Scientific Perspectives on the Development of Social Competencies in Nurses for Effective Professional Communication

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Abstract: Objectives: This study aims to identify the key social competencies relevant to nursing practice, emphasize their essential role in fostering effective professional communication with patients, colleagues, and interdisciplinary healthcare teams, and propose strategies for developing interpersonal skills within a patient-centered healthcare system that prioritizes empathy, active listening, and teamwork. **Prior Work:** The research builds on existing literature concerning emotional intelligence, social competencies, and the doctor-patient relationship. It draws upon prior studies in healthcare professional education (e.g., Goleman, 1995; Salovey & Mayer, 1997) and explores how social communication contributes to improving the quality of medical care and patient satisfaction. **Approach:** The study employed a thorough review of relevant literature, along with theoretical synthesis, comparative analysis, scientific reasoning, and conceptual modeling. The effectiveness of socio-emotional competency development depends largely on the clear identification and definition of the most relevant social competencies for nursing practice. **Results:** The findings highlight a strong interest in the development of social competencies among nurses, recognizing them as essential for optimizing professional communication with patients, fostering empathetic care, promoting effective teamwork, and enhancing satisfaction for both patients and healthcare professionals. **Implications:** These results can contribute to the enhancement of professional training programs in medical education and support decision-making processes among trainers, medical institution administrators, and

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university faculty responsible for post-secondary and university curricula development. Additionally, the study provides a solid foundation for further research in medical pedagogy. **Research Value:** The study underscores the role of social competencies in the professional formation of nurses by emphasizing the importance of effective professional communication, thereby contributing to the expansion of scientific knowledge in the field of nurse-patient and interprofessional communication.

Keywords: social competencies; professional communication; nurses; emotional intelligence

1. Introduction

In the context of the contemporary healthcare system, the development of social skills in nurses is an important condition for effective professional communication. According to Goleman (1995), social skills are components of emotional intelligence, playing a significant role in maintaining harmonious interpersonal relationships and facilitating cooperation. Recent studies indicate that poor communication can lead to decreased patient satisfaction and, in some cases, to medical errors (Rosenstein & O' Daniel, 2005).

In an increasingly complex and technologically advanced medical setting, the human dimension of interaction remains of particular importance. Effective communication between nurses and patients, as well as within the medical team, contributes to the smooth running of medical care and the maintenance of a balanced emotional climate. Nurses, who are in direct and continuous contact with patients, play a central role in building relationships based on trust and emotional support. When these relationships are supported by well-developed social skills, they can promote the recovery process, increase patient comfort, and improve the effectiveness of therapeutic interventions.

Starting from communication theories, the notion of competence has been adopted by various disciplines in the social sciences, influencing the way contemporary educational models are conceived. Specialised terminology has contributed to consolidating a special status for this term, expanding its meaning by associating it with terms such as aptitudes, abilities and skills.

Today, the meaning of the term is also complemented by definitions from current linguistic sources. According to the Explanatory Dictionary of the Romanian Language (2012), competence refers to "a person's ability to express themselves on a subject, based on in-depth knowledge of the issue under analysis; at the same time, it also refers to the duties of a civil servant or authority to exercise certain responsibilities" (DEX, 2012, p. 212).

According to author A. Afanas (2013), competence is described as the result of a dynamic process, with contextual applicability, which can be transposed into other concrete situations. Based on this perspective, the researcher identifies several defining features: competence is not expressed directly, being always associated with the subject's action and situational particularities; it has a flexible structure and is constantly reorganizing; it is the result of a process of construction and transformation; it includes a component of self-reflection (metacognitive) and manifests itself both on a personal level and in group relationships (Afanas, 2013, p. 17).

In their work Evaluating Competencies, F.M. Gerard and colleagues (2012) analyze the subtle differences between the terms used in the literature: "competence" is understood as the ability to successfully complete a specific task, while "competency" refers to personal traits that enable individuals to achieve good results in a variety of contexts. The authors highlight several characteristics of the term "competency": orientation towards the specific requirements of the occupation, emphasis on personal contribution to professional activity, a psychological perspective on behavior, and an integrative approach that takes into account different dimensions of performance (Gerard et al., 2012, p. 13).

According to Professor V. Paslaru (2014), competence involves a combination of theoretical knowledge, practical application skills, and an appropriate attitude (Paslaru, 2014, p. 58). In turn, researcher M. Ianioglo defines competence as a level of effective performance of an activity, resulting from the integration of knowledge, skills, attitudes, and personal motivation (Ianioglo, p. 114).

From a broad perspective, competence cannot be reduced to the cognitive dimension alone, which involves the use of notions, theories, and concepts, but also includes functional aspects—such as technical skills—the relational dimension—such as social and organizational skills—as well as an orientation toward ethical values. M. Ștefan (2006) considers that this is "a well-organized set of knowledge, skills, habits, and aptitudes, thoroughly assimilated, which enable the person to identify and manage various situations in a particular field of activity efficiently" (Ștefan, 2006, p. 57).

In this perspective, competence can be understood as an integrated combination of knowledge, practical skills, and attitudes adapted to the specific situation, reflecting the ability to effectively use learning outcomes in a well-defined framework.

2. Social Competence

In the literature, social competence is also analyzed from a broad psychological perspective. Pfingsten and Hinsch define it as a set of cognitive, emotional, and motor behaviors adapted to situational requirements (Pfingsten & Hinsch, 1996, p. 17). Schroder and Vorwerg distinguish four dimensions of social competence: (1) sociability, (2) initiative in relationships, (3) interpersonal influence, and (4) self-concept (Schroder & Vorwerg, 2002, p. 51). These dimensions reflect the complexity of social interactions and emphasize the importance of developing the skills necessary for effective adaptation in a professional context.

Social competence is defined by a wide range of attributes and skills, with a relevant distinction being made between intrapersonal dimensions (self-awareness, self-assessment, self-control) and interpersonal dimensions, which are relational in nature (Code of Ethics, pp. 268-269). According to Stravynski and Amdao, intrapersonal competencies, such as self-assessment, self-control, and self-awareness, form the basis for the development of interpersonal competencies, which involve recognizing and interpreting the behaviors of others, as well as the ability to adapt in social interactions (Stravynski & Amado, 2001, p. 109). The bidirectional relationship between these two dimensions supports the process of social adaptation and contributes to effective integration in various social contexts (Jurevičienė, Kaffemanienė & Ruškus, 2012, p. 44).

According to Constantinescu, social competence involves the ability to manage emotions, listen actively, resolve conflicts, and cooperate effectively (Constantinescu, 2008, p. 11). In turn, Chelcea defines social competence as behavior that facilitates social performance, highlighting its pragmatic nature in everyday interactions (Chelcea, 2004, p. 161).

Currently, social competence occupies an important place in educational policies, being associated with the social and professional integration of the individual. It reflects the ability to capitalize on personal resources and respond appropriately to constantly changing social demands (Zamfir & Vlăsceanu, 2010, p. 17).

Essentially, social competence reflects a person's ability to effectively manage social interactions, build and maintain interpersonal relationships, and respond adaptively in various social contexts. It is formed through the interaction of cognitive, emotional, and behavioral processes and is influenced by social awareness, personal values, and cultural values (Orpinas & Horne, 2006, p. 36). The variability of social competence is determined by factors such as age, social context, and cultural norms.

Thus, a person may demonstrate good adaptation in one environment but encounter difficulties in another, depending on the specific requirements and expectations of the reference group (Chen & French, 2008, p. 596).

Social competence is based on a set of interdependent dimensions, which include cognitive skills, emotional processes, and adaptive social behaviors. These components work together, allowing the individual to interact effectively in various contexts, interpret social situations correctly, and respond appropriately, maintaining positive and functional relationships (Table 1).

Table 1. Multidimensional Components of Social Competence

Dimension	Description / Subcomponents
Cognitive	1) Solving social problems: identifying the problem, generating solutions, forecasting consequences, selecting the most effective option, accepting the results. 2) Understanding the relationship between cognition, emotions, and behavior. 3) Conflict management strategies: cooperation, compromise, constructive resolution.
Emotional	1) Awareness and regulation of one's own emotions and those of others. 2) Emotional control: stress management, behavior assessment. 3) Relationship building: managing negative emotions, expressing positive ones. 4) Empathy and adopting the perspective of others.
Behavioral	1) Verbal communication: initiating and maintaining conversations, assertiveness. 2) Active listening: paying attention to verbal/nonverbal cues, eye contact, summarizing. 3) Positive interaction: gratitude, cooperation, support, appreciation, and care for others.
Prsonal values	1) Perspective: social competence as achieving goals, regardless of intention (e.g., manipulation). 2) Alternative perspective: social competence involves collaboration and mutual respect.
Socio-cultural	1) The influence of cultural norms on the perception of competence. 2) Differences in competence depending on the social context. 3) Culture determines relationships, the expression of emotions, and interaction with authorities.

Social competence is not limited to a simple set of external behaviors, but is the result of the integration of cognitive, emotional, behavioral, axiological, and socio-cultural processes. The cognitive dimension highlights the importance of mental processes in interpreting and managing social situations. Skills such as identifying social problems, generating solutions, anticipating consequences, and selecting

optimal decisions are essential for effective adaptation to relational demands (Orpinas, 2010, p. 1624).

The emotional dimension refers to the role of emotions in building and maintaining interpersonal relationships. Awareness of one's own and others' emotions, the ability to regulate emotions, empathy, and perspective-taking facilitate appropriate social behaviors and support cohesion within groups. The behavioral dimension refers to the external expression of social competence through observable behaviors, such as initiating and maintaining conversations, active listening, assertive expression of emotions, and involvement in relationships based on respect and cooperation (Hiralberstadt, Denham & Dunsmore, 2001 p. 181).

The dimension of personal values introduces an ethical perspective on social behaviour. The literature indicates the existence of divergent approaches: one that associates social competence with the achievement of goals, regardless of intentions, and another that considers the existence of a positive relational framework, based on collaboration and mutual respect, to be indispensable (20, p. 255). The socio-cultural dimension reflects the significant influence of cultural norms, values, and contexts on how social competence is defined and expressed. This varies depending on the reference group, and behaviors considered appropriate in one environment may be inappropriate in another, depending on cultural and social expectations (Chen & French, 2008 p. 596).

3. The Importance of Communication in the Professional Training of Medical Specialists

An integrated understanding of these dimensions plays an important role in the professional training of medical specialists, especially nurses, contributing to the optimization of communication and relationships with patients and colleagues.

In nursing practice, communication between healthcare professionals, patients, and their families has become a core competency for ensuring the quality of services provided.

The ability of healthcare professionals to provide clear explanations, listen actively, and show empathy contributes significantly to both improving health and increasing patient satisfaction with medical care. The interaction between healthcare professionals and patients is interpersonal in nature, and research in this field contributes to a better understanding of the relationship between those involved,

allowing their attitudes and intentions to be identified. Therefore, effective communication can facilitate positive behavioral changes, benefiting both parties involved in the therapeutic process.

From the perspective of the stages of the medical process, Ojovanu and colleagues (2016) identify three distinct methodological forms of communication in healthcare practice:

1) Pre-clinical communication – this is strategic in nature and involves the healthcare professional's responsibility to promote health education and organize prevention activities.

2) Clinical communication – this takes place at three key moments:

- Medical history and symptom analysis: at this stage, communication focuses on several important components – establishing an initial relationship through a clear presentation, active listening, supporting the patient by understanding their expectations, providing feedback and clarification, and adapting the language to the interlocutor's level of understanding.
- Diagnosis and formulation of a diagnosis: it is advisable for medical staff to present, where possible, several options for investigation and treatment, respecting the patient's right to be informed and to give their consent.
- Choosing treatment: this involves obtaining the patient's consent and involving them in expressing their preferences regarding the type of care and treatment plan.

3) Post-clinical communication – focuses on supporting the patient during recovery through rehabilitation measures and ongoing assistance (Ojovanu et al., 2016, pp. 65–69).

G. Hasson (2012), in the book "How to Develop Your Communication Skills: What Communication Experts Know, Do, and Say," highlights two defining dimensions of active listening: acceptance and confirmation. Through these, the interlocutor—in the medical context, the patient—can perceive genuine interest and understanding on the part of the medical staff. According to the author, acceptance implies a receptive, non-judgmental attitude, in which attention is paid without contradicting or minimizing what the other person is saying. In contrast, confirmation is an active response in the dialogue, manifested by acknowledging and validating the message conveyed by the patient (Hasson, 2012, p. 66).

In G. Hasson's view, active listening is a conscious endeavor and involves full participation on the part of the professional, constituting a structured way of understanding and responding appropriately within the interaction (Hasson, 2012).

Active listening is defined as "listening and responding in a way that promotes better mutual understanding" (Townsend, 2006, p. 34). This type of listening involves a conscious process of receiving the message through three channels: verbal, nonverbal, and paraverbal. It involves the use of techniques such as paraphrasing, asking for clarification, expressing understanding, active silence, and providing feedback.

Paraphrasing contributes to a clearer and deeper understanding of the message conveyed, avoiding tensions or communication barriers. In medical interactions, both the patient and the healthcare professional can use paraphrasing to verify that the message has been correctly understood and accepted by the other party.

M. McKay and colleagues (2016) identify five important benefits of using paraphrasing, with a direct impact on the quality of communication in the medical field. Among these, the following can be mentioned:

- helps reduce anger and calm the conversational atmosphere;
- prevents communication breakdowns;
- allows for immediate correction of erroneous assumptions and misinterpretations;
- supports the process of retaining transmitted information (McKay et al., 2016, p. 31).

Silence can be a subtle but significant form of communication which, when used judiciously, plays a valuable role, especially in delicate moments, such as when conveying a serious diagnosis. In such situations, silence gives the patient space for reflection, allows them to organize their thoughts, and encourages the free expression of symptoms, feelings, fears, and personal hopes.

In turn, feedback proves effective when it is provided promptly, sincerely, and in a supportive manner, contributing to a clear understanding of the impact of the message conveyed by the other person and improving mutual communication.

Eye contact plays a central role in conveying and understanding messages, being one of the clearest signs for the patient that they are being listened to carefully and that their needs are being treated with respect. Eye contact also expresses the willingness

of medical staff to understand the difficulties faced by the patient. Professor N. Miu (2004) emphasizes that it is difficult to convey conviction when avoiding direct eye contact. In the absence of eye contact, the message may remain incomplete, leading to additional questions that are sometimes unnecessary or disturbing to the interlocutor (Miu, 2004, p. 90).

According to C. Lazăr and colleagues (2016), the gaze "reflects a person's inner states and has a powerful influence on the feelings and will of others" (Lazăr et al., 2016, p. 94). In the context of communication between the nurse and the patient, the gaze must convey openness, empathy, care, but also self-control and confidence.

A particular aspect of professional communication is emotions, which, as P. Ekman (2011) argues, "influence the quality of our lives. They appear in all close relationships, whether at work or in our personal lives (...) sometimes they protect our lives, other times they can destabilize them" (Ekman, 2011, p. 13). In a professional relationship, the healthcare assistant has a responsibility to be aware of their own emotions and to control them appropriately, giving the patient a sense of trust, involvement, and genuine support.

Facial expressions reflect emotional experiences, attitudes, and reactions to different situations or stimuli in the environment. P. Ekman (1978) demonstrated that the human face can convey up to 18 different types of information, including clues about health, age, mood, energy level, intelligence, or character traits. Emotions such as joy, surprise, enthusiasm, but also sadness, pain, fear, disgust, or contempt can be identified through facial expressions. D. Cosman (2010), in his work "Medical Psychology," states that "the recognition of these emotions by nurses, through the observation of facial expressions, provides valuable clues about the patient's emotional state at that moment" (Cosman, 2010, p. 245).

In the medical field, interpreting body language often plays a decisive role in fully understanding the message being conveyed. Hegedus (2000) argues that "approximately 30% of communication content is expressed verbally and consciously, while the remaining 70% is conveyed through nonverbal channels" (apud Skolka, 2004, p. 97). In turn, researcher A. Mehrabian (1981) highlighted, following his studies, that the impact of a message on the receiver is determined only 7% by the words spoken, 38% by the tone of voice (intensity, rhythm, inflections), and 55% by body language, especially facial expressions (apud McKay et al., 2016, p. 77).

Body posture, gestures, and tone of voice provide valuable information about emotional state, level of confidence, attitude toward the interlocutor, but also about

the conscious intentions or spontaneous reactions of the healthcare assistant, significantly influencing the quality of communication with the patient.

P. Collett (2010) observes that, in situations of emotional tension, the tone of voice becomes more strident, and the changes generated by intense feelings are difficult to conceal, faithfully reflecting the person's emotional state (Collett, 2011, p. 247).

Applying the concept of relational communication competence in the interaction between the nurse and the patient, it can be understood as the result of integrating knowledge, skills, attitudes, and personality traits that support the fulfillment of interpersonal communication functions (Cojocaru-Borozan, 2009, p. 69).

4. Conclusion

The study highlights the fundamental importance of developing social skills in the professional training of nurses, as these represent a central pillar of effective communication with patients, colleagues, and interdisciplinary teams. Theoretical analysis and arguments in the literature confirm that empathy, active listening, emotion management, and cooperation are essential for creating a therapeutic relationship based on trust and mutual respect. The integration of cognitive, emotional, behavioral, axiological, and sociocultural dimensions into the professional training of healthcare professionals contributes to improving the quality of medical care and increasing patient and staff satisfaction.

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