




## Authentic soft skills: between human essence and corporate facade

*Soft skills autênticas: entre a essência humana e a maquiagem corporativa*

Yerkes Pereira e Silva<sup>\*1,2,3</sup>, Larissa Martins Silva<sup>2</sup>, Renata Livramento Mendes<sup>4</sup>

### ABSTRACT

In recent years, so-called soft skills—social, emotional, and behavioral abilities—have gained prominence in educational and corporate discourse, including in healthcare. Competencies such as effective communication, empathy, and collaborative leadership complement technical rigor and strengthen patient-centered care. However, a concerning phenomenon has emerged: the trivialization of these competencies, often confused with superficial, polished, and strategically “politically correct” attitudes. This dynamic results in what is termed *false performance*: an illusory display in which an interpersonal façade conceals technical fragilities. Such a phenomenon fosters the rise of weak leadership, artificial environments, and the erosion of critical perspective, thereby undermining trust and compromising both organizational and clinical outcomes. Recent studies confirm the persistent difficulty of consistently defining and assessing soft skills, highlighting the risk of their appropriation as rhetoric rather than authentic practice. In medicine—where science and relational sensitivity have historically gone hand in hand—this trend threatens to reduce the quality of training and care by replacing ethical and technical maturity with pleasant yet empty narratives. Authors such as Willink, Kotter, and Kahneman emphasize that leadership, change, and organizational culture demand courage, discipline, and a commitment to truth. The challenge is not to abandon soft skills, but to reclaim their essence: authenticity, ethical clarity, and emotional maturity. In times of growing mechanization and intensive use of artificial intelligence, genuine communication and courage remain irreplaceable human traits, fundamental for healthcare professionals and leaders.

**Keywords:** Soft skills; Authenticity; Leadership; Healthcare.

<sup>1</sup> Clínica de Anestesiologia, Dor e Intervenção Otimizada (CAIO), Belo Horizonte, Minas Gerais, Brazil.

<sup>2</sup> Hospital Orizonti, Belo Horizonte, Minas Gerais, Brazil.

<sup>3</sup> Câmara Departamental de Segurança do Paciente do CRMMG, Minas Gerais, Brazil.

<sup>4</sup> Fundação Dom Cabral, Belo Horizonte, Minas Gerais, Brazil.

### Editor Associado Responsável:

Aginaldo Soares Lima  
Faculdade de Medicina da  
Universidade Federal de Minas Gerais  
Belo Horizonte, MG, Brazil.

### Corresponding Author:

Yerkes Pereira e Silva  
Clínica de Anestesiologia, Dor e  
Intervenção Otimizada (CAIO),  
Hospital Orizonti, Minas Gerais, MG,  
Brazil.  
Email: yerkespereira@gmail.com

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## RESUMO

Nos últimos anos, as chamadas *soft skills*—habilidades sociais, emocionais e comportamentais— ganharam destaque no discurso educacional e corporativo, inclusive na área da saúde. Competências como comunicação eficaz, empatia e liderança colaborativa complementam o rigor técnico e fortalecem o cuidado centrado no paciente. Entretanto, observa-se um fenômeno preocupante: a banalização dessas competências, frequentemente confundidas com atitudes superficiais, polidas e estrategicamente moldadas ao “politicamente correto”. Essa dinâmica resulta no que se denomina *false performance*: uma performance ilusória em que a fachada interpessoal mascara fragilidades técnicas. Tal fenômeno favorece a ascensão de lideranças frágeis, ambientes artificiais e perda da visão crítica, minando a confiança e comprometendo resultados organizacionais e assistenciais. Estudos recentes confirmam a dificuldade de definir e avaliar *soft skills* de maneira consistente, revelando o risco de sua apropriação como retórica em detrimento de práticas autênticas. Na medicina, onde ciência e sensibilidade relacional historicamente caminham juntas, essa tendência ameaça reduzir a qualidade da formação e do cuidado, ao substituir a maturidade ética e técnica por narrativas agradáveis, porém vazias. Autores como Willink, Kotter e Kahneman reforçam que liderança, mudança e cultura organizacional exigem coragem, disciplina e compromisso com a verdade. O desafio não é abandonar as *soft skills*, mas resgatar sua essência: autenticidade, clareza ética e maturidade emocional. Em tempos de mecanização crescente e uso intensivo da inteligência artificial, a comunicação genuína e a coragem permanecem como traços humanos insubstituíveis, fundamentais para líderes e profissionais de saúde.

**Palavras-chave:** Soft skills; Autenticidade; Liderança; Saúde.

Dear Editor,

In recent years, social, emotional, and behavioral abilities—commonly known as soft skills—have gained a privileged place in organizational discourse, education, and the corporate environment within healthcare. Effective communication, empathy, collaborative leadership, and conflict mediation have come to be described as indispensable elements not only for corporate success but also for contemporary medical care. Indeed, these competencies complement technical and scientific rigor, making professional practice more humane, more integrated, and better equipped to respond to the complex demands of today’s society.

However, along with this increased recognition has come a troubling distortion: the trivialization of soft skills. In many contexts, these competencies have been confused with rehearsed and politically correct behaviors rather than authentic expressions of humanity. The result is a paradox: what should foster closeness and strengthen bonds has

been instrumentalized as a strategy of self-preservation and individual advancement.

In the corporate sphere, it is not uncommon to observe leaders and professionals who, under the guise of empathy and active listening, cultivate instead a “friendly mode of operation,” in which the priority is not genuine commitment to people or long-term outcomes but rather self-image. Characters proliferate who avoid friction, tailor their discourse to please everyone, and conform to organizational “political correctness.” The cost of such strategic conformism is high: it creates infantilized environments in which adults no longer say what they think, sincere feedback disappears, and truth becomes too uncomfortable to articulate.

This dynamic was recently described by Dunnion and colleagues (2024)<sup>1</sup> under the concept of *false performance*—an illusory performance in which the façade of interpersonal competence conceals the absence of technical consistency. This phenomenon, still underexplored, demonstrates how technically fragile leaders may rise by mastering impression

management, thereby corroding trust among colleagues and undermining results. It is not a mere semantic issue: the risk lies in favoring the promotion of “organizational actors” over professionals who truly combine technical skill, critical sense, and authenticity.

This corporate façade generates three main consequences:

1. **Artificial environments**, where apparent harmony prevails but constructive conflict—the engine of learning—is avoided;
2. **The rise of fragile leaders**, where rhetoric substitutes for real competence;
3. **The erosion of critical vision and mutual trust**, leading to conservative decisions, superficial relationships, and diffuse stress that extends beyond organizations to society at large.

Unsurprisingly, international studies point to increasing difficulty in consistently defining and evaluating soft skills. Van den Beuken and colleagues (2025)<sup>2</sup> observed that, although widely recognized as essential, these competencies remain fragile in both conceptualization and assessment within higher education. Touloumakos (2020)<sup>3</sup>, in a review on the subject, showed how the concept of soft skills has expanded excessively, encompassing everything from values to superficial behavioral traits, often becoming more rhetoric than practical substance. Studies of primary care curricula likewise emphasize that soft skills must be integrated with technical competencies, lest care quality suffer<sup>4</sup>.

Medicine has long acknowledged that technical expertise alone is insufficient. Iorio and colleagues (2022)<sup>5</sup> remind us that since Hippocrates, medical practice has required the integration of science and relational sensitivity. To move away from this balance is to regress. Yet the logic of apparent performance is already infiltrating healthcare. Polished responses, pleasant narratives, and scripted empathy are increasingly mistaken for genuine human competence, obscuring the maturity required to sustain difficult decisions, communicate with clarity, or confront conflict in the patient’s best interest.

In this context, the reflections of various authors and thinkers are instructive. Willink and Babin (2019)<sup>6</sup> recall that “leadership is a balance between authority and humility”; Kotter (2012)<sup>7</sup> teaches that “successful change begins with the heart but is only consolidated through discipline”; Barrett (2017)<sup>8</sup> reinforces that “organizational culture is the expression of collective values”; and Kahneman (2012)<sup>9</sup> warns that “we are more prone to trust coherent narratives than facts”—precisely what makes the rise of false performers so dangerous. Similarly, Sowell (2014)<sup>10</sup> alerts us that easy solutions mask structural problems and only postpone necessary confrontations.

It is no coincidence that such environments often exhibit symptoms of collective exhaustion: fatigued individuals, fragile relationships, and “ailing” outcomes. Sustaining for too long the gap between what is thought, what is believed,

and what is practiced corrodes both organizational cultures and individuals. If there were an ICD code for this, it might be “chronic incoherence”: silent, diffuse, and capable of undermining professional and social bonds. The firm, responsible stance of a leader should never be interpreted as negative criticism or “low emotional intelligence”; rather, it is essential—especially when patient lives are at stake.

The challenge, therefore, is not to abandon soft skills but to reclaim their essence. After all, “courageous authenticity” is identified as a fundamental leadership competency by Anderson and Adams (2016)<sup>11</sup>. Ross Edgley (2020)<sup>12</sup> reminds us that “the body follows where the mind dares to go”: genuine resilience cannot be rehearsed; it must be built. The Kelley brothers (2013)<sup>13</sup> add that creativity flourishes only when vulnerability and courage coexist. Both affirm that emotional maturity is not a mask—it is an achievement.

Thus, more than ever, we need professionals and leaders—especially in healthcare—who integrate technical robustness, ethical clarity, and authentic relational skills. The goal is not to be “agreeable” but to be truthful, competent, and committed. In times of artificial intelligence and growing mechanization, authenticity, courage, and genuine communication remain the irreplaceably human traits. In the words of Robert Anderson and William Adams (2016:252)<sup>11</sup>: “*There is no safe way to be great. And there is no great way to be safe. Transformation requires courage. There is no way around it.*”

Sincerely,

Yerkes Pereira e Silva, MD, MSc, PhD, EMBA  
Larissa Martins Silva, MD, TSA  
Renata Livramento Mendes, Psy, MSc, PhD

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## CONTRIBUIÇÃO DOS AUTORES

Yerkes Pereira e Silva: Conceptualização; Investigação; Metodologia; Visualização; Escrita – revisão e edição.

Larissa Martins Silva: Conceptualização; Investigação; Metodologia; Visualização; Escrita – revisão e edição.

Renata Livramento Mendes: Metodologia; Visualização; Escrita – revisão e edição.

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