

Relational Practice: A Concept Analysis

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Abstract

Relational practice is increasingly being recognized as a core framework within contemporary nursing, shifting care away from task-focused routines and towards person-facilitated relationships grounded in compassion, ethics, and mindful engagement. Based in active listening, empathy, respect, and teamwork, relational practice addresses rising healthcare complexity through the development of purposeful therapeutic alliances between nurses, patients, and interprofessional team members (Smith, 2020; Hartrick Doane & Varcoe, 2021). With health care embracing digital platforms, relational competence ensures nurses' human interaction in spite of technological barriers (Smith & Kennedy, 2023). Concept analysis of relational practice undertakes this endeavor to demystify its defining features, antecedents, and consequences and highlight its top priority as it advances nursing theory, ethics, and patient outcomes. Theory assessment is an outcome of the dominance of Peplau's Theory of Interpersonal Relations and Watson's Theory of Human Caring over the current nursing theories, which are especially applicable in a direct sense. These types of theories are intended for relational practice core areas such as trust, empathy, and adaptive nurse-patient relationships. In addition, current relational practice is assisted by Leininger's Culture Care Theory, Orem's Self-Care Deficit Theory, Parse's Human Becoming Theory, and Relational Ethics principles. These models provide for a sophisticated conceptualization of relational practice based on cultural competence, patient empowerment, holistic care, and ethical involvement in nursing practice. Relational practice strengthens trust, reduces inequalities, and increases patient satisfaction and adherence through culturally responsive care, effective communication, and emotional intelligence (Johnson & Watson, 2019; Rouleau et al., 2023). Relational practice enables nurses to provide ethical, holistic care while facilitating interprofessional collaboration and safety in physical and virtual spaces (McCaffrey et al., 2022; Zou & Lau, 2023). Grounded in nursing theory and advocacy, relational practice is a necessary building block of effective, equitable, and ethical care in contemporary global health. Intentional incorporation into practice, education, and leadership is necessary to meet the demands of emerging healthcare environments.

Keywords: Relational Practice, Concept Analysis, Nursing Theories, Nurse-Patient Relationship, Ethical Engagement

Introduction:

Relational practice is a transformative model in contemporary nursing, responding to rising complexities, technological change, and disparities in healthcare. Rooted in the intentional application of empathy, listening, and partnership, relational practice moves beyond task-oriented care toward holistic, person-centered engagement (Smith, 2020; Hartrick Doane & Varcoe, 2021). Healthcare today faces depersonalization risks, and relational practice re-centers care around human connection, restoring trust and collaboration (McCaffrey et al., 2022). Although increasingly emphasized, relational practice lacks uniform definitions and application, leading to care gaps (Johnson & Watson, 2019). Clarifying its conceptual structure is critical to enhance practice, education, and policy-making.

Purpose of the Analysis:

This concept analysis clarifies relational practice using Walker and Avant's model. By delineating attributes, antecedents, and consequences, it offers a structured framework supporting nursing practice, education, and policy. The analysis guides healthcare leaders and practitioners in fostering environments where dignity, equity, and trust prevail.

Applications

Patient Centered Care: Builds trust, allowing for shared decision-making and culturally sensitive plans (Jonsdóttir et al., 2023). Advocacy and Ethics: Equips nurses to address social determinants and health inequities (Falk-Rafael & Betker, 2022). Interprofessional Collaboration: Enhances teamwork through emotional intelligence and clear communication (Grady et al., 2023). Telehealth: Sustains relational closeness amid technological barriers (Rouleau et al., 2023). Reducing Disparities: Provides culturally responsive care to mitigate inequalities (Zou & Lau, 2023).

Defining Attributes

- 1. Empathy and Compassion:** Nurses validate patients' emotions and perspectives, building bonds fostering healing (Matt & Gaston, 2020; Watson, 2008).
- 2. Active Listening:** By attending, reflecting, and eliminating distractions, nurses ensure patients feel heard and anxiety is reduced (Dizon et al., 2022).
- 3. Mutual Respect and Trust:** Culturally humble, open communication creates safe, inclusive environments (Jonsdottir et al., 2020).
- 4. Collaborative Decision Making:** Involving patients and families ensures satisfaction and adherence (Roy et al., 2024).
- 5. Ethical Responsibility:** Nurses respect dignity, tackle disparities, and empower autonomy (Doane & Varcoe, 2021).

Antecedents

Relational practice requires foundational conditions

Resilience and Self-Efficacy: Nurses must feel empowered and capable of affecting positive change (Smith & Jones, 2022). Caring Environment: Healthcare cultures that prioritize compassion and patient dignity facilitate relational engagement (Johnson & Carter, 2022). Trust and Partnership: Trust must preexist or be actively cultivated through consistent, respectful care (Kim & Lopez, 2024). Cultural Humility: Recognizing patient diversity and systemic inequities fosters relational depth (Hartrick Doane & Varcoe, 2021).

Consequences

Enhanced Health Outcomes: Trust and partnership improve adherence and recovery (Rouleau et al., 2023). Reduced Anxiety and Stress: Active listening and empathy lower distress, especially in vulnerable populations (Grady et al., 2024). Emotional Well-being: Relational engagement decreases depression and enhances holistic well-being (Jonsdottir et al., 2023). Strengthened Collaboration: Facilitates cohesive teamwork and reduces medical errors (Schwind & Manankil-Rankin, 2023).

Model Case

Sarah, a senior nurse in Karachi, cares for Mrs. Fatima, a 78-year-old woman newly diagnosed with diabetes and anxious about managing her condition amid cultural stigma. Sarah listens with empathy, acknowledges her fears, and offers reassurance (Khan et al., 2021). She collaborates with Mrs. Fatima and the healthcare team to create a culturally sensitive, patient-centered treatment plan that respects her dietary preferences and religious practices (Ali et al., 2022). By empowering Mrs. Fatima in her care decisions, Sarah upholds her autonomy and dignity, demonstrating key features of relational practice: empathy, active listening, mutual respect, joint decision-making, and ethical responsibility (Raza et al., 2023). Relational practice, through compassion and open communication, fosters strong nurse-patient bonds, enhances engagement, and improves outcomes (Doane & Varcoe, 2021; Jonsdottir et al., 2023). Trust, respect, and collaboration ensure patient involvement, while safeguarding dignity and rights is a core ethical duty (Schwind & Manankil-Rankin, 2023; Rouleau et al., 2023; Watson, 2022). In Pakistan's culturally responsive healthcare setting, Sarah's practice led to greater patient satisfaction, better adherence, and improved health. Mrs. Fatima's empowerment highlights the positive impact of relational practice and serves as a model for community nursing (Ali et al., 2022; Raza et al., 2023).

Borderline Case

Emma is a nurse in a busy public hospital in Lahore and is in charge of taking care of Mr. Khan, who has just been admitted with a set of chronic diseases. Mr. Khan grumbles about his treatment and problems he faces in maintaining his health. As Emma listens to his complaints, she seems to be in a hurry due to the nature of her hectic shift. Though she is polite to Mr. Khan, she does not initiate with discussions nearer to his personal values and beliefs, which are needed for successful relational practice (Khan et al., 2021). Emma adheres to ethical principles in care but fails to engage Mr. Khan to some extent in decision-

making about his treatment plan. Her communication, while professional, is not warm and not truly participative relational which would make the environment more therapeutic to Mr. Khan. As a result, he believes that his emotional needs are not met, which is critical for his general well-being (Ali et al., 2022). Effective relational practice in healthcare relies on the ethical duty of healthcare professionals to prioritize patients' best interests and uphold their rights (Watson, 2022), along with respect that fosters a positive and appreciative environment, enhancing care quality (Doane & Varcoe, 2021). However, some healthcare settings lack compassion, empathy, and active listening, which are crucial for understanding patients' emotional needs and creating meaningful relationships (Jonsdottir et al., 2023). Without joint decision-making, patients may feel disengaged and disconnected from their care, affecting their treatment outcomes (Rouleau et al., 2023). In a time, stressed hospital environment, nurses may struggle to establish meaningful connections due to time pressures, limiting their ability to engage patients emotionally (Raza et al., 2023). As a result, while Mr. Khan receives ethical care, the lack of emotional support and empowerment hinders his recovery and satisfaction with healthcare, underscoring the need for more patient centered practices (Khan et al., 2021).

Contrary Case:

Ayesha, a 23-year-old Pakistani woman and mother of her 2-year-old son who resides in a Karachi shelter, was highly agitated by the system's failure to help her find housing. In focus groups, she kept her homelessness concealed but complained bitterly about rude caseworkers, dirty conditions, and oppressive regulations. Ayesha dismissed options proposed by friends as unsafe or unaffordable. Beset by despair, she no longer could envision a better future for herself or her child, was trapped and without access to resources. Unlike peers who improved with similar resources, Ayesha remained in chronic homelessness, high risk of recurrence. This situation introduces a stark deficit of relational practice namely, empathy and compassion that is critical to the support of vulnerable groups (Doane & Varcoe, 2021). Incompetence of staff and organizational culture prioritizing task over person hurt her sense of abandonment and emotional pain. This relational breakdown not only prolonged her homelessness but also damaged her wellbeing, eroding confidence and shutting down her ability to envision a future to stability and empowerment.

Integration of Nursing Theories in Relational Practice

Relational practice nursing has its roots firmly planted on foundation theories that emphasize empathy, connection, cultural competence, empowerment, and ethical engagement. This integrative model draws from Hildegard Peplau's Theory of Interpersonal Relations, Jean Watson's Theory of Human Caring, and integrates Madeleine Leininger's Culture Care Theory, Dorothea Orem's Self-Care Deficit Theory, Rosemarie Parse's Human Becoming Theory, and Relational Ethics principles.

Peplau's Theory of Interpersonal Relations

Peplau highlights therapeutic nurse-patient relationship as the center of focus. Through partnership, goal-setting in collaboration, communication, and trust, nurses create emotional safety. In translated relational practice terms, this encompasses active listening, validation of concerns of the patient, and mutual construction of care plans that are empowering and based on trust.

Watson's Theory of Human Caring

Watson's model emphasizes human-to-human relationship, caring, and holistic healing. Relational practice utilizes these by creating caring, empathic relationships that are used to address the emotional, physical, and spiritual needs of patients, which enables patient-centered and trauma-sensitive care.

Leininger's Culture Care Theory

Leininger articulates the applicability of cultural competence in the delivery of care. Relational practice captures this by being sensitive to a variety of other distinct cultural practices, values, and beliefs such that care is always culturally congruent and responsive to each patient's culture.

Orem's Self-Care Deficit Theory

Orem emphasizes self-care and patient empowerment. Relational practice follows it through advocating for greater independence of patients, encouraging self-care, and reinforcing confidence in being active participants in care decisions.

Parse's Human Becoming Theory

Parse emphasizes consideration of the patient as an entire person and honoring their own decision and experience. Relational practice does so by honoring the unique meanings and values of the patient, facilitating individualized and meaningful care experiences. Relational Ethics Relational practice is also guided by relational ethics based on respect, cooperation, and healthcare interaction justice. Relational ethics guide practice in a way that ensures ethical responsibility, maintains dignity, and addresses imbalances of power in care relations. Through this integration, relational practice nursing generates Empathic, culturally safe, empowering, and ethically guided care with the capacity to establish good-quality therapeutic relationships and patient outcomes across settings.

Conclusion:

Relational practice is foundational to modern nursing, uniting ethical responsibility, person-centered care, and evidence-based competencies. In an evolving healthcare landscape, relational practice sustains human connection, equity, and improved outcomes. Embedding it into nursing education, policy, and leadership is essential to creating

environments rich in empathy, respect, and shared healing. Future efforts must focus on relational training, cultural humility, and competency assessments to bridge theory and practice, strengthening nursing's role in shaping compassionate, equitable healthcare systems.

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