

ARTICLE INFORMATION

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Social competence of nurses in hospital: A scoping review

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Abstract

Background: Social competence plays an important role in nursing care. Nurses who have good social competence can provide more humane and empathetic care, which can improve patient satisfaction and health outcomes. However, in the last five years, there has been an increasing trend of patient complaints in hospitals related to the social competence of nurses.

Purpose: To map social competence of nurses in hospitals settings.

Method: The review followed the Joanna Briggs Institute (JBI) Reviewers' Manual. Three electronic database searches conducted in PubMed, MEDLINE with full text (EBSCO), and ScienceDirect (Elsevier). Studies selected based on inclusion and exclusion criteria, and data synthesized using descriptive statistics and narrative summaries of both qualitative and quantitative findings. The eligible population includes nurses who provide direct patient patients care. The concept of the study focuses on social competence and the context is hospital settings. This review considered qualitative, quantitative, and mixed-method studies published between 2021 and 2025. The protocol registered in the Open Science Framework (OSF).

Results: The primary focus across studies was on aspects of social competence in nursing, including communication, empathy, cultural competence, interpersonal relationships, and professional behavior in hospital settings.

Conclusion: This scoping review analyzed 12 studies (2021–2025) and found that nurses' social competence—covering communication, empathy, cultural sensitivity, and interpersonal skills—is a learnable and essential aspect of nursing that enhances patient care and teamwork. The review emphasizes the need for structured training, organizational support, and further research to strengthen social competence in nursing practice.

Keywords: Hospital Settings; Nurse; Scoping Review; Social Competence.

INTRODUCTION

Clinical nurses require various competencies to provide quality nursing care. These competencies include technical skills, clinical knowledge, and non-technical abilities such as communication, empathy, and teamwork (Casali, Lock, & Novoa, 2021). These non-technical competencies are often referred to as soft skills, which encompass important interpersonal and intrapersonal abilities in nursing practice (Laari, Anim-Boamah, & Boso, 2021).

Social competence is an integral part of the interpersonal non-technical competencies that clinical nurses must possess. This competence includes the ability to communicate effectively, show empathy, and build good relationships with patients and colleagues (Gawronski, Thekkan, Genna, Egman, Sansone, Erba, Vittori, Varano, Dall'Oglio, Tiozzo, & Chiusolo, 2022). Social competence also involves the ability to understand and respond to the emotional and social

needs of patients, which is crucial in providing holistic nursing care (Juanamasta, Aunguroch, Preechawong, & Gunawan, 2023).

Social competence plays a significant role in nursing care. Nurses with good social competence can provide more humane and empathetic care, which can enhance patient satisfaction and health outcomes (Henriksen, Hansen, Wøien, & Tønnessen, 2021). Social competence also helps nurses manage conflicts, work in teams, and provide emotional support to patients and their families (Hardie, Darley, Redmond, Lafferty, & Jarvis, 2021). Additionally, the level of social competence may vary based on cultural backgrounds and educational contexts, with non-CALD students and nursing students in online learning settings demonstrating distinct self-assessment patterns influenced by reduced peer comparison and cultural adaptation challenges (Yu, Brown, Hewitt, Cousland, Lyons, & Etherington, 2023; Matsumori, 2023).

The patient-centred care approach emphasizes the importance of understanding and meeting patients' needs and preferences in every aspect of care (Casali et al., 2021). Nurses' social competence is highly relevant in this approach, as nurses who can communicate well and show empathy can build better relationships with patients, which in turn improves service quality and patient satisfaction (Nurmawati & Pramesti, 2022).

Globally, nurses' social competence is recognized as an important factor in improving the quality of healthcare services. Research shows that nurses with good social competence can provide more effective and efficient care, as well as increase patient satisfaction (Rodríguez-Pérez, Mena-Navarro, Domínguez-Pichardo, & Teresa-Morales, 2022). Social competence also contributes to improved teamwork and interprofessional communication, which are essential for patient safety and quality care (Vaseghi, Yarmohammadian, & Raeisi, 2022).

In Indonesia, nurses' social competence remains a challenge that needs to be addressed. Research indicates that nurses in Indonesia often face issues with communication and empathy, which can affect the quality of healthcare services (Sulistyowati, Gayatri, Handiyani, & Wahyuni, 2024). Improving nurses' social competence in Indonesia can have a positive impact on patient satisfaction and overall

healthcare service quality (Setyowati, Dwiantoro, & Warsito, 2020).

In the past five years, there has been an increasing trend of patient complaints related to nurses' social competence both globally and in Indonesia. Globally, patient complaints often relate to a lack of empathy and poor communication from nurses, which negatively impacts patient satisfaction and healthcare service quality (Gawronski et al., 2022). In Indonesia, research shows that patient dissatisfaction is often caused by nurses' unfriendly behavior and lack of responsiveness to patient needs (Prakoeswa, Hidayah, Dewi, Mutiani, & Masturina, 2023). Case examples in Indonesia show that patient complaints about nursing services often relate to a lack of attention and empathy from nurses, which can affect patients' perceptions of hospital service quality (Wardah, Usman, & Wardani, 2020). The introduction should briefly contain the research problem or gap, explaining the reasons why it is important to be researched through the literature review method. List the goals and benefits of the study.

RESEARCH METHOD

Scoping review was conducted to map social competency inventory include key behaviours, skills related, training program and assessment. A scoping review also describes the available studies, an overview with a broad or detailed focus, and shows evidence if there are questions that are still unclear or specific.

This scoping review considered both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies for inclusion. Qualitative studies will also be considered that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, and descriptive qualitative research.

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The search strategy aimed to locate both published and unpublished studies. An initial limited search of PubMed was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy for Pubmed, MEDLINE with full-text EBSCO, and Science Direct Elsevier. The search strategy, including all identified keywords and index terms, adapted for each included database and/or information source. The reference list of all included sources of evidence screened for additional studies. Studies published in English and published since 2021-2025 included. This study implemented a structured search strategy using MeSH-supported keywords related to the population (nurses), concepts (social competence and interpersonal skills), and context (hospital or clinical setting). Articles retrieved from the database were then screened and selected based on predetermined inclusion and exclusion criteria. The inclusion criteria were articles published in 2021-2025, articles with "full text", articles in English, articles involving nurses in the hospital setting, articles relevant to social competence, and

articles using quantitative and qualitative methods. The exclusion criteria were articles using literature review methods and studies unrelated to Social Competence.

All identified citations were uploaded into Covidence, and duplicates were removed. After a pilot test, titles and abstracts were screened by two or more independent reviewers based on inclusion criteria. Potentially relevant sources were retrieved in full and imported into Covidence. Full texts were assessed in detail by at least two reviewers. Reasons for exclusion were documented. Disagreements were resolved through discussion or with an additional reviewer.

Data were extracted by two or more independent reviewers using a tool developed for the review. Extracted data included participant details, concepts, context, methods, and key findings. The draft extraction form was revised as needed during the process, with modifications documented. Disagreements were resolved through discussion or with an additional reviewer. Appraisal tool developed in Covidence was used to assess article quality. The protocol registered in the Open Science Framework.

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RESEARCH RESULTS

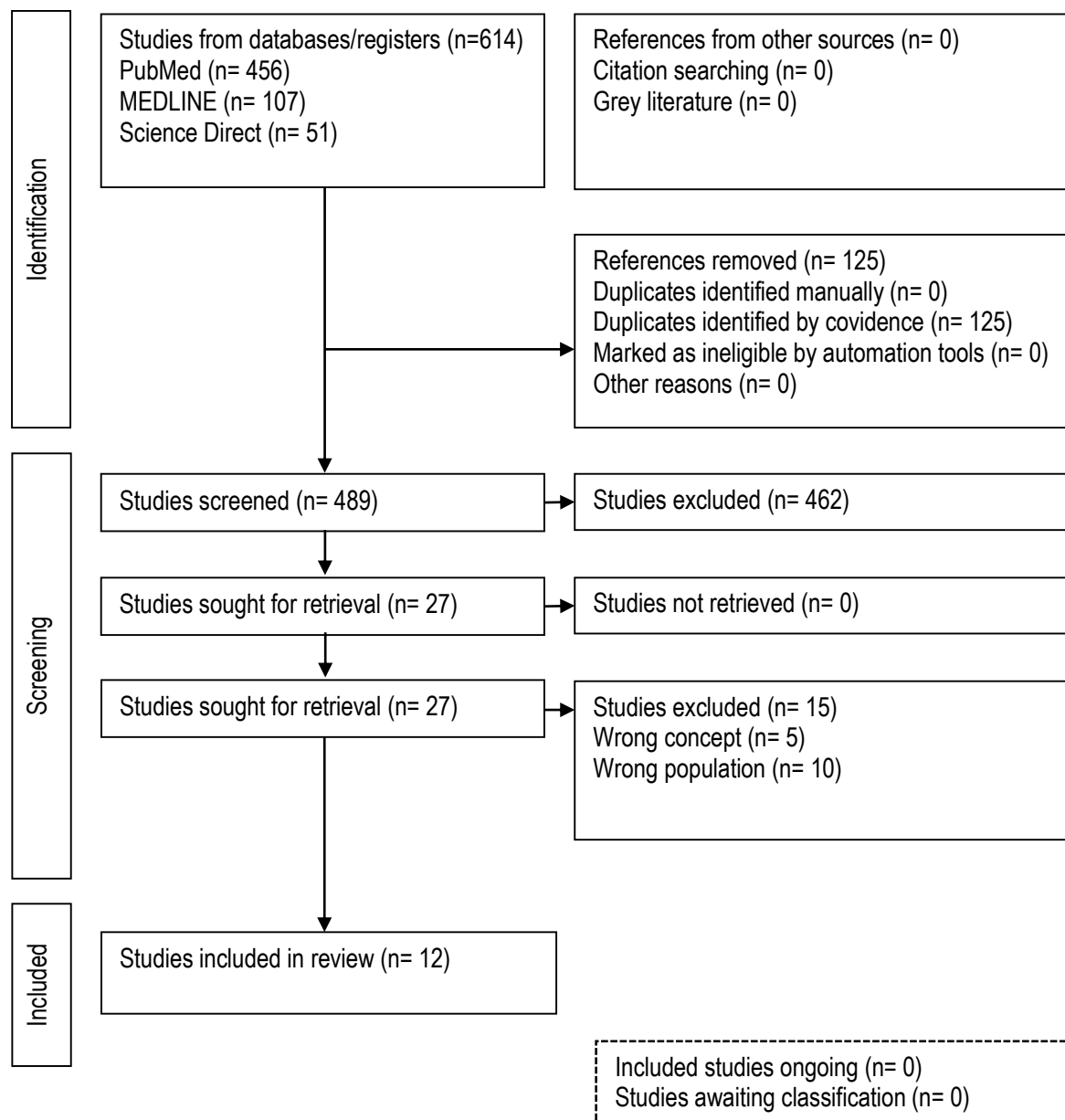


Figure PRISMA Flow Diagram

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Table Summary of Studies Included

(Author, Year) (Country)	Purpose	Method	Results
(Mohammed & Shaban, 2025) (Saudi Arabia)	To explore the impact of simulation-based training on communication and empathy skills among nurses working with elderly patients in the Abha region of Saudi Arabia	A qualitative descriptive research methodology. The interview guidelines were developed based on the Social Cognitive Theory and the Conceptual Framework for Empathy in Healthcare.	The study involved 17 participants aged 22–50 years, with diverse educational backgrounds and work experience. The findings indicated that simulation-based training significantly improved nurses' confidence in delivering difficult news and their ability to empathise with elderly patients. Nurses working in urban settings with regular access to simulation training reported better outcomes compared to those in rural settings with less frequent training opportunities.
(Kato et al., 2025) (Japan)	To investigate the current state of primary palliative care practice in Japanese critical care settings, identify care perceived as equivalent to primary palliative care, and explore the barriers	A quantitative descriptive questionnaire survey with a nationwide cross-sectional design involving 740 critical care specialist nurses.	Survey results from 384 nurses showed that palliative care in critical care was mainly recognized as end-of-life care, pain management, and psychological support, while social, spiritual, and delirium-related care were less recognized. Emergency nurses reported lower recognition than ICU nurses, with inadequate staff knowledge and difficulty identifying patient preferences as key barriers.
(Kim et al., 2024) (South Korea)	This study aimed to identify the individual, interpersonal, and organizational factors affecting cultural competence levels among neonatal intensive care unit (NICU) nurses based on an ecological model.	This descriptive correlational study examined individual and environmental determinants of NICU nurses' cultural competence using an ecological model. Data were collected between July and September 2022 through written questionnaires and online surveys, and cultural competence was measured using the Korean version of the Cultural Competence Scale for Clinical Nurses.	NICU nurses' cultural competence was influenced by individual factors, including multicultural education and ethnocultural empathy, as well as organizational support and readiness. The mean cultural competence score was 2.89 out of 5, with multicultural education positively and intercultural anxiety negatively predicting cultural competence.

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(Author, Year) (Country)	Purpose	Method	Results
(De Luca et al., 2021) (Italy)	To explore nurses' perceptions of touch in their professional practice and how these perceptions were articulated in discourse, among participants who attended a specific training on touch and those who did not.	This study used a qualitative approach to explore nurses' interpretations of physical contact and touch through focus group discussions and was part of a larger project evaluating the effectiveness of a touch training using two validated Comfort with Touch questionnaires.	The findings identified a main theme with three sub-themes: desire for or lack of touch, pleasure from touching, and touching/being touched as a personal attitude. Touch was also described as a natural and normal aspect of human interaction, accessible to everyone, while in contrast it was portrayed as a set of specific, unavoidable practices inherent to professional nursing care.
(Yang et al., 2024) (Kyrgyz Republic)	To identify the core competencies of nurses and educational needs for competency development in the Kyrgyz Republic, a representative LMIC.	Cross-sectional descriptive study. Job analysis using the DACUM method (focus groups) Educational needs survey using the Competency Inventory for Registered Nurses (CIRN)	Of the 289 participants, most were female, with a mean age of 43.22 years and an average nursing career length of 19 years. Eleven nursing core competencies were identified, with the greatest educational needs in teaching-coaching, followed by clinical care and critical thinking/research aptitude, while interpersonal relations showed the lowest educational need.
(Ay et al., 2020) (Turkey)	To investigate the relationship between problem solving and empathy among operating room nurses and to explore the factors that relate to these two competencies.	A cross-sectional and descriptive study. Study data were gathered using a personal information form, the Interpersonal Problem-Solving Inventory (IPSI), and the Basic Empathy Scale.	Age, marital status, and career length did not significantly affect cognitive empathy. Diffidence was negatively correlated with cognitive empathy, while emotional empathy tended to be higher among graduate nurses than those with master's/doctoral degrees. Emotional empathy decreased with higher educational level, lack of self-confidence, and insistent/persistent approaches, and nurses' descriptive characteristics did not influence problem-solving skills.

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(Author, Year) (Country)	Purpose	Method	Results
(Stewart, 2021) (UK)	To illuminate and explore new nurses' learning experiences in one large intensive care unit in the United Kingdom.	A qualitative case study approach was used, defined as an in-depth, multi-perspective exploration of a phenomenon in its real-life context. This study focused on one large ICU to examine how contextual factors influence new nurses' learning experiences.	The findings show that the ICU is a demanding learning environment for new nurses due to the rapid acquisition of numerous skills. Supportive social relationships facilitate adaptation and learning, while the high-risk ICU culture and frequently changing shift patterns hinder learning, particularly for internationally educated nurses.
(Combs et al., 2021) (USA)	To describe bedside registered nurses' perceived competence, attitudes, and challenges in managing patients with left ventricular assist devices (LVAD) in the intensive care unit (ICU) and stepdown unit (SDU).	This exploratory descriptive study used an electronic survey (REDCap) with an optional section consisting of eight items rated on a 0–10 scale to assess perceived LVAD care competence and attitudes toward managing patients and families, along with one open-ended question exploring challenges in caring for LVAD patients and their caregivers.	A total of 71 bedside nurses (36 ICU and 35 stepdown unit) from six U.S. regions participated. Mean competency and attitude scores were ≥ 7.0 , with ICU nurses scoring higher than stepdown nurses, and both competence and attitude positively associated with years of experience. Five key themes related to care challenges were identified.
(Mersha et al., 2023) (Southern Ethiopia)	To assess the status of therapeutic communication and its associated factors by applying Hildegard Peplau's nursing theory of interpersonal relations.	This cross-sectional study was conducted in selected public hospitals in the Gamo zone, southern Ethiopia, from December 1, 2021, to January 30, 2022, specifically at Arba Minch General Hospital, Kamba Primary Hospital, and Chenchu Primary Hospital.	The overall therapeutic communication score was 52.32% of the maximum scale, with 40.4% of participants showing high, 25.0% moderate, and 34.6% low levels. Age, marital status, and qualification were positively associated with therapeutic communication, while factors such as sex, work unit, burnout, stress, lack of empathy, insufficient knowledge, staffing shortages, and other work-related challenges showed significant negative associations.

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(Author, Year) (Country)	Purpose	Method	Results
(Kuzemski et al., 2022) (United Arab Emirates)	To investigate the challenges of cross-cultural communication among internationally qualified nurses, and the impact on nurse-to-nurse and nurse-to-patient relationships.	This study used an exploratory, qualitative, inductive design to capture the experiences and interpretations of nurses. Semi-structured, face-to-face interviews explored the influences on communication and practice of 21 internationally qualified nurses practising in the United Arab Emirates.	Four key themes were identified: challenges in communication, the science versus art of nursing, the impact of ineffective communication, and coping strategies. Although nurses reported adequate language and clinical skills for technical care, limited ability in complex cross-cultural communication reduced their capacity to practice the therapeutic and relational aspects of nursing with patients and families.
(Hui et al., 2023) (Iran)	To investigate nurses' professional competence and its correlates before and during the COVID-19 pandemic	This cross-sectional study assessed nurses' clinical competence before and during COVID-19 using the 55-item CIRN, which measures competence on a five-point scale (0–4) with total scores categorized as low, moderate, or high; the interpersonal relationships domain included eight items.	The mean clinical competency scores were 156.97 ± 31.40 before and 161.97 ± 31.36 during the COVID-19 outbreak, with no significant difference in overall competency. However, interpersonal relationships and research/critical thinking scores were significantly higher during the COVID-19 period. Clinical competency was associated with shift type before the outbreak and with work experience during the outbreak.
(Larsen et al., 2021) (India)	To gain a deeper understanding of interpersonal communication as experienced by nurses working in culturally diverse hospitals in India	A descriptive qualitative research method was selected for the study, emphasizing interpretation of the participants' experiences. Data were collected through semi structured interviews with open-ended questions.	The study highlights the importance of communication tools and techniques—such as language resources, language tools, and cultural knowledge—in supporting nurses to maintain quality care for culturally diverse patients and increasing their confidence in anticipating patient needs.

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DISCUSSION

This scoping review highlights the critical role of social competence in nursing practice within hospital settings. The findings reinforce the understanding that social competence—encompassing communication, empathy, cultural sensitivity, and interpersonal skills—is essential for delivering high-quality, patient-centered care (Casali et al., 2021; Hardie et al., 2021; Mrayyan, Abunab, Abu Khait, Rababa, Al-Rawashdeh, Algunmeeyn, & Abu Saraya, 2023). The studies reviewed consistently demonstrate that nurses with higher levels of social competence are better equipped to build therapeutic relationships, navigate complex emotional situations, and contribute to improved patient outcomes.

The results also reveal that social competence is not static but can be developed through targeted interventions. For example, simulation-based training was shown to enhance communication and empathy among nurses working with elderly patients (Mohammed & Shaban, 2025), while experiential learning on the use of touch improved nurses' awareness of non-verbal communication (De Luca, Fatigante, Zuccheromaglio, & Alby, 2021). These findings align with adult learning theories that emphasize experiential and reflective learning as effective strategies for professional development (Knowles, Holton, Swanson, & Robinson, 2015).

Cultural competence emerged as a significant dimension of social competence, particularly in multicultural healthcare environments. Studies from South Korea and the UAE emphasized the importance of both individual attributes (e.g., empathy, intercultural experience) and organizational support (e.g., training, policies) in fostering cultural competence (Kim, Lee, Park, & Lau, 2024; Kuzemski, Thirlwall, Brunton, & Brownie, 2022). This supports the call for institutional policies that promote inclusive practices and continuous education in transcultural communication (Larsen, Mangrio, & Persson, 2021; Singh, Chandra, & Kumar, 2023).

Despite these positive findings, several studies identified persistent gaps in practice. Nurses reported challenges in addressing patients' social and spiritual needs, often due to limited training or systemic constraints (Kato, Tanaka, Kizawa, Yamase, Tado, Tatsuno, & Miyashita, 2024). Similarly, therapeutic communication was found to be suboptimal in some settings, influenced by factors such as burnout,

workload, and lack of confidence (Mersha, Abera, Tesfaye, Abera, Belay, Melaku, Shiferaw, Shibiru, Estifanos, & Wake, 2023). These barriers highlight the need for healthcare systems to invest in supportive work environments and structured mentorship programs that nurture social competence (Setyowati et al., 2020; Nurmawati & Pramesti, 2022).

From a policy perspective, integrating social competence into nursing curricula and continuing education programs is imperative. National frameworks, such as those outlined by the Indonesian Ministry of Health (Ministry of Health of the Republic of Indonesia, 2020), should explicitly include competencies related to empathy, communication, and cultural sensitivity. Furthermore, hospital administrators should implement regular assessments and feedback mechanisms to monitor and enhance these competencies in clinical practice (Zaitoun, Said, & de Tantillo, 2023).

For future research, longitudinal and mixed-methods studies are recommended to evaluate the long-term impact of social competence training on clinical performance and patient satisfaction. Additionally, research should explore the intersectionality of social competence with demographic and contextual factors, such as age, gender, and healthcare system characteristics, to inform more tailored interventions (Collier-Sewell, Atherton, Mahoney, Kyle, Hughes, & Lasater, 2023; Vatankhah, Baljani, Rezaee Moradali, & Aslan, 2023).

In conclusion, this review underscores the multifaceted nature of social competence and its foundational role in effective nursing care. Strengthening social competence through education, policy, and practice not only enhances patient experiences but also supports nurses' professional growth and resilience in increasingly complex healthcare environments.

CONCLUSION

This scoping review synthesized 12 studies (2021–2025) on nurses' social competence in hospital settings, emphasizing communication, empathy, cultural sensitivity, and interpersonal relationships. The findings highlight social competence as a learnable, essential component of nursing that improves patient care, teamwork, and ethical decision-making, and is strengthened by

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organizational support and structured training. The review recommends integrating social competence training into nursing education, fostering supportive institutional environments, and conducting longitudinal and intervention-based research to assess long-term impacts on patient outcomes and nurse well-being.

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