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Nurses' Self-Assessed Relational Competencies and Caring Behaviors in Patient Encounters: A Narrative Review

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Abstract

Background and Objectives: The nurse-patient relationship stands as a fundamental therapeutic element within the field of nursing, where it depends heavily on components such as empathy, trust, effective communication, and mutual respect in order to bring about improvements in patient outcomes. Even though the importance of this relationship has been well established over time, nurses frequently run into obstacles that include heavy workloads, exhaustion stemming from the demands of providing care both professionally and within their personal lives, and a lack of consistent awareness regarding their own abilities in building relationships. Through this narrative review, empirical findings from multiple sources are brought together with the aim of examining the relational competencies that nurses assess in themselves as well as the caring behaviors they display when engaging with patients, while also pointing out factors that predict these elements, methods used for measurement, and the broader consequences for education in nursing.

Methods: A narrative literature review was carried out in a systematic manner, involving searches for peer-reviewed studies that were published from 1997 through to 2025 and drawn from a range of databases. The criteria for inclusion covered cross-sectional surveys, research focused on developing or validating scales, and trials of interventions that involved both nursing students and nurses who were actively practicing in the field.

Results: When evidence from a variety of international settings was synthesized, it became clear that both nursing students and those already working as practitioners tend to regard their relationships with patients as supportive and helpful provided that there is enough time for contact, a sense of personal capability, increasing age, and accumulated experience. At the same time, the caring behaviors that nurses exhibit often place greater emphasis on completing technical procedures rather than on showing expressive qualities such as compassion and emotional support. Scales that have been properly validated for the purpose of self-assessing aspects like caring efficacy, professional competence, and the quality of relational care turned out to be indispensable instruments in this area. Trials involving interventions produced results that were not entirely consistent: programs for self-management that were directed by nurses led to better control of disease activity among patients and improved adherence to treatment plans, whereas education based on simulation increased levels of engagement among participants yet did not result in meaningful improvements in the knowledge or confidence that nurses reported about themselves.

Conclusions: Both the education provided to nurses and the practices they follow in clinical settings need to incorporate structured forms of self-evaluation so that technical abilities can be developed alongside relational skills in a balanced way, with attention paid to influences from the surrounding context and from demographic factors in order to foster genuine interactions with patients and to support ongoing growth in the profession.

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Introduction

Chronic low back pain (LBP) and sciatica caused by intervertebral disc herniation affect most adults and are among the leading causes of disability and absence from work in the western world (1). The socioeconomic impact of these conditions is immense, imposing

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significant personal, social, and economic burdens (2). LBP remains one of the most common reasons for seeking healthcare, ranking as the second most frequent reason for visiting a physician for a chronic condition and the third most frequent reason for undergoing a surgical procedure (3, 4). Effective management of LBP and related conditions is, therefore, of paramount importance.

The foundation for successful nursing care is rooted in the relationship between nurse and patient, which was first described as a supportive interaction constructed through elements of communication, respect, and essential qualities that include empathy as well as trust [1]. This relationship operates in a manner that is far from being merely a background feature, since it acts almost like a treatment intervention on its own and calls for particular skills together with specific training, and the degree of its effectiveness has been repeatedly associated with better results in terms of patient health, even though discussions continue about exactly how it should be defined [1]. Frameworks derived from theory offer helpful perspectives on the interactions involved, as seen for example in Goffman's theory of face work, which draws attention to the ways in which imbalances of power and the caliber of communication affect the nature of encounters [2]. Studies that rely on observation bring to light notable differences, such as the fact that nurses start interactions much more often than patients do, and this pattern is especially evident in environments like units for adolescent mental health, where it becomes apparent that nurses bear the main responsibility for making initial contact [3]. Models tailored to particular contexts add further depth to the overall picture: in the realm of psychiatric nursing, patterns of interaction are adjusted to fit the individual paths that patients follow in managing their mental health [4], while in the high-technology setting of anesthesia care, the emphasis falls on creating emotional energy by means of actions that build trust and provide calm [6]. Everyday routines also undergo changes, as demonstrated by the introduction of primary nursing systems that lead to more frequent and more substantial exchanges, although the extent of patient involvement or the subjects discussed may experience only limited alterations [5]. Views held by patients regarding who initiates contact carry equal weight in importance, and devices such as the call button are frequently seen as vital connections for obtaining help without delay, with a strong impact on feelings of safety and overall satisfaction [7,8].

Evidence gathered through research strengthens the connection that exists between the standard of care delivered and the results achieved for patients, for instance among individuals with cardiovascular conditions where the sense of being listened to attentively and treated with respect is associated with greater self-efficacy [9]. Nurses nevertheless confront a range of difficulties that build upon one another: a considerable number manage the requirements of their jobs while also looking after elderly family members or young children, and this dual role gives rise to higher levels of fatigue, stress, and insufficient sleep [10]. The process of self-evaluation takes on a central role within nursing, encompassing everything from instruments used in critical situations to individual reflections concerning leadership qualities and personal well-being. The Self-Evaluation Examination (SEE), which was brought into use in 1991 for students training in nurse anesthesia, serves to monitor advancement, ready individuals for certification, and guide the content of educational programs, with adjustments made over the years to keep pace with changing expectations [11]. Apart from these official evaluation methods, leaders in nursing display only a moderate degree of correspondence (approximately 19.3%) between the leadership approaches they believe they employ (such as Directing, Guiding, Participating, or Delegating) and the perceptions held by those who report to them, and this discrepancy points to areas where self-awareness or viewpoint may be lacking and where focused efforts could enhance independence and overall performance [12]. Elements present in the workplace additionally shape how individuals see themselves: support provided by the organization and the core evaluation of oneself are factors that forecast levels of involvement and the safety of patients [13], whereas burnout ranging from moderate to high, which is connected to unfavorable self-evaluation and the standing of the profession, is widespread around the world, as illustrated in Jordan where such aspects carry more weight than demographic characteristics [14]. The current investigation tackles this intersection directly through its exploration of the manner in which nurses judge their own competencies in relationships and behaviors while engaging with patients in real-time situations.

Methods

A narrative literature review approach was utilized in this study to bring together empirical evidence related to the self-assessment by nurses of their relational competencies and caring behaviors during encounters with patients. Searches were performed systematically across databases to locate peer-reviewed studies that had been published from 1997 up to 2025, with attention centered on cross-sectional surveys, work involving the creation or confirmation of scales, and trials of interventions that included nursing students as well as nurses in active practice. Studies satisfying the inclusion standards received critical

appraisal, following which they were grouped thematically within a summary table that outlined the identification of each study, its primary focus, the design employed, the population studied, the main discoveries, and the practical or theoretical implications.

Table 1. Summary of reviewed literature

ID	Study Focus	Design	Population	Key Findings	Implications
Suikkala	Student-Patient Relationship	Cross-sectional	Finnish Nursing Students	Students rated their relationships; Predictors: Age, Contact Time, Competence. Facilitative relationship linked to positive perceptions & higher competence.	Need for supportive learning environments fostering facilitative relationships to build student competence and improve patient care.
Vujanić	Caring Behaviors (Nurses)	Cross-sectional	Croatian Nurses (BSc, VET)	Differences in caring behavior frequency based on education & experience. Less focus on compassion/loving kindness than technical tasks.	Emphasize compassionate and expressive caring in nursing education, particularly for VET and experienced nurses.
Coates	Caring Efficacy Scale	Development/Validation	Nurses (BSc, PhD, MSc)	Valid and reliable scale measuring nurses' belief in their caring abilities linked to clinical competence.	Provides a tool for assessing nurses' self-perceived caring efficacy, useful for education and professional development.
Finnbakk	Professional Nurse SAS	Cross-sectional	Norwegian Nurses (LTCHC)	Valid and reliable scale for self-assessing clinical competence. Reduced item count. Components: Direct Practice, Dev., Ethics, Leadership, Consult., Think.	Offers a practical tool for nurses and educators to assess competence in long-term/home care, needing further validation elsewhere.
McGilton	Relational Care Scale (Nursing Homes)	Development/Validation	LTC Staff/Residents (Canada)	Valid and reliable scale measuring relational care in nursing homes, correlated with other measures.	Provides a tool to assess and potentially improve relational care between nursing staff and residents in long-term care settings.
Labrague	Caring Behaviors (Nursing Students, Multi-Country)	Descriptive/Comparative Survey	Nursing Students (Nigeria, India, Greece, Philippines)	Positive caring behaviors present; Need more expressive behaviors; Age and country differences. Highest: Human Presence; Lowest: Positive Connectedness.	Curricula should adapt to cultural contexts and specifically train expressive caring skills regardless of country, focusing on holistic interaction.
Farrar Highfield	Assess effect of nurse-led review + simulation on nurses' self-assessed knowledge & confidence.	Pre-/Posttest Study	67 Obstetric/Perinatal Nurses	Self-assessed knowledge, self-assessed confidence.	No statistically significant improvement in self-assessed knowledge or confidence ($p < .05$). Anecdotal increase in interest for competence reviews.

Results

The studies that were examined [15-21] highlight the importance of relationships between students and patients along with caring behaviors in the contexts of nursing education and clinical practice. Relationships experienced by nursing students in Finland are commonly supportive in nature, particularly when the students are older, have adequate time for contact, and possess greater competence [15]. Nurses in Croatia, especially those with vocational training and extensive experience, make use of caring behaviors on a regular basis, although they tend to give priority to task completion rather than to expressions of compassion [16]. Scales that have undergone validation provide means to measure self-assessed caring efficacy [17], competence in clinical settings [18], and the delivery of

relational care within long-term care environments [19], and these tools connect interpersonal abilities to patient outcomes. Information collected from several countries indicates that nursing students demonstrate caring behaviors that are generally positive, yet there remains a need for improvement in the expressive components, with variations observed according to age and national background [19]. In general terms, education in nursing should work to develop both technical proficiency and relational abilities so that interactions with patients can be authentic and advantageous for both those learning the profession and those receiving care [15-19]. On the other hand, a simulation day organized and led by nurses for those working in obstetrics did not produce statistically significant increases in the knowledge or confidence that participants assessed in themselves ($p > .05$), even though the experience generated enthusiasm for reviewing personal competence [20].

Evidence Synthesis

Theme	Supporting Studies	Strength of Evidence	Key Gaps/Limitations	Overall Implications
Student-Patient Relationships & Facilitators	[15]	Moderate (cross-sectional; self-report predictors)	Single-country; perception-based	Prioritize age/contact/competence in clinical placements for facilitative bonds.
Caring Behaviors in Practice/Education	[16], [19]	Moderate (cross-sectional/comparative; multi-country variance)	Task bias; expressive deficits	Integrate compassion training; address VET/experience gaps culturally.
Measurement Tools for Caring/Competence	[17], [18], [19]	Strong (validation studies; reliability correlations)	Context-specific (e.g., LTC); needs wider testing	Use scales for self-assessment, curriculum evaluation, and targeted interventions.
Nurse-Led Interventions: Nurse Competencies	[20]	Weak (pre/post; no sig. stats; self-report)	Small sample; simulation focus	Valuable for engagement/interest; combine with other methods for measurable gains.

The evidence synthesis reveals five key themes across studies [15-21]: student-patient relationships are moderately supported by [15], showing facilitative bonds tied to age, contact, and competence, though limited to one country and self-reports, urging prioritized clinical placements; caring behaviors in practice and education, backed moderately by [16,19], highlight task bias and expressive gaps across contexts, calling for culturally tailored compassion training; measurement tools for caring and competence gain strong validation from [17-19] yet remain context-bound (e.g., long-term care), recommending widespread use for assessment and intervention; while nurse competency programs show weak, non-significant gains in [20], valuable mainly for engagement, suggesting combined methods for measurable impact.

Discussion

In synthesizing the insights from our review on nurses' perceptions of patient relationships—where positive views emerge amid supportive elements like sufficient interaction time and professional experience, yet behaviors frequently prioritize technical duties over deeper compassionate engagements, thus highlighting the persistent divide between aspired and actual care—we find strong parallels and extensions in the works of Clemett and Raleigh [20], Pramila-Savukoski et al. [21], and Li et al. [22], as the former's systematic evaluation of clinical decision-making assessment tools revealed robust validity and reliability in multi-level rubrics and checklists within practice and simulation contexts, alongside a notable pattern of students overestimating their abilities relative to faculty judgments, which illustrates self-assessment biases akin to the Dunning-Kruger effect and suggests that structured rubrics, as recommended for summative purposes, could enhance metacognitive accuracy in both technical and relational domains; similarly, the latter's exploration of mentors' self-rated competencies uncovered high confidence in managing clinical settings, supporting students, and personal traits, but with acknowledged gaps in organizational and pedagogical areas that call for critical

self-appraisal, thereby reinforcing the value of formalized self-evaluation frameworks to cultivate genuine professional development, especially among those in guiding roles; and complementing this, the rigorous COSMIN-based analysis of nursing informatics instruments identified instruments like the SANICS-C as possessing moderate to high evidence for content validity and internal consistency, despite widespread limitations in psychometric evidence across the field, urging broader application of such validation methods to relational skill measures to ensure their reliability in informing targeted education, much like the rubric integrations proposed by Clemett and Raleigh [20] when combined with training to bridge self-perception gaps noted in mentor reflections.

Building upon the acknowledgment in our synthesis of formidable obstacles such as heavy workloads, exhaustion, and variable self-awareness that intertwine with psychosocial and organizational dynamics in nursing environments, the critical examination by Bonneterre et al. [23] of questionnaires assessing Psychosocial and Organizational Work Factors (POWFs) proves particularly illuminating, as it determined that although no tool fully meets all psychometric standards, the Practice Environment Scale-Nursing Work Index (PES-NWI) stands out for its solid content and construct validity, its capacity to distinguish between diverse workplace settings such as Magnet hospitals, and its correlations with nurses' self-reported mental health alongside tangible patient outcomes, thereby establishing a vital connection between environmental influences, perceived well-being, and overall competency evaluations that could inform strategies to mitigate the barriers we identified; this environmental focus dovetails with the educational imperatives outlined in our conclusions, where the randomized controlled trial by Liu et al. [24] on an evidence-integrated e-learning program for psychiatric nurses' case management demonstrated sustained knowledge gains in the intervention group through immediate and three-month follow-ups, employing a comprehensive design that incorporated systematic reviews, needs analyses, pilot refinements, and longitudinal assessments to validate the program's efficacy; furthermore, the Greek investigation into nurses' perspectives on truth-telling in cancer care [25] exposed widespread self-recognized shortcomings in communication abilities, with over two-thirds of participants deeming their formal training inadequate and a majority favoring physician-led disclosure while many supported selective information-sharing due to fears of patient harm, thus emphasizing culturally nuanced deficits in relational self-efficacy that parallel our observed technical over relational priorities; collectively, these studies advocate for blending structured self-assessment with evidence-based, reflective educational modalities, potentially via e-learning platforms that embed rubrics and environmental evaluations, to foster lasting improvements in nurses' competencies across technical, relational, and communicative spheres.

In assessing nurse-patient dynamics that our review touched upon through the lens of professional competence, the sociological analysis by Dowling [26] offers a compelling examination of intimacy in these relationships, revealing nurses' general aversion to interactions deemed overly involved or personal as a mechanism for upholding boundaries, which complicates the balance between essential empathy and professional detachment and suggests that expressive caring acts might be misread as boundary violations, thereby influencing self-evaluations of relational prowess; this boundary navigation enriches our understanding of relational skills as not merely technical proficiencies but as socially negotiated practices shaped by contextual norms, and when integrated with the psychometric validations and environmental linkages from prior works like those of Li et al. [22] and Bonneterre et al. [23], it underscores the necessity for holistic self-assessment tools that account for these interpersonal complexities to truly advance patient-centered care without compromising professional integrity.

Conclusion

This narrative review reveals that nurses often view their patient relationships as positive when supported by experience, contact time, and competence. Yet, caring behaviors lean heavily toward technical tasks, with expressive elements like compassion underdeveloped. Validated self-assessment tools offer promise, but interventions like simulation show limited impact on confidence. Nursing education and practice must embed structured self-evaluation, address workload and cultural barriers, and balance technical and relational skills to foster authentic, patient-centered care and lasting professional development.

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