants	2.40	210	1.141	.079
	Competent and well trained Nursing Assistants	3.82	210	1.005	.069

Pair 20	Professional competence of Nursing Assistants	2.46	210	1.202	.083
	Professional competence of Nursing Assistants	3.79	210	.935	.065
Pair 21	Good in assessment of medical condition	2.44	209	1.200	.083
	Good in assessment of medical condition	3.82	209	1.020	.071
Pair 22	Involvement in decision about treatment	2.45	210	1.237	.085
	Involvement in decision about treatment	4.05	210	.944	.065
Pair 23	Should give me more respect	2.45	210	1.272	.088
	Should give me more respect	3.91	210	.945	.065
Pair 24	Take genuine interest in patients	2.37	210	1.228	.085
	Take genuine interest in patients	4.09	210	.865	.060
Pair 25	Make patients feel foolish	4.02	210	.812	.056
	Make patients feel foolish	2.15	210	.996	.069
Pair 26	Too business like impersonal	4.07	210	.626	.043

	Too business like impersonal	2.13	210	.686	.047
Pair 27	Very friendly and courteous	2.31	210	1.113	.077
	Very friendly and courteous	4.07	210	.936	.065
Pair 28	Should pay attention to privacy	3.73	210	1.019	.070
	Should pay attention to privacy	2.61	210	1.214	.084
Pair 29	Always do their best	2.41	210	.970	.067
	Always do their best	4.04	210	.968	.067
Pair 30	Good in making you feel at ease	2.55	210	1.071	.074
	Good in making you feel at ease	4.03	210	.849	.059
Pair 31	Explain the reason for test	2.51	210	1.108	.076
	Explain the reason for test	4.60	210	.612	.042
Pair 32	Patient is allowed to say everything that is important	2.12	210	.912	.063
	Patient is allowed to say everything that is important	4.69	210	.532	.037
Pair 33	Use medical terms without explaining	4.10	210	.582	.040
	Use medical terms without explaining	2.20	210	.635	.044

Pair 34	Sometimes ignore what patients tell them	4.11	210	.567	.039
	Sometimes ignore what patients tell them	2.18	210	.768	.053
Pair 35	Listen carefully to patients	2.35	210	1.089	.075
	Listen carefully to patients	4.60	210	.563	.039
Pair 36	Good in listening to you	2.31	210	.971	.067
	Good in listening to you	4.59	210	.539	.037
Pair 37	Nursing assistants are polite with patients	2.36	210	1.059	.073
	Nursing assistants are polite with patients	4.57	210	.577	.040
Pair 38	Satisfied with information provided about disease	2.28	210	1.142	.079
	Satisfied with information provided about disease	4.68	210	.489	.034
Pair 39	Sometimes hurry too much when they treat me	3.42	210	1.193	.082

	Sometimes hurry too much when they treat me	2.38	210	.991	.068
Pair 40	Usually spend plenty of time with patients	2.63	210	1.216	.084
	Usually spend plenty of time with patients	3.80	210	.942	.065
Pair 41	Get hospital care without trouble	2.52	210	1.226	.085
	Get hospital care without trouble	3.59	210	1.018	.070
Pair 42	Easy for patients to get care in emergency	2.47	210	1.226	.085
	Easy for patients to get care in emergency	3.88	210	.975	.067
Pair 43	Usually kept waiting for long time for admission	3.46	210	1.090	.075
	Usually kept waiting for long time for admission	2.48	210	1.045	.072
Pair 44	Easy access to specialist	2.25	209	1.059	.073
	Easy access to specialist	3.84	209	.898	.062
Pair 45	People have to wait too long for medical care	3.96	210	.989	.068

	People have to wait too long for medical care	2.19	210	.954	.066
Pair 46	Can access doctor for help with medical question	3.41	210	1.235	.085
	Can access doctor for help with medical question	2.36	210	.979	.068
Pair 47	Get medical care whenever needed	2.24	210	1.003	.069
	Get medical care whenever needed	3.72	210	1.036	.072
Pair 48	Crisis in soft skills training in Pakistan	4.07	210	.535	.037
	Crisis in soft skills training in Pakistan	2.23	210	.850	.059
Pair 49	Behavioural attitude of nursing assistants is good	2.40	210	.964	.067
	Behavioural attitude of nursing assistants is good	4.40	210	.733	.051

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Very satisfied with Care - Very satisfied with Care	-.962	1.400	.097	-1.152	-.771	-9.956	209	.000
Pair 2	Care is just perfect - Care is just perfect	1.248	1.476	.102	1.448	1.047	12.252	209	.000
Pair 3	Things that needs to be improved - Things that needs to be improved	1.748	.972	.067	1.615	1.880	26.044	209	.000
Pair 4	Something about Medical care - Something about Medical care	1.643	1.320	.091	1.463	1.822	18.034	209	.000
Pair 5	Medical care is excellent - Medical care is excellent	1.743	.979	.068	1.610	1.876	25.811	209	.000

Pair 6	Dissatisfied with something about Medical care - Dissatisfied with something about Medical care	1.90 5	1.149	.079	1.74 8	2.06 1	24.01 6	209	.000
Pair 7	Check you daily during your stay in ward - Check you daily during your stay in ward	- 1.40 0	1.458	.101	- 1.59 8	- 1.20 2	- 13.91 3	209	.000
Pair 8	Getting medicine on time - Getting medicine on time	- 1.61 4	1.327	.092	- 1.79 5	- 1.43 4	- 17.63 5	209	.000
Pair 9	Good in providing/arranging treatment for you - Good in providing/arranging treatment for you	- 1.52 9	1.269	.088	- 1.70 1	- 1.35 6	- 17.46 2	209	.000
Pair 10	Satisfied with indoor nursing assistants - Satisfied with indoor nursing assistants	- 1.54 3	1.356	.094	- 1.72 7	- 1.35 8	- 16.49 2	209	.000

Pair 11	Satisfied with medicines during hospital stay - Satisfied with medicines during hospital stay	- 1.22 4	1.554	.107	- 1.43 5	- 1.01 2	- 11.41 5	209	.000
Pair 12	Nursing Assistants needs to be more thorough in treating me - Nursing Assistants needs to be more thorough in treating me	- 1.28 6	1.687	.116	- 1.51 5	- 1.05 6	- 11.04 4	209	.000
Pair 13	Ward has everything available for medical care - Ward has everything available for medical care	- 1.43 8	1.454	.100	- 1.63 6	- 1.24 0	- 14.33 5	209	.000
Pair 14	Careful to check everything - Careful to check everything	- 1.59 0	1.385	.096	- 1.77 9	- 1.40 2	- 16.64 4	209	.000
Pair 15	Know latest medical development - Know latest medical development	- 1.45 2	1.441	.099	- 1.64 8	- 1.25 6	- 14.60 5	209	.000

Pair 16	Lack experience with medical problem - Lack experience with medical problem	1.62 9	1.318	.091	1.44 9	1.80 8	17.90 7	209	.000
Pair 17	Nursing Assistants rarely give me advise about health - Nursing Assistants rarely give me advise about health	2.05 7	1.034	.071	1.91 7	2.19 8	28.84 0	209	.000
Pair 18	Doubt about the abilities of Nursing Assistants - Doubt about the abilities of Nursing Assistants	- 1.41 4	1.469	.101	- 1.61 4	- 1.21 4	- 13.95 3	209	.000
Pair 19	Competent and well trained Nursing Assistants - Competent and well trained Nursing Assistants	- 1.42 4	1.573	.109	- 1.63 8	- 1.21 0	- 13.11 5	209	.000
Pair 20	Professional competence of Nursing Assistants - Professional competence of Nursing Assistants	- 1.3 29	1.503	.10 4	- 1.53 3	- 1.12 4	- 12.80 7	209	.000

Pair 21	Good in assessment of medical condition - Good in assessment of medical condition	- 1.38 8	1.640	.113	- 1.61 1	- 1.16 4	- 12.23 0	208	.000
Pair 22	Involvement in decision about treatment - Involvement in decision about treatment	- 1.60 0	1.596	.110	- 1.81 7	- 1.38 3	- 14.52 7	209	.000
Pair 23	Should give me more respect - Should give me more respect	- 1.46 7	1.646	.114	- 1.69 1	- 1.24 3	- 12.91 2	209	.000
Pair 24	Take genuine interest in patients - Take genuine interest in patients	- 1.71 4	1.439	.099	- 1.91 0	- 1.51 9	- 17.26 2	209	.000
Pair 25	Make patients feel foolish - Make patients feel foolish	1.86 7	1.324	.091	1.68 7	2.04 7	20.43 4	209	.000
Pair 26	Too business like impersonal - Too business like impersonal	1.93 8	.939	.065	1.81 0	2.06 6	29.91 7	209	.000
Pair 27	Very friendly and courteous - Very friendly and courteous	- 1.75 7	1.445	.100	- 1.95 4	- 1.56 1	- 17.61 7	209	.000

Pair 28	Should pay attention to privacy - Should pay attention to privacy	1.12 4	1.600	.110	.906	1.34 1	10.18 1	209	.000
Pair 29	Always do their best - Always do their best	- 1.62 9	1.300	.090	- 1.80 5	- 1.45 2	- 18.15 9	209	.000
Pair 30	Good in making you feel at ease - Good in making you feel at ease	- 1.48 1	1.342	.093	- 1.66 4	- 1.29 8	- 15.99 1	209	.000
Pair 31	Explain the reason for test - Explain the reason for test	- 2.09 0	1.278	.088	- 2.26 4	- 1.91 7	- 23.70 7	209	.000
Pair 32	Patient is allowed to say everything that is important - Patient is allowed to say everything that is important	- 2.56 7	1.011	.070	- 2.70 4	- 2.42 9	- 36.79 5	209	.000
Pair 33	Use medical terms without explaining - Use medical terms without explaining	1.89 5	.885	.061	1.77 5	2.01 6	31.03 3	209	.000
Pair 34	Sometimes ignore what patients tell them - Sometimes ignore what patients tell them	1.93 3	1.005	.069	1.79 7	2.07 0	27.87 9	209	.000

Pair 35	Listen carefully to patients - Listen carefully to patients	- 2.25 2	1.233	.085	- 2.42 0	- 2.08 5	- 26.47 7	209	.000
Pair 36	Good in listening to you - Good in listening to you	- 2.28 1	1.081	.075	- 2.42 8	- 2.13 4	- 30.56 5	209	.000
Pair 37	Nursing assistants are polite with patients - Nursing assistants are polite with patients	- 2.20 5	1.206	.083	- 2.36 9	- 2.04 1	- 26.48 3	209	.000
Pair 38	Satisfied with information provided about disease - Satisfied with information provided about disease	- 2.39 5	1.298	.090	- 2.57 2	- 2.21 9	- 26.73 9	209	.000
Pair 39	Sometimes hurry too much when they treat me - Sometimes hurry too much when they treat me	1.04 8	1.622	.112	.827	1.26 8	9.363	209	.000
Pair 40	Usually spend plenty of time with patients - Usually spend plenty of time with patients	- 1.17 1	1.601	.110	- 1.38 9	-.954	- 10.60 2	209	.000

Pair 41	Get hospital care without trouble - Get hospital care without trouble	- 1.06 7	1.713	.118	- 1.30 0	-.834	- 9.025	209	.000
Pair 42	Easy for patients to get care in emergency - Easy for patients to get care in emergency	- 1.40 5	1.526	.105	- 1.61 2	- 1.19 7	- 13.34 1	209	.000
Pair 43	Usually kept waiting for long time for admission - Usually kept waiting for long time for admission	.981	1.619	.112	.761	1.20 1	8.780	209	.000
Pair 44	Easy access to specialist - Easy access to specialist	- 1.59 3	1.432	.099	- 1.78 9	- 1.39 8	- 16.08 7	208	.000
Pair 45	People have to wait too long for medical care - People have to wait too long for medical care	1.76 7	1.267	.087	1.59 4	1.93 9	20.20 4	209	.000
Pair 46	Can access doctor for help with medical question - Can access doctor for help with medical question	1.05 2	1.703	.118	.821	1.28 4	8.953	209	.000

Pair 47	Get medical care whenever needed - Get medical care whenever needed	- 1.48 1	1.367	.094	- 1.66 7	- 1.29 5	- 15.70 2	209	.000	
Pair 48	Crisis in soft skills training in Pakistan - Crisis in soft skills training in Pakistan	1.84 3	.992	.068	1.70 8	1.97 8	26.91 1	209	.000	.000
Pair 49	Behavioural attitude of nursing assistants is good - Behavioural attitude of nursing assistants is good	- 2.00 0	1.182	.082	- 2.16 1	- 1.83 9	- 24.52 0	209	.000	

Comments

Paired T test

1. H₀= Null Hypothesis

There is no difference in patient satisfaction scores before and after the conduct of soft skills training of nursing assistants at CMH Malir.

2. H_a=Alternate hypothesis

There is a difference in patients satisfaction scores before and after the conduct of soft skills training of nursing assistants at CMH Malir.

3. Paired T test

If the values of T calculated are greater than the values of T critical (3.30 for 650 patients or more), then we will reject the Null hypothesis.

4. Result of paired T test

T calculated values of my study ranges between 9 to 36, which is greater than the T critical value of 3.30 for 650 patients or more, so training is effective in several ways and we will further impart it in effective manner. Hence we will continue training of soft skills to the nursing assistants in future as well.

Chi Square test**Mean of CMH Malir and PAF Hospital Faisal****Mean**

Mean of Post CMH Malir	Mean of Pre CMH Malir	Mean Post PAF Faisal	Mean of Pre PAF Faisal
2.3694	3.418571	2.8715	2.6763

Chi- square Test for the outcome of Patients" satisfaction scores

Hospital	Patients" Satisfaction Scores		Total
	Pre Training of soft skills	Post Training of soft skills	
CMH Malir	(A) 3.418(Mean)	(B) 2.36(Mean)	5.778
PAF Hospital Faisal	(C) 2.37(Mean)	(D) 2.87 (Mean)	5.54
Total	6.088	5.23	11.318

The chi-square statistic is 1.25

Comments

Chi-square statistics (average means of pre and post training at CMH Malir) and PAF Hospital Faisal, is 1.25 which shows no association between these two hospitals

Section II

Summary of Results

General

1. With face to face discussion with hospital training staff and telephonic conversation with the staff of all three medical services training centres, I was disappointed to learn that they had no idea of soft skills training in their training syllabi or schedule. They left it free to young recruits to learn it at their new stations of duty. Recruits training revolved around physical training, drill, weapon firing and elementary field craft. Scant attention was paid to health education, first aid and procedures related to evacuation of casualties. All medical recruits need to be trained in technical professional knowledge as well as soft skills so as to be successful in their careers. Spending sometime on the teaching of hard and soft skills is a valuable and useful investment. Other core abilities to be emphasized upon are:- act responsibly, communicate clearly and effectively, respect self and other members of the society ,think critically and creatively ,work cooperatively, learn social and moral values besides medical ethics.

2. Multiple soft skills must be embedded in training syllabi. Medical law, ethics and professionalism are not true reflection of soft skills but soft skills ethics and professionalism were recognized as soft skills in literature review.

3. The cognitive objectives for training included assertive and effective professional communication. Discussion of moral issues facing healthcare, comparison of professional, personal and organizational ethics as well as discussion of ethical performance in Nursing assistants role. Personal and professional ethics also need to be separated. Critical thinking and problem solving skills are the most important skills that the Nursing Assistants should acquire because they must know and ensure what is best for their patients. Sociology is another important subject that must be taught to the Nursing Assistants to create an awareness and understanding of the composition of families and the emotional bonding that keeps the family together and dependence of each member on the family support. This will provide a deep insight to the care taking as how to deal with patients relatives under any given situation.

4. Each individual is entitled to have personal opinions but when working with others he must show respect for views and opinions of others. Empathy and tact are useful skills and they are helpful in awkward situations. Empathy cannot be taught but tactfulness can. Nursing assistants must make an endeavor to learn it. Soft skill related expectation from nursing staff during meetings and discussion can keep the process going on. The instructors must set examples of soft skill for their students to emulate their enthusiasm and good judgment. Patient is first and he is correct in customer service. Mock scenarios and role playing accompanies less stress-time drill, preparing patients for their medical office visits with efficiency.

5. During the initial literature review, I identified multiple important soft skills. During the discussion I asked the participants to rank the soft skills they considered are important for the care providers. Importance wise they are listed as under.

- a. All equally important
- b. Communication skills
- c. Work ethics
- a. Inter personal skills
- b. Professionalism
- c. Critical thinking and problem solving
- d. General etiquette

6. Importance of tactfulness and empathy in clinical settings cannot be ruled out.

Patients Satisfaction Scores of my study project

1. Based on the feedback from the indoor patients of CMH Malir and PAF Hospital Faisal, pre and post soft skills training, it was revealed that there has been a remarkable improvement in the patient's satisfaction scores. Various soft skills ranking,(from highest to lowest) according to Paired T test values are as mentioned below:-

a.	<u>Communication</u>	<u>T Calculated Value</u>
(1)	Explain the reasons for tests	(-23.707)
(2)	Say everything that is important	(-36.795)
(3)	Use terms without explaining	(31.033)
(4)	Ignore what I tell them	(27.879)
(5)	Nursing Assistant Listen carefully	(-26.477)
(6)	Good in listening	(-30.565)
(7)	Nursing Assistants are polite	(-26.483)
(8)	Information provided about disease	(-26.739)
	Total	- 229/8= 28.70

2. Average T calculated value is **28.70** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

b.	<u>Soft Skills and its training need</u>	<u>T Calculated Value</u>
(1)	Crisis in health care especially soft skills training	(26.911)
(2)	Behaviour and attitude of Nursing Assistants	(-24.520)
	Total	- 51.43/2= 25.71

3. Average T calculated value is **25.71** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

c.	<u>Inter personal aspects</u>	<u>T Calculated Value</u>
(1)	Should give me more respect	(-12.912)
(2)	Takes genuine interest in me	(-17.262)
(3)	Make me feel foolish	(20.434)
(4)	Too business like, impersonal	(29.917)
(5)	Very friendly and courteous	(-17.617)
(6)	Should pay attention to privacy	(10.181)
(7)	Should do best to keep me from worrying	(-18.159)
(8)	Good in making me feel at ease	(-15.991)
	Total	- 142.42/8= 17.8

4. Average T calculated value is **17.8** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

d.	<u>General Satisfaction</u>	<u>T Calculated Value</u>
(1)	Very satisfied with care	(-9.956)
(2)	Care just about perfect	(-12.252)
(3)	Things need to be improved	(26.044)
(4)	Something could be better	(18.034)
(5)	Medical care is excellent	(25.811)
(6)	Dissatisfied with something	(24.016)
(7)	Nursing Assistants check daily	(-13.913)
(8)	Getting medicines on time	(-17.635)
(9)	Good in providing/arranging treatment	(-17.462)
(10)	Satisfied with indoor nursing assistants	(-16.492)
(11)	Satisfied with the medicines during admission	(-11.415)
	Total	- 192.99/11= 17.54

5. Average T calculated value is **17.54** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

e.	<u>Technical Quality</u>	<u>T Calculated Value</u>
(1)	Nursing Assistants need to be more thorough	(-11.044)
(2)	Ward has everything needed	(-14.335)
(3)	Careful to check everything	(-16.644)
(4)	Know latest medical developments	(-14.605)
(5)	Lack experience with medical problems	(17.907)
(6)	Nursing Assistants rarely give advice	(28.840)
(7)	Doubt about the ability of Nursing Assistants	(-13.953)
(8)	Nursing Assistants competent and well trained	(-13.115)
(9)	Professional competence	(-12.807)
(10)	Good in accessing medical condition	(-12.230)
(11)	Involved in decision about treatment	(-14.527)
Total		- 169.96/11=15.45

6. Average T calculated value is **15.45** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

f.	<u>Access/Availability/Convenience</u>	<u>T calculated Value</u>
(1)	Get hospital care without trouble	(-9.025)
(2)	Easy to get care in emergency	(-13.341)
(3)	Kept waiting for long time	(8.780)
(4)	Easy access to specialists	(-16.087)
(5)	Wait too long for medical care	(20.204)
	Can reach doctor for help with medical question	(8.953)
(6)	Get medical care whenever need it	(-15.702)
Total		- 92.07/7= 13.15

7. Average T calculated value is **13.15** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or

more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

g.	<u>Time spent with Nursing Assistants</u>	<u>T Calculated value</u>
(1)	Hurry too much when treat me	(9.363)
(2)	Nursing Assistants spend too much time	(-10.602)
	Total	-19.96/2= 9.98

8. Average T calculated value is **9.98** (Hence Null Hypothesis is rejected as T calculated value is > than T critical value of 3.30 for a sample size of 650 patients or more. Hence soft skills training has significant impact on the patients satisfaction scores as far as communication skills are concerned and p value is < than 0.05.

Comments

Results of my study showed that overall satisfaction of indoor patients with the performance of Nursing Assistants has improved considerably, from imparting soft skills training to them at CMH Malir ,(p value is <0.0001) for all the variables, which is highly significant .Chi-square statistics (average means of pre and post training) of CMH Malir and PAF Hospital Faisal, is 1.25 which shows no association between these two hospitals.

Section III

Subject Discussion

General

1. I have had the occasion of discussing this subject with eminent doctors, old and experienced nursing supervisors, hospital administrators, patients and lot of others associated with the profession. During my interaction and interviews with them, I carefully made notes of the important points that cropped up during the process. I used prepared questions to solicit their response and to stay on course in objectivity and realism. The interaction took place in congenial environment free from distractions and was free, frank and open. The participants were at liberty to put forward any other view, idea or opinion, not listed on my agenda, to broaden the horizon of my limited scope of study. On the whole the discussions were enlightening and productive.

2. They say human experiences are best narrated by storytelling. But the stories have the bad habit of burning in to fiction, which I want to avoid at all costs. Instead of being fictional, I want to be factual with my data, observations and inferences drawn through deductive logic. For an affective subject like soft skills, I want to be as scientific as I possibly can, by relying entirely on my intellect ,memory and written notes taken during discussions. The purpose being objectivity and accuracy to be maximum.

3. All my participant without exception fully agreed that the subject of soft skills was not wholly discussed or debated in the military"s higher health care hierarchy. Two reasons stand out as obvious. One, military is a disciplined force with a vertically organized hierarchical structure where leadership and authority are vested in rank and appointment. Two, Conformism is the way to acceptance. If anyone deviates from the norms, he is dealt with harshly and sometimes unjustly and shown the doors. Therefore respect for authority, wearing of uniforms, timeliness, consistency, collaboration in team work, good manners like saying "Yes Sir", "Please" and obedience of orders is the inbuilt part of military culture. The second reason is that military workforce lives in compact areas close to their place of work. The problems of food, accommodation, transportation, education and recreation are within easy access and mostly free. These privileges are nonexistent in civil sector. The main factor for military workforce"s better performance stems from their mission oriented service orientation which instills in them

the spirit of self sacrifice and sense of duty. Discipline keeps them under check. If any misconduct or dereliction of duty is reported against them, they are punished for that.

5. While discussing the perception of soft skills, most participants agreed that fault in communication skills were on top of the list. Reading and writing were discarded long time ago with the arrival of social media, internet and smart phones. Book stores have lost space to pizza shops. Staccato and relatively low stake, interpersonal communications have robbed people of their good habits. Everybody thinks he is Mr know all. Every bit of information on every subject is on his finger tips. The situation is lamentable as it is undesirable.

6. Poor communication leads to sub optimal workplace relationships, including conflicts between and among coworkers. No matter where you work or what you do, good communication skills will help you to advance in your career. If you are poor in them, you will be held back. People with good communication skills are always chosen for higher positions and exert great influence. They enjoy greater circle of friends and have many well wishers.

7. Most people do not know how to filter what they talk about and when. They not speak when it is more prudent to remain quite. Speak only when it is absolutely necessary. Golden rule is to listen twice as much as you speak. Develop attentive listening. Do not interrupt or interject when someone is speaking. Frame your questions before hand and put them to the speaker when he asks for. Remember never to ask embarrassing questions or one that he cannot answer.

8. Empathize with patients and emotionally identify with them. It will provide him great emotional support. Share his concern and pacify his fear. Nursing attitude should be caring, kind and considerate. A cold detached attitude will aggravate his condition. Avoid it. Cheer him up with a smiling face.

9. Health care is a big business these days, and the quality of care is directly proportional to the quality of nursing offered to patients. Military hospitals provide free medical treatment to entitled clientele. People visit them because of this privilege. If this privilege were to be withdrawn and covered by some kind of health insurance with the option to get treatment from wherever they wanted, I am sure if the quality of care provided to them does not measure up to their expectations, they would turn to other

places for treatment. Sooner or later military hospitals would have to open up to civilian population to generate more revenues to meet this expanding expenses. As it stands today, military hospitals find it difficult to meet their expenses from allotted funds.

Soft skills perception and soft skills training

1. Soft skills cannot be spoon fed. They have to be taught by constant professional development. It is the responsibility of all Commanding officers of hospitals to train their nursing staff efficiently and effectively. For this nursing students are required to be encouraged to learn these soft skills for which he must provide men and material resources, set them up for success and help them avoid pit falls.
2. Effective soft skill training depends upon three important factors ie The quality of subject matter to be taught, the quality of instruction and the quality of students selected for training. The training should be purposeful with clear aim and objectives. Students back ground knowledge, education and experience levels must be constantly kept in mind while preparing the training syllabus. The instructors chosen for the training must be top class. He must have positive attitude, thorough knowledge of the subject matter, clear and logical expression and be highly skillful in methods of instruction.
3. The students must be enthusiastic, have keen desire for learning and endowed with natural inclination for nursing. The officer in charge training should not be satisfied with anything but the best. Constant vigilance should be exercised during the training process. The students must be encouraged to carryout self appraisal so as to discover their strengths and weaknesses. They must be helped and guided to build upon their strengths and to correct their weaknesses. The class must be kept actively engaged throughout the period, otherwise the interest will succumb to boredom and understanding replaced by confusion and the potential learner will become disheartened. The teacher must never bluff, use profanity, sarcasm and ridicule. He should never talk down to the class and lose patience. If he does all that he will loses dignity and class respect.
4. Learning becomes more efficient when the student is well motivated, is mentally and physically ready to learn because he know the reason why he should learn. Learning objectives must be clear so that the learner knows he has to learn and what is expected of him. The more realistic the training the more chances it has of assimilation.

A student acquires learning by building up what he already knows. Most effective way of learning is by doing. Men will learn more when they are made to feel responsible for learning. Motivation creates a desire to learn if it is at the heat of learning process. For the normal person achievement brings pleasure and satisfaction and stimulates him for greater activity. Feelings affect learning. Students who are upset emotionally tend to think of the source of disturbance rather than concentrate on the subject being taught. Rewards are powerful incentives, punishments are the least desirable forms of motivation. Unjust punishments breed resentment and antagonism. Learning comes more by practice than by reading, hearing or seeing. It is complete when the learner had acquired the abilities to apply his knowledge correctly.

Soft Skills-Transferrable skills

1. Soft skills are broad, transferable skills that never become obsolete and will make the person more valuable anywhere he goes and in any job. In healthcare person they are of critical nature.
2. The very nature of soft skills is such that they are very hard to develop without the help of another human being, who can serve as an objective third party observer and source of candid feedback. Ideally that person would be one who is a bit older and more experienced, perhaps one with greater influence and authority. One who can provide guidance, direction, and support. And if you are in any leadership position, it is so easy to put these issues on the back burner.
3. Most supervisor don't waste their time and energy on such enterprising exercises. They take them to task, when an employee is late, inappropriately dressed or loses something or fails to follow through or makes a stupid mistake or curses at the wrong time or has a conflict with a colleague or customer or something else that is a petty failure. Some supervisors often say things like "Do I really have to talk to my subordinates about these things". They are adults. They should already know how to manage themselves and solve problems and play well with others. "Sorry". You have no choice. If you are in charge of anybody then it is part of your job.
4. At the very least you can put soft skill training in your daily routine. Talk about the soft skills in meetings and during face to face dialogue, with every single person you manage.

5. Focus on high priority behaviors in your organization, your team in each role, or those that are of particular focal points for particular individuals. Formulate and review the broad performance standards regularly. Just like any other aspect of performance, measure it and reward people when they do it. Hold people to account if they don't

Bad points of Nursing Assistants regarding soft skills in Military setups

1. They lack empathy and tactfulness.
2. They are poor as team workers in collaboration services.
3. Are unprofessional.
4. Do not know when to speak and when to keep quiet.
5. Lack of power of observation.
6. Cannot detect medical errors and read vital signs.
7. Are poorly motivated, slavishly adhere to laid drills and procedures.
8. Do not display any leadership qualities and initiate talking.
9. Go to sleep during night duty hours with disregard to patient safety.
10. Lack in time management and coordination skills.
11. Keep patients waiting for long hours at X-Ray/Laboratory tests.
12. Do not have professional knowledge, skills, expertise and wisdom.
13. Cannot solve minor problems.
14. Disturb piece of work place by personal rivalries and jealousies.
15. Do not have moral courage to accept the mistakes and blame others.
16. Also indulge in small conflicts.
17. They cannot think critically and thus lack judgment.
18. Lack in flexibility.

Good points of Nursing Assistants regarding soft skills in Military setups

1. They wear correct pattern uniform with proper boots, belt and beret.
2. Have short hair cuts
3. Are clean shaven and if keeping beard and moustaches keep them well trimmed.
4. They are neat, clean and in good health.

Important tips to improve communication and professional etiquette

1. **Strategies for improvement of communication** Improving communication requires a systematic approach. It must be based on a culture that encourages open

communication, maximizing patient safety and care. It needs assessment, goal setting, identification of discrepancies between optimal and actual performance, and establishing action priorities. This can assist an organization to develop its implementation tools. Commonly used tools may comprise observations, questionnaires, key consultations, interviews, group discussions, tests, work samples and sometimes brain storming. Other tools can be inter disciplinary assessment forms, medication order forms, progress notes, time outs, read outs and briefings. Communication audit can help to improve communication policies and tools that meet the staff needs and organizational goals. The communication tools should be:-

- a. User friendly
 - b. Take minimum time and effort to use
 - c. Convey comprehensive information
 - d. Encourage multidisciplinary collaboration
 - e. Limit the possibility of error
2. Strategies adopted should be:
- a. Reduce impact of stress and workload
 - b. Offer consistency and predictability
 - c. Ensure flexibility and continuity
 - d. If system fails in one area, it should have equally good and reliable system in another area.
 - e. Incorporate forcing functions.
 - f. Ensure that people cannot go round it.
 - g. Minimize reliance on human memory.

Recommendations for improving the quality of your conversation

- a. **Be the first to say hello** Introduce yourself to others clearly pronouncing your name so that everyone catches it.
- b. **Use Names** Listen for the names of your conversation partners and use them when addressing others.
- c. **Think before you speak** Instead of speaking quickly to fill pauses, take time to think instead of blundering in to a mistake.

- d. **Be receptive to new ideas** If you disagree with an idea, learn more about it. "That's interesting" instead of "I don't agree".
- e. **Listen** Listen twice as much as you speak.
- f. **Ask Questions** Draw others out as necessary by asking thoughtful questions.
- g. **Make Eye** Contact show others that you are engaged and focused on what they are saying.
- h. **Repeat a paraphrase** In your own words repeat what others say to make sure you understand.
- i. **Keep it brief** Instead of monopolizing someone's time, leave them feeling that another conversation with you would be interesting and productive.
- j. **Be prepared** Before a crucial conversation, anticipate what others might say or ask. Prepare questions and facts ahead of time.
- k. **Speaking effectively** In conversation, voice is the medium or channel that we use to communicate with others. When we speak, people not only listen to the words we say, but also the way we say them-the vocal elements of the speech.
- l. **Vocal Elements** The vocal elements include voice fluctuations, rate of speech, tone and volume, that may add interest to the contents of the message. Articulating these elements can make your words more appealing and powerful. Listening is the art of effective speaking. It comes with hard work and constant practice.
- m. **Public speaking** This is perennially named as the top fear in America. It can be greatly overcome by self confidence and by tuning your voice. People who speak at the same pace tend to be dull and ineffective. Those who vary the rate of their spoken words are more effective. Those who vary the rate of their spoken words are also more interesting. Changing the speed of your voice can create the desired effects on your audience.
- n. **Confidence Building** "Love your topic" says Douglas Anderson a voice coach eliminate nasality by yawning to open and relax your throat and

palate. Stand straight and let your breath come in down slow. It should feel like entering your waist, not being pulled down your throat. An open throat protects your voice and produces a richer sound.

- o. **Maintain good posture** Your posture is your body position, when you are sitting, standing or walking, it communicate your mood, attitude and interest in the situation. When communicating with others, sit or stand with an erect posture (but not still).This will convey self confidence and competence. Lean slightly forward when you talk to show you are receptive and interested in what they have to say. Avoid speaking when your back is towards the audience. This indicates disinterest and disrespect.
- p. **Keep your distance** Proximity is the physical distance between you and your audience. Maintaining appropriate proximity is an important part of verbal communication. People expect you to respect their personal space and feel uncomfortable if you intrude on it. Other determining factors are social and cultural norms, relationships and occasions. Move 10 feet away when you talk on your cell phone.
- q. **Credibility** It is perception people have of your authenticity and is closely associated with trust, a crucial element in personal and professional relationships. People will not accept your ideas if they do not trust you. Its essential elements are:
 - (1) **Speak objectively and accurately** You can improve your credibility by speaking objectively, avoiding exaggerations and providing only accurate information. Backup your statements with verifiable facts and evidence.
 - (2) **Strive for clarity** The better your listeners understand, the more they will accept. So avoid conjecture and maximize your credibility by clearly and carefully expressing yourself. Explaining your message clearly will improve your listeners comprehension, trust and commitment.

- (3) **Be consistent** To be perceived as credible the words you say should be consistent with your actions. If people note that your words and actions are not consistent they will lose faith and trust in you.
 - (4) **Demonstrate empathy and concern** Credibility involves more than speaking clearly and honestly. People are more inclined to trust others who show concern and empathy. Aristotle a Greek philosopher has emphasized three aspects of speaking; it should be logical, ethical and emotional. As a speaker this means they should consider three parts of communication to be successful. The subject or what you have to say yourself, and your credibility and your ability to empathize with your audience.
- r. **Communicating ethically** Ethics are principle that relate to acceptable conduct in honesty, behaviours, moral standards and treatment of others as you would like to be treated yourself. Ethical and legal behaviours overlap but they are not the same. Lot of deliberate effort is needed to analyze objectives, choices and consequences to make responsible and ethical decisions. Many human dilemmas can be avoided if we resort to ethical practices particularly in health and business sectors. Some points necessary to conform to ethics are:
- (1) **Be truthful** Speak honestly, but you need not divulge sensitive information of which you are a trustee to persons not authorized to receive it. This will be a breach of trust not only punishable but also unethical. Avoid exaggerations, half truths and misleading others. Your reputation is built upon honesty, integrity and trustworthiness.
- s. **Present a balanced view** Always consider pros and cons of a problem by discussing them in an unbiased manner and come up with a solution that is balanced. Never provide incomplete and inaccurate information to your listeners. An objective analysis of a problem or issue always highlights its strengths and weaknesses to arrive at a correct decision.

Whimsical or capricious decisions are always harmful. Middle of the road or equivocation are indifferent decisions.

- t. **Differentiate fact from opinion** Opinions should always be pitted against hard facts based on scientific evidence to prove your point of view. An opinion is an idea or belief, where as a fact can be observed and independently verified. Unlike a degree is a degree ,fake or real our litmus test for verification should be reality check.
- u. **Disclose information clearly** Secret clauses buried deep in the fine prints of deeds and agreement are unethical. A person signing must be made clear of the implication. A communicator has the moral and ethical responsibility to disseminate correct information so that there are no legal and ethical conflicts later on.
- v. **Be Consistent** While communicating with others you might avoid conflict by adopting the popular perspective by saying what you think the listener wants to hear(playing to the galleries).This is compromising integrity. Put up just one face and not different faces to different people. Be consistent.
- w. **Cross cultural issues** There could be occasion, where you might have to speak to people of other countries, with different languages and different cultures. This language and cultural difference may make it difficult for you to convey your message effectively. In such a situation you should:
 - (1) **Keep your message simple** First to enable them to decipher your message and convert it in to their language and then about its contents. Use as common words as are understandable, the text is light and not jumbled up with unnecessary details. Avoid using clichés or idioms. Discuss only one topic at a time.
 - (2) **Speak slowly and clearly** Although many people from other cultures speak and understand English, they might be accustomed

to hearing it spoken with an accent different from yours. Help your listeners by reducing your rate of speech, interjecting occasional pauses and articulating clearly. Speak loudly enough to be easily heard.

- (3) **Watch for signs of understanding** In many cultures it is considered inappropriate to interrupt a speaker or ask someone to repeat it. Instead your listeners might patiently listen without understanding what you are saying. Look for expressions that indicate a blank look, a forced smile or confused looks. Slow down, simplify your speech and repeat your message without being asked to do so.
- (4) **Listen carefully and uncritically** Show respect to them when listening to them when they speak. Do not correct their grammar or pronunciation. Avoid completing their sentences or suggesting a word when they pause for in search of proper words. Provide positive non verbal response by smiling or nodding your head.[57],[63],[64].

14. **Seven tips to improve your professional etiquette** Besides clinical, leadership and management skills, Nursing staff need to develop another skill which is called Professional etiquette. Etiquette is more than good manners. It is a tool of cultivating good relationship.

Based on guiding principles of blindness, consideration and common sense, professional etiquettes can help you from new alliances and enhance established ones. Polish your communication skills and strengthen up relationship with patients, families and colleagues.

- a. **Tip No-1-Introduce yourself** During introductions just don't feel awkward and stand aloof. Be bold and take initiative. Put out your hand for a handshake and say (Aslam o Alaykum).My name is so and so and I am the Nursing Staff of this ward. Likewise you can introduce your other colleagues to the visiting dignitary.

- b. **Tip No-2-Have a confident Handshake** A strong handshake creates a positive impression. Many people judge others by the quality of their handshake, so make sure it is confident and firm but not too firm, don't overdo it. Stand up ,lean forward, make eye contact and smile. Be cognisant of cultural or religious differences. In muslim societies men do not shake hands with women. Our present lot of female nurses are from middle and low level income groups, residing in urban areas who were able to provide, some formal education to their daughters. They thought Army's disciplined environment would provide them protection and enable them to and live and work in decent conditions under its disciplined environment. Unlike Europeans and other developed countries our women are not frank and foresight. They are shy and diffident and hesitant to interact with male counter parts. Even after long years of stay in the Army they are unable to shed away this cultural baggage. By nature they are emotional and illogical. They rely more on their sixth sense and feminine mystique rather than face the real challenges of their duties and responsibilities. Resultantly they require a different approach of handling for optimal utilization of their medical skills. Nurses are part of health care teams. They should be well versed with clinical and critical thinking skills. For safe care of patients put under their charge in the wards, courtesy consideration and concern must be their guiding factors. They should escort the patient to his/her room and bed and ensure that the patient is comfortable. Once the patient is settled, the room orientation will begin. This will include orientation to the bathroom facilities, the nurse call bell system, bed controls, telephone, TV, AC, pantry use, visiting hours, meal times and guideline policy. Once the patient is settled in his ward environment, then the nurse should begin his admission assessment and develop her nursing care plan. The patient's health status and risk indicates to identify patient problems both current and potential. When all data has been collected then he/she should document it by recording it.
- (1) Nature of patient's disease

- (2) Treatment plan (Due consideration to patient's right, cultural values, needs and response)
 - (3) Nursing interventions
 - (4) Review and updating of plan in response to patient's condition
 - (5) Preventive actions for any risk factor
 - (6) Discharge process/outcome
 - (7) Homecare instructions/supplies
- c. **Tip-3 Keep conversation on track** The ability to make conversation with your colleagues and patient can be of great value to you. However to avoid offending someone, stay away from controversial topics like religion, and politics etc. The topics that are usually safe to talk about are Weather, Sports, Traffic Jams, books and TV programmes. If you have trouble starting a conversation, make an observation, ask question or reveal something about yourself.
- d. **Tip-4 Watch your body language** Your body language is an essential component of communication. While making conversation don't forget that your spoken words can go a way of waste if your body language is not in consonance with them, so tune in and be aware what message your body language is sending. Here are some body language tips:
- (1) Stand tall with your shoulders back and your chin up; avoid slouching.
 - (2) Keep your hands out of your pocket
 - (3) Don't put your hands on your hips or cross them over your chest
 - (4) Use sincere smile to convey warmth and friendship to show interest
 - (5) Move with confidence and purpose
 - (6) Don't drag or shuffle your feet
- e. **Tip No-5 Cultivate a positive work environment** Good etiquettes are essential to cultivate a positive work environment. Great colleagues with a smile whom you arrive for work and say good bye when you leave other to help others and thank others for helping you. Use good manners and polite language. Avoid listening to gossip or complaining with colleagues.

Participate in social functions and show your colleagues that you are a part of the team. Disruptive behavior is anything that interferes with the ability of others to effectively carry out their duties. Avoid it at all costs.

- f. **Tip No-6 Wearing of appropriate dress** A tendency has crept up to wear informal dress at workplaces particularly in hospitals. This tendency needs to be discouraged. The way you dress up sends a clear message about how you see yourself and how you want to be perceived by others. If you dress too casually, patients may question your professionalism. Wearing of proper dress establishes your authority, credibility and trust. Many patients complain that in clinical settings everyone looks the same. This can be a safety issue if patients cannot quickly identify a nursing staff in an emergency. Hospitals need to re-evaluate their dress codes for clear identification of their work force particularly in military settings after working hours.
- g. **Tip No-7 Present a positive, professional image** In any service related profession, good manners are at the heart of their mission. This should be more explicitly applicable in health care setting. While visiting a patient the doctors/nurses should:
- (1) Take a few seconds to get composed and put up a smile on your face.
 - (2) Knock or speak softly and wait for permission before approaching the patient's bedside.
 - (3) Address the patient by name and greet him graciously.
 - (4) Explain to the patient the purpose of your visit and review his plan of care. Ask open ended questions and get his input.
 - (5) When leaving, ask him if he needs anything.
 - (6) When the patient says thanks, replace the phrase "You are welcome or my pleasure"[67]

Instructions for health care professionals especially Nursing Assistants

All the personnel involved in patient care must keep following definitions of the "Patients" in their minds:-

- a. Patient is the most important person in the hospital.
- b. Patient is a person and not a statistic. He has feelings, emotions, biases and wants.
- c. It is our business to satisfy the patient.
- d. Patient is not an outsider to our business-He is our business.

Section IV

Findings

I was able to identify themes based on the analysis of the interviews, interactive discussions and review of training documents. The themes provided the information needed to answer the research questions. The summary of the findings is as given below:-

- a. **Finding No-1: Individual soft skills perceptions** All participants felt that nursing staff of hospitals lacked the appropriate level of soft skills. Quite a few participants thought that necessary soft skills were embedded in military dress code and military courtesies and salutations as required by military discipline. Military nursing staff wear correct pattern uniform with proper boots, belts and berets. They have military style hair cuts, are clean shaven, keep well trimmed beard and moustaches and are on time for duty. They are generally polite, courteous and respectful. However if they make any error they are punished for it under military law. Others contended that they lacked in interpersonal relationships ; cannot interact with patient clearly and efficiently. Their behavior is rude to visitors who visit hospitals at odd times. They waste lot of time at their hand held devices and are inefficient in time management and poor in coordination. They also do not know how to read vital signs and take no notice of patient's complaints on administrative matters.
- b. **Finding No 2 Soft skills training in hospitals** No soft skills training was imparted to nursing staff working in the hospital, although it is the responsibility of all officers in Command position to train their officers, JCOs and men: Review of hospitals annual training plan and weekly training program give no such indication of any such training. If any individual display some resemblance of soft skill, it was because of his social and educational background or he was taught good manners at home or in school. Some of the participants felt that they did not consider possession of soft skill is to be a must. The nursing staff as they are quite capable of performing their duties well. The military hospitals are free

dispensers of health care and we do receive many complaints from our clients unlike the civil sector where everything is put under the carpet.

- c. **Finding No 3 : Soft skills training at AMC school and training centre**
Medical recruits on arrival at AMC centre are put through basic military training like physical training, drills, weapons training, field craft etc. In technical learning they are given familiarization training in first aid, health and hygiene . No soft skills training is embedded in their training plans. It is all based on their personal observation or emulation of senior staff.
- d. **Finding No 4: Most important soft skills** All participants when asked to rate the order of importance of each soft skill accorded different priorities to each soft skill. However consensus was that communication skill was the most important, followed by problem solving, critical thinking and follower ship in that order.
- e. **Finding No 5: Soft skills development** All participants unanimously agreed that development of soft skills of mythical assessment was highly important. Ignoring this aspect of health care will negatively impact quality of care because of the patients do not know how to evaluate it. All they know is, who so ever is nice to them with good social skill is reflective of the whole setup and nursing staff is the media which provide that channel.

Chapter-5
Section I
Recommendations

Importance of soft skills

The study based on literature review, interactive discussions and interviews with healthcare providers and patient satisfaction surveys has clearly brought out the fact that nursing staff working in military hospitals lack in soft skills considered essential for quality of care. This deficit of soft skills varies from hospital to hospital, and from individual to individual. The most important soft skills identified by the study to health care are Communication skills, Critical thinking, Problem solving, decision making, Professionalism and followership. Since this study is one of few of its kind, it is felt, more studies of this nature should be carried out to grasp the broader aspects of the problem and its ramifications.

Nature of soft skills

Soft skills being relational skills, fall in the affective domain and are inextricably linked to one's character, conduct and personal attributes. There is hardly anything we can do about character. It is a constant factor in one's personality and is unchangeable. Some are of good character and some are not so good. Lot of improvement can be made in personal attributes. Behavioral changes can both be good and bad depending upon the environment. Good habits can be acquired from good company and bad habits from devil's den. Men vary in their physical characteristics, intelligence, general education, past experience, determination, desire to achieve and emotional stability. Molding them all in to one set pattern of habit is difficult to accomplish. This is not like drill square training where instant thought and instant action results in desired obedience. Learning of soft skills is equivalent to changing of lifelong habit which is a difficult process. Lot of deliberate thinking is needed before the implementation process gets underway. Ill-conceived planning and quick fix solutions should be avoided at all cost.

Nursing as profession

Nursing profession is tough and very demanding. After college professorship, it is the next highly paid profession in the United States. Reasons are obvious. In an individual and technology based society where everyone has to work for a living, there are not enough people left to take care of the elderly who are living longer than in the past. Cost of care is for the asking. This is the how the equation of demand and supply works. We are also gradually drifting to their situation and time is not far off when shortage of trained nurses will be acutely felt in health care, as most of these nurses would prefer to work alone and individually. The problem needs thinking through to face the impending challenge, before it becomes too late.

Nursing staff in peace and war

In acute/critical care setting, a nurse besides reading and observing his/her patients vital is also required in assisting the patient in laying down or getting up from bed, wiping, washing and cleaning dirt and vomit from his body, assisting the patient in eating, drinking and performing his bodily functions and quite as often may also assist the sweeper in removing his bed pan. These are not jovial tasks. In our society they are considered as demeaning and highly undignified. A nurse does it all with a smile on his/her face. Thus I will call a real noble man worth weighing in gold. I imagine another nursing assistant in war setting; when chips go down, privations mount, life threatening situations build pressures, casualties are more than he can handle, communication is ineffective, command and control is in disarray and lack of resources in equipment and transportation compound his problem, it is the cool, calm and courageous personalities of the Nursing Assistants that will make the difference. Learning in peace time, the qualities of leadership, virtues of initiative, critical thinking to objective, skills of problem solving and decision making without waiting for instructions from above and most important of all networking people with authority and power will help save the day. It all goes to prove that power of soft skills is great in both peace and war provided they learnt in real earnest and applied intelligently. Not only that, they can also be a great help in seeking employment after retirement from the military service. Hence there is always importance of soft skills.

Rewards and incentives

As stated earlier nursing is a hard and hazardous profession. They work in gloomy, morbid and morose environment and live in danger of contracting infectious diseases. They work round the clock and are in need of more rest and recreation. They need more remunerative incentives for comfortable living and to be able to provide descent education to their children.

Selection and recruitment

Our current recruitment process for medical services is outdated and needs revision and updating. Lot of advanced technologies are expected in all the disciplines of health care system in coming days. Men with scientific bent of mind and scientific knowledge are considered more appropriate for induction as they will have better potential for learning and growth.

Training syllabus for soft skills

Soft skills training is contingent upon the quality of subject matter and the quality of instruction. Both are necessary and complimentary to each other. The training syllabus should be carefully designed by seeking help from all our best brains in health care with necessary inputs from prominent anthropologist and social scientists. It should be a fine blend of healthcare needs and socio-cultural compulsions. The methodology should include brief description of the skills; followed by interactive discussion. The roles of students and instructors should be interchangeable, both being instructors and students at the same time. Everyone must be free to express his ideas or opinion. Learning should be proactive and not passive absorption. The teacher must have positive personality, clear and logical expression, thorough knowledge of subject matter and be well versed with methods of instructions. Students should be properly motivated, mentally and physically alert and eager and responsible for learning. Learning is complete only when the learner has acquired the attributes, Ideals, interests and habits of conduct which will enable him to apply correctly the things learnt. If the student fails to learn, the instructor failed to teach.

Library

Every hospital should have a good library stocked with latest edition professional books, journals, research validated articles and internet services. Our young generation has lost interest in reading books. If they have to know about anything, they go right

down to their electronic devices. If there is not an obvious on line resource to answer their questions, then they learn from another person, whoever is available. They just do not think on their feet, the way they used to. Through their devices they may find the right but they do not understand its knows and ways. Another disturbing factor in today"s information environment is the mushrooming growth of so called ,half hearted experts under the sun. They have a price tag attached to their shirt collar. Their services are for the asking. Those so called experts are always stating the obvious or saying things which nobody understands.

Promotion of education

Health and education are the building blocks of any nation. Neglect of these two important aspects can cost us dearly. To encourage our rank and to acquire better education qualification is to make them better men and to improve their chances of employability and post rehabilitation. All possible financial and moral support should be offered to them if they so desire.

Selection of research subject

The student officers attending the post graduate classes in AFGMI should not be asked to select subjects for research of their own choosing. Rather the assignments should be made by the college faculty keeping in view the officers experience and the utilization value of the subject. This should be done just at the beginning of the course so that the officer lingers on with the subject for a longer time at the same time collecting books, reference material, consulting experts in MH and CMH Rawalpindi and asking questions from the guest speakers.

Accommodation

On termination of the course I was posted to CMH Malir. This was almost a year back and I am still without married accommodation. Acute shortage of accommodation at the Station of my posting has adversely affected my research efforts. Living with wife and my two small children in a small, crammed and congested mess room does not create a conducive environment for quality work. I have put up with it and hope for the best.

Section II

Conclusion

1. Misery, suffering and pain are an endemic part of human existence. As long as we live we have to put up with them in greater or lesser degrees. I know of no man who never suffered from or endure pain. The sole objective of medical sciences is to alleviate suffering and mitigate pain to enable mankind to live a healthy and happy life. Without any fear of contradiction or hesitation, it is doubtless to claim that medical science has made rapid progress and astonishing discoveries in the past 50 years than at any other time of human history. State of the art diagnostic tools, innovative computer aided medical procedures, no doubt have improved our clinical skills but we do not see development in human skills which are equally important for overall improvement of health care.
2. Research on human behavior and conduct by corporate sector the world over has amply demonstrated that application of soft skills like good manners, courtesy, encouragement, self esteem, respect and dignity of workforce has significantly improved their productivity. Effective communication skills, collaborative team work, congenial work environment, synergistically applied and efficiently managed under a dynamic leadership are the leading lights of modern day living environment. We cannot deviate from them as they can hamper forces of change and progress.
3. Application of soft skills in the healthcare setups of Armed Forces has not attracted enough attention it deserves. We can learn or borrow a lesson from our contemporaries from the corporate sector. Research conducted in developed countries can be helpful in designing a module that is suited to our indigenous needs and cultural imperatives. Escape from it is neither desirable nor can it stop change.
4. I have taken lot of pain in the study of subject by carefully going through the relevant literature available in Pakistan or on internet, consulting with healthcare experts, seeking opinions of healthcare managers, discussions with senior Armed Forces Commanders on the nature of Military conflicts which will be casualties extensive in geographically diverse environment and my own experience of 22 years in service, that imparting soft skills training to our workforce is inescapable.

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Indoor Patients' Satisfaction scores With Nursing Assistants in Armed Forces Hospitals

مہسل حفلہ واجہ سپتال وں م عنرس ن گلس سٹن س کے سٹن ہان ڈور مرضوں کی اطمقان کالس کور

Questionnaire

سول نام

General and Demographic Profile of Patient

مرض کی عام اور ڈٹھ گراف کپروفٹائل

1. Name of hospital: _____
ہسپتال کا نام
2. Age in years: _____
سالوں میں عمر
3. Gender:
صنف
 - a. Male
مرد
 - b. Female
عورت
4. Department / Ward: _____
شعبہ / وارڈ
5. Employment Status:
روگار کی حیثیت
 - a. Employed
م.زم
 - b. Unemployed
بے وزگار
6. Area of Residence:
رہائشی علاقے
 - a. Urban
شہری

b. Rural
دیہی

7. Education:
تعلیم

a. No formal education
کوئی رسمیت علیحدہ نہیں

b. Below 12th grade / Class
12 ویں گریڈ / کلاس کے نیچے

c. Degree or above
گریجویٹ یا اس سے اوپر

8. Marital Status:

ازدواجی حیثیت

a. Married

شادی شدہ

b. Unmarried

غیر شادی شدہ

The Questionnaire is based on PSQ-III, Indoor patients satisfaction questionnaire of General Medical Council, Current feedback questionnaire(ISO) being practiced in CMH,s of Army and Questionnaire taken from study of Patients satisfaction carried out at AFGMI Rawalpindi . However, the questionnaire was designed and tailored accordingly, considering the local settings.

The questions are about how you feel about the Nursing Assistants' care you receive. Please read each one carefully, keeping in mind the medical services you are receiving now. We are interested in your feelings, good and bad about the Nursing Assistants care you have received.

سوال یہ ہے کہ آپ نرسنگ گلس سٹیشنز کی نکیبہا لکے بارے میں آپ کو کسے مہسوس کتے ہیں۔ یہ برا کرم ہر ایک کو احتیاط سے پڑھی، طبی خدمات جو آپ ابھی حاصل کر رہے ہیں کو ذہن میں رکھنا۔ ہم آپ کے جذبات میں نیچے دیے گئے ہیں۔ نرسنگ گلس سٹیشنز کے بارے میں اچھی اور خراب ہیں جو آپ نے دیکھے ہیں۔

How strongly do you AGREE or DISAGREE with each of the following statement?

آپ مندرجہ ذیل بیانیوں میں سے ہر ایک کے ساتھ کتنی مضبوطی سے اتفاق کرتے ہیں؟

(Circle one number on each line)

(ہر لائن پر ایک نمبر دیکھیں)

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree اتفاق (4)	Uncertain غرضہمندی (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
1.	<p>If I need hospital care,I can get admitted without any trouble</p> <p>اگر مجھے ہسپتال کی دیکھ بھال کی ضرورت ہو تو، مجھے کسی بھی مصیبت کے بغیر قبول نہیں کیا جاسکتا</p>					
2.	<p>Nursing Assistants need to be more thorough in treating and examining me</p> <p>نرسنگ اسسٹنٹوں کو علاج کرنے اور مجھے معائنہ کرنے میں زیادہ مکمل ہونا ضروری ہے</p>					
3.	<p>I am very satisfied with the medical care I receive</p> <p>مجھے طبی دیکھ بھال سے بہت مطمئن ہوں</p>					
4.	<p>It is easy for me to get medical care in an emergency</p> <p>مجھے یرنگامی حالت میں طبی دیکھ بھال حاصل کرنا آسان ہے</p>					
5.	<p>Nursing Assistants are good about explaining the reasons for medical tests</p> <p>نرسنگ اسسٹنٹس ٹھیک ٹھیک وجوہات کی وضاحت کرنے کے بارے میں اچھی ہیں</p>					
6.	<p>I am usually kept waiting for long time when I am at the Hospital for admission</p> <p>میں عام طور پر طویل عرصے سے انتظار کر رہا ہوں جب میں داخل ہونے کے لئے ہسپتال میں ہوں</p>					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree توافق (4)	Uncertain غرضی نہیں (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
7.	<p>I think my Hospital ward has everything needed to provide complete medical care</p> <p>مجھے لگتا ہے کہ میں ہسپتال وارڈ کو مکمل طبی کی ہب ہال فراہم کرنے کے لئے سبک چھڑھ ضرورت ہے</p>					
8.	<p>The Nursing Assistants who provide treatment should give me more respect</p> <p>علاج فراہم کرنے والے نرسنگ اسٹنٹس مجھے زیادہ احترام دینے چاہئے</p>					
9.	<p>The medical care I have been receiving is just about perfect</p> <p>مجھے حاصل کرنے والی طبی کی ہب ہال صرف مکمل ہے</p>					
10.	<p>During my Hospital admission, I am always allowed to say everything that I think is important</p> <p>میں ہسپتال میں داخل ہونے کے دوران، مجھے ہمیشہ ہر چیز کہنے کی اجازت ہے جو مجھے اہم لگتا ہے</p>					
11.	<p>When I get admitted in the ward, Nursing Assistants are careful to check everything when treating and examining me</p> <p>جب میں وارڈ میں داخل ہوں تو نرسنگ اسٹنٹس سب سے احتیاط سے احتیاط سے ملاحظہ کرتے ہیں اور مجھے جاننے دیتے ہیں</p>					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree اتفاق (4)	Uncertain غرضہمنی (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
12.	<p>The Nursing Assistants who are treating me have a genuine interest in me as a person</p> <p>نرسنگ گلس سٹنٹ جو مہی ے علاج کر رہے ہئی وہ مہی ے طور پر ایک شخص کے طور پر جاننے کی چاہتی ہئی</p>					
13.	<p>Sometimes Nursing Assistants use medical terms without explaining what they mean</p> <p>بہاکیب ہئی نرسنگ گلس سٹنٹ طبی مہیوں کا استعمال کرتے ہئی بغی ان کی وضاحت کرتے ہئی</p>					
14.	<p>There are things about the medical system I receive my care from that need to be improved</p> <p>طبی نظام کے بارے مہی اچھی چینی ہئی جو مہی نے پلری تھی ہاں کو بہتر بنانے کی ضرورت ہے جسے لکھی ہے</p>					
15.	<p>The Nursing Assistants that treat me know about the latest medical developments</p> <p>نرسنگ گلس سٹنٹ جو مہی ے سب سے تازہ ترین طبی پیشرفت کے بارے مہی جانتے ہئی</p>					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree توافق (4)	Uncertain غیر یقینی (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
16.	<p>I have easy access to the specialists during my admission to the hospital whenever Nursing Assistants feels it is necessary</p> <p>ہسپتال میں داخل ہونے کے دوران مجھے مہماری تک رسائی حاصل ہے جببہن نرسنگ اسٹنٹس اس وقت ضروری ہے</p>					
17.	<p>Sometimes Nursing Assistants make me feel foolish</p> <p>بہکبہن نرسنگ اسٹنٹس مجھے بھولے ہوئے محسوس کرتے ہیں</p>					
18.	<p>Where I get medical care, people have to wait too long for medical care</p> <p>جہاں میں طبی نگہبہا کرتا ہوں، لوگوں کو طبعی نگہبہا کرنے میں زیادہ انتظار کرنا پڑتا ہے</p>					
19.	<p>Nursing Assistants act too business like and impersonal towards me</p> <p>نرسنگ اسٹنٹس بہت سارے ایک اوبار کی طرح کام کرتے ہیں</p>					
20.	<p>There is a crisis in health care especially soft skills training in Pakistan today</p> <p>آج کلکی تان میں خاص طور پر نرم مہارتوں کی تربیت صحت کی نگہبہا میں ایک بحران ہے</p>					
21.	<p>There are some things about the medical care I receive that could be better</p> <p>مجھے طبی نگہبہا کے بارے میں کچھ چیزیں ملتی ہیں جو بہتر ہو سکتی ہیں</p>					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree توافق (4)	Uncertain غرضہمندی (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
22.	Nursing Assistants of the ward treat me in a very friendly and courteous manner وارڈنگ نرسنگ گلس سٹوڈنٹ مجھے بہت دوستانہ اور باہمی انداز میں علاج کرتے ہیں					
23,	Nursing Assistants who provide my medical care sometimes hurry too much when they treat me نرسنگ گلس سٹوڈنٹ جو میں نے طبی علاج کے لیے فراہم کرتے ہیں، وہ کبھی کبھار بہت زیادہ جلدی کرتے ہیں					
24,	Some of the Nursing Assistants I have seen lack experience with the medical problems میں نے کچھ نرسنگ گلس سٹوڈنٹوں کو طبی مسائل سے محروم تجربہ دیکھا ہے					
25,	Nursing Assistants sometimes ignore what I tell them نرسنگ گلس سٹوڈنٹ کبھی کبھار میں نے ان سے کہا کرتے ہیں وہ اسے نہیں دیکھتے					
26,	When I am receiving medical care, Nursing Assistants should pay more attention to my privacy جب مجھے طبی نگہداشت مل رہی ہے تو نرسنگ اسٹوڈنٹوں کو اس سٹوڈنٹ کو میں نے رازداری پر مزید توجہ دینا چاہی ہے					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree اتفاق (4)	Uncertain غیر یقینی (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
27,	<p>If I have a medical question, Nursing Assistant should be able to convey it to the doctor for help without any problem or delay</p> <p>اگر میں طبی سوال پوچھتا ہوں تو نرسنگ اسسٹنٹ کو کوئی مسئلہ نہیں ہونا چاہیے کہ وہ اسے ڈاکٹر تک پہنچا دے اور کوئی تاخیر نہ ہو۔</p>					
28,	<p>Nursing Assistants rarely give me advice about ways to avoid illness and stay healthy</p> <p>نرسنگ اسسٹنٹس مجھے نرسنگ کے بارے میں اور صحت مند رہنے کے طریقوں کے بارے میں مشورہ دینے سے گریز کرتی ہیں۔</p>					
29,	<p>All things considered, the medical care I receive is excellent</p> <p>تمام چیزیں اور سہولتیں کو مدنظر رکھ کر، میں نے طبی دیکھ بھال بہتر دیکھی ہے۔</p>					
30,	<p>Nursing Assistants listen carefully to what I have to say</p> <p>نرسنگ اسسٹنٹس میری بات کو دھیان سے سنتی ہیں۔</p>					
31	<p>I have some doubts about the ability of Nursing Assistants who treat me in the wards</p> <p>مجھے نرسنگ اسسٹنٹوں کی صلاحیتوں کے بارے میں کچھ شبہات ہیں جو مجھے وارڈ میں علاج کرتے ہیں۔</p>					

Ser	Question	Strongly Agree بہت زیادہ اتفاق (5)	Agree اتفاق (4)	Uncertain غرضی نہیں (3)	Disagree اختلاف (2)	Strongly Disagree بہت زیادہ اختلاف (1)
32,	Nursing Assistants usually spend plenty of time with me نرسنگ گلس سٹٹنز عام طور پر میں سے زیادہ کافی عرصے سے خرچ کرتے ہیں					
33,	Nursing Assistants always do their best to keep me from worrying نرسنگ گلس سٹٹنز ہمیشہ میں سے زیادہ بہترین طریقے سے رکھنے کے لئے بہترین کوشش کرتے ہیں					
34,	I am dissatisfied with some things about the medical care I receive میں سے زیادہ طبی دیکھ بھال کے بارے میں ایک چھچھوڑا ہوا محسوس ہے					
35,	Nursing Assistants are very competent and well trained نرسنگ گلس سٹٹنز بہت لہلہ اور اچھی تربیت یافتہ ہیں					
36,	I am able to get medical care whenever I need it جب میں سے زیادہ اس کی ضرورت ہوتی ہے تو میں سے زیادہ طبی دیکھ بھال کر سکتا ہوں					
37,	Behaviour and attitude of Nursing Assistants is good نرسنگ گلس سٹٹنز کی روی اور روی اچھا ہے					
38,	I am satisfied with the professional competence of Nursing Assistants میں سے زیادہ نرسنگ گلس سٹٹنز کی پیشہ ورانہ صلاحیت سے زیادہ مطمئن ہوں					

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39,	Nursing Assistants check you daily during your stay in the ward نرسنگ گلس سٹیٹ آفکے وارڈ میں دینے کے وقت تک کے دوران روزانہ چیک کرتے ہیں					
40,	You are getting medicines on time provided by Nursing Assistants آپ نرسنگ گلس سٹیٹ کی طرف سے فراہم کردہ دوائیوں کو مل رہے ہیں					
41,	You are getting medicines on time provided by Nursing Assistants آپ نرسنگ گلس سٹیٹ کی طرف سے فراہم کردہ دوائیوں کو مل رہے ہیں					
42,	Nursing Assistant good in listening to you آپ کو سنیے میں نرسنگ گلس سٹیٹ اچھا ہے					
43,	Nursing Assistant good in providing or arranging treatment for you آپ کے لئے فراہم کرنے یا ترتیب دینے میں نرسنگ گلس سٹیٹ اچھا ہے					
44,	Nursing Assistants of the wards are polite with you وارڈ میں نرسنگ گلس سٹیٹ آپ کے ساتھ شریفانہ ہیں					
45,	Nursing Assistant good in assessing your medical condition آپ کی طبی حالت کی جانچ میں نرسنگ گلس سٹیٹ اچھا ہے					

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46,	Nursing Assistant is good in making you feel at ease نرسنگ گلس سیٹنٹ آپ کو آسازیس سے محسوس کرنے میں اچھا ہے					
47,	Nursing Assistant is involved in decision about your treatment نرسنگ گلس سیٹنٹ آپ کے علاج کے بارے میں فیصلہ میں شامل ہے					
48,	I am satisfied with the indoor Nursing Assistants of this hospital میں اس اسپتال کے اندرونی نرسنگ گلس سیٹنٹس سے مطمئن ہوں					
49,	I am satisfied with the medicines you are getting in your wards during your admission in the Hospital میں اس ادویات سے مطمئن ہوں جو آپ اسپتال میں داخل ہونے کے دوران پلینے وارڈ میں ہو رہے ہیں					
50,	I am satisfied with the information provided about my disease میں بیماری کے بارے میں نرسنگ گلس سیٹنٹس سے معلومات سے مطمئن ہوں					

Any other suggestion

کوئی بھی مشورہ

(Please drop this form in the Hospital Suggestion box)

ہرگز نہ ہر بائی اسفار کو اسپتال کے مشورے خلیے می چھوڑ دیں)