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EDITORIAL

Beyond the microscope: embracing soft skills in ophthalmology for enhanced patient care and clinician well-being

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« If doctors had a way to improve their patients' healthcare experience, improve service feedback, reduce complaints, increase treatment adherence and reduce non-attendance, while at the same time combatting burnout and compassion fatigue in clinicians and enhancing collaborative working between staff and care teams, and all for zero direct cost, could anyone argue against such an intervention? » These are the opening words of a recent article introducing soft skills as '*a core competency that needs to be learned and improved through high-quality training and mentoring*' [1].

"WHAT ARE 'SOFT SKILLS'?"

'Soft skills' or 'non-technical skills' encompass the cognitive and social skills crucial for safe and effective practice, alongside technical skills [2]. They include interpersonal skills (communication, teamwork), cognitive skills (decision-making, situational awareness), and personal resources (e.g., ability to manage stress and fatigue) [3]. Professionalism, management, leadership, adaptability, and empathy, are other examples of these abilities, utilized daily in interactions with patients and colleagues, and which enhance our sense of purpose, self-efficacy, and well-being.

SOFT SKILLS AND HEALTHCARE OUTCOMES

Numerous publications have highlighted the substantial impact of soft skills on patient outcomes [4]. In surgical settings, miscommunication or inadequate situational awareness, rather than technical errors, often cause many incidents [5]. Beyond the direct impact on patient health, deficient communication abilities can also affect the quality of the patient-practitioner relationship. In today's era of online reviews, it seems crucial to focus on the quality of communication, as patients tend to complain more about this than a physician's medical expertise [6].

Furthermore, doctors' lack of non-technical skills can also affect their health. In response to the 2021 recommendations from the Accreditation Council for Graduate Medical Education (ACGME), some experts have suggested some soft skills training to 'promote well-being, mitigate the effects of stress, and prevent burnout.' These programs aim to enhance stress management, resilience, and communication skills, particularly in delivering bad news [1, 7].

ARE SOFT SKILLS RELEVANT FOR EYE SPECIALISTS?

In a 2007 survey, ophthalmologists indicated that 'interpersonal and communication skills' were among the most desired skills in ophthalmology training [8]. However, research on soft skills training in ophthalmology remains limited to two studies conducted in the United Kingdom (UK) [9, 10]. One of these teams focused on managing posterior capsular rupture by developing a simulation-based training model and an assessment tool for the non-technical skills of cataract surgeons [11]. Despite the inclusion of soft skills in the competency frameworks of major institutions like the Royal College of Physicians and Surgeons of Canada, the American ACGME, and the UK's Royal College of Surgeons, there appears to be a lack of publications related to formal soft skills training in ophthalmology curricula.

Azuara-Blanco et al. showed that soft skills are crucial in ophthalmological surgery [2]. Firstly, the high volume of patients, increasing time pressure and error potential (e.g. incorrect side or IOL power), necessitate clear communication among staff. Additionally, since eye surgeries often occur with patients conscious of staff conversation [12], it is essential to pay special attention to verbal communication within the surgical team. Ophthalmologists should also be aware of the patient's experience during the surgery, as numerous studies have demonstrated that providing comprehensive information about it positively impacts patient's anxiety and satisfaction [13, 14]. Twelve years following Azuara-Blanco et al.'s observations, a notable trend has emerged: the diminishing presence of anaesthetists in many ocular surgeries [15]. To ensure that this evolution does not compromise patient and surgeon comfort and safety, comprehensive training should be provided, not only in locoregional anaesthesia's technical procedures, but also in non-pharmacological interventions that alleviate patient anxiety. Listening to music, preoperative short back massage [16], or intraoperative handholding [17] are simple interventions that physicians should widely recognized for their proven effectiveness in reducing patient anxiety and the need for sedative drugs [18]. Additionally, Konopinska et al. found that >80% of the patients felt reassured by hearing their surgeon's calm voice during their cataract surgery [12].

Ophthalmology consultations also require exceptional communication skills. As many eye diseases are chronic and often asymptomatic for extended periods, the long-term prognosis of these conditions largely depends on the patient's adherence to follow-up and treatment plans, which is influenced by the ophthalmologist's communication abilities. By increasing awareness of the psychological aspect of ophthalmological diseases and incorporating basic empathy training, ophthalmologists could more effectively manage these situations [19]. While a study highlighted that communication and interpersonal manners ranked highest among patients' expectations of their ophthalmologists [20], recent publications have revealed insufficient levels of empathy among ophthalmology residents [21, 22],

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suggesting a persistent gap in soft skills training of ophthalmology professionals.

Recent literature confirms that ophthalmologists are just as susceptible to work-related mental health issues as other practitioners [23], reporting a burnout rate of nearly 38%, varying across different subspecialties: uveitis at 45%, neuro-ophthalmology at 43%, oculoplastics at 41%, paediatric ophthalmology at 37%, glaucoma at 36%, cornea/refractive at 32%, and vitreoretinal at 31% [24]. Other medical professionals may overlook the mental strain associated with the responsibility for patients' eyesight, regarding its impact on dependence and disability. Moreover, ophthalmologists frequently have to deliver bad news, such as permanent severe vision loss, cancer, congenital sight-threatening condition, or incurable degenerative disease. They are also often first to diagnose and predict urgent, life-threatening conditions like strokes, choroidal melanoma, retinoblastoma and remote cancer. In subspecialties like oculoplastics or strabismus, where surgeries balance aesthetic and therapeutic outcomes, patient expectations can be exceedingly high, adding pressure on the surgeon. Implementing teaching strategies to cope with stress and anxiety could help reduce burnout and discontinuation of practice [25].

The biggest challenge in developing soft skills training is identifying the required competencies. While ophthalmologists have effectively identified these skills, it is time to incorporate soft skills training into residency programs and develop reliable tools for their assessment. A significant factor in improving such soft skills would be the training of young ophthalmologists by teachers who adhere to the importance of soft skills and give a personal example of how to deal with them. As academic knowledge and technical skills increasingly depend on artificial intelligence and robotics, the future of our profession may hinge on mastering communication, empathy and well-being.

DATA AVAILABILITY

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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AUTHOR CONTRIBUTIONS

GCM: Designed the work, drafted the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. GCM had full access to the data in the study and final responsibility for the decision to submit for publication. IT: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. AB: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. ICP: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of

any part of the work are appropriately investigated and resolved. PJ: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. IH: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. FM: Designed the work, revised the manuscript, approved the final version, agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

COMPETING INTERESTS

The authors declare no ompeting interests.

ADDITIONAL INFORMATION

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