



## Relational agency: An evolutionary concept analysis

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### ABSTRACT

**Background:** Relational agency has emerged across care disciplines to conceptualize agency as a process embedded in relationships. However, the concept remains underdeveloped in nursing and allied health literature—fields where relationship-building is central to care provision.

**Purpose:** We clarify the concept of relational agency and explore its relevance and application to nursing practice.

**Methods:** An evolutionary concept analysis was conducted using Rodgers' method.

**Discussion:** Relational agency has four attributes: individual growth, collaborative action, relational knowing, and as something that can be cultivated. Antecedents included recognition, respect, and the creation of relational and/or physical spaces of opportunity. Consequences resulted in the development of trust, resilience, empowerment, and the ability to imagine new possibilities.

**Conclusion:** Relational agency offers a framework for relationship-building in nursing and allied health practice. It holds particular promise for addressing health disparities and improving care for populations who experience systemic barriers and distrust in formal health systems.

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### Introduction

How does an individual engage with their world(s)? And how do they enact change within them? Nursing practice centers on these questions and the associated concept of agency. However, understandings and configurations of agency vary across time, discipline, and context. The *Cambridge Dictionary* defines agency as “the ability to take action or to choose what action to take” (*Dictionary, n.d.*). In the social sciences, agency often refers to individuals whose actions shape the social world (*Burkitt, 2016*). It is commonly tied to intention—the ability to envision and act toward imagined futures (*Robichaud, 2006*). Closely linked to intention is purpose, both rooted in reflexivity and a predominantly individualistic view of agency (*Robichaud, 2006*). While a comprehensive history of the concept of agency is beyond our scope in this paper, agency has long been approached as an individual phenomenon, a view that has begun to shift (*Burkitt, 2016; Emirbayer & Mische, 1998; Robichaud, 2006*).

A growing body of scholarship has moved away from an individualistic framing, arguing instead for a relational view of

agency—understanding it as emerging within relationships rather than residing within the individual (*Emirbayer, 1997; Emirbayer & Mische, 1998; Gergen, 2009*). From this perspective, agency is social and contextual. Individuals act within changing environments, and their actions are shaped through relationships—with people, places, ideas, and events (*Emirbayer & Mische, 1998*). It involves recognizing interconnectedness and relational embeddedness, where agency is confirmed and enacted through social connection (*Robichaud, 2006*).

This orientation moves away from the solitary agent toward a model of interaction, where individuals become “interactants” embedded within social networks (*Burkitt, 2016*). Agency is no longer simply a possession held by the individual, but something realized through collaborative action and relational dynamics. Social relations are not merely contexts that enable or constrain agency—they constitute its very form (*Burkitt, 2016*). Importantly, this perspective does not eliminate individual choice or autonomy (*Sugarman & Martin, 2011*); rather, it reframes agency as action in relationship—with the capacity to affect the world through collaboration (*Gergen, 2009*). This relational turn opens significant opportunities for empirical research, particularly in the context of health care and service provision (*Emirbayer & Mische, 1998*).

Building on this shift, several disciplines have applied the concept of relational agency to improve care and service delivery—notably in education (*Edwards & Mackenzie, 2005*), social work

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(Sinai-Glazer & Brummans, 2022), psychology (De Mol et al., 2018), and nursing (Wadams et al., 2024). Each emphasizes the central role of relationships in supporting individuals and families experiencing layers of structural marginalization or challenges in accessing care services. In nursing, this can be seen in transitional care for individuals living with HIV as they move into and out of correctional facilities (Wadams et al., 2024). Here, relational agency is evident in the meaningful connections built with service providers—nurses, outreach workers, and community supervision officers—during moments of care. These relationships with service providers were often more impactful than formal systems or policies, such as discharge planning or service checklists, because they embody agency in mutual collaboration and action toward shared goals. For populations overrepresented in the criminal legal or health care systems and structurally excluded from formal support, care is often mediated through these trust-based, relational encounters with diverse service providers (Rozanova et al., 2015; Wadams et al., 2024). This idea of relationships that foster agency underscores the importance of relational agency in shaping equitable, person-centered care in health service delivery.

Although relational agency has been explored across many disciplines closely tied to the delivery of health care services, its definition and core attributes remain influenced by disciplinary paradigms and lack clear articulation in the provision of health services (Edwards & D'Arcy, 2004; Sinai-Glazer & Brummans, 2022; Wadams et al., 2024). Clearly articulating relational agency—grounded in both its origins and scholarship—could help guide allied health practice, particularly for the provision of care to populations that distrust institutional systems and experience health disparities, such as individuals involved in the criminal legal system. The importance of this concept further lies in its potential to shift care from an individualistic to a collaborative, relational model—one attuned to the realities of those experiencing health and social inequities. While relational agency has received attention in education (Edwards & D'Arcy, 2004), it has only recently begun to emerge in health care literature (Fay et al., 2021; Wadams et al., 2024). This gap presents an opportunity to develop responsive frameworks that prioritize relationship-building for care delivery. Therefore, given the conceptual ambiguity surrounding relational agency and its promising potential to improve care provision for populations experiencing health disparities and institutional distrust, in this paper, we aim to clarify the concept using Rodgers' evolutionary concept analysis method (Rodgers, 1989, 2000; Rodgers et al., 2018).

## Method

### Design

An evolutionary concept analysis is a research method to explore, clarify, and refine theoretical and research-related concepts, which can then lead to identifying a concept's key attributes, antecedents, consequences, and surrogate terms at a particular point in time (Rodgers, 1989, 2000). Concept analysis has been widely adopted in nursing and other disciplines as a form of qualitative synthesis to explore complex ideas (Risjord, 2009). While various approaches exist (Risjord, 2009; Walker & Avant, 2019), Rodgers' (1989, 2000, 2018) evolutionary method stands out for its inductive, dynamic, and contextual approach. It views concepts as fluid and shaped by social, temporal, and political influences, rejecting static or universal definitions (Risjord, 2009; Rodgers, 2000). Rodgers' methodology was selected for this study because it emphasizes the evolving relationship between theory and practice. It recognizes that concepts shift in meaning as they are applied within different social contexts (Rodgers, 2000), offering a framework to explore the complexity of relational agency across diverse disciplines and practices.

### Concept Identification

Multiple descriptions of relational agency exist. Our aim in identifying the concept was to be as comprehensive as possible (Rodgers, 2000). The study team—comprising nurses and allied health practitioners—generated a list of surrogate and related terms reflecting a configuration of agency expressed within relationships. This broad search aimed to capture overlapping and adjacent concepts. We then cross-referenced these terms with library subject headings to identify additional relevant uses in the existing literature.

### Sample and Data Collection

#### Inclusion and Exclusion Criteria

Primary data sources included professional literature such as primary studies, conceptual papers, and books. Data collection focused on the disciplines of nursing, social work, psychology, education, and medicine. Texts were included if they explicitly discussed agency within a relational framework relevant to care provision (nursing, education, social work, psychology, or medicine), or if they were conceptual pieces cited as foundational sources within those texts. No restrictions were placed on geography, publication date, or population age. Only English-language publications were included. Studies without abstracts, as well as editorials, opinion pieces, commentaries, and works focused on research methodologies or organizations (e.g., participatory methods or agencies as institutions) were excluded. All eligible texts were included from the initial search conducted on July 26, 2024, and the follow-up search on May 9, 2025.

#### Search Strategy

A librarian was consulted to assist in developing, refining, and executing the search strategy, which used Boolean operators and truncation keywords across the CINAHL, ERIC, MEDLINE, APA PsycINFO, and SOCINDEX databases (see [Supplementary Data](#)). Covidence, a review management tool, was used to support title and abstract screening, as well as full-text review. An adapted Preferred Reporting Items for Systematic reviews and Meta-Analyses flow diagram (Page et al., 2021) outlines the search and screening process (see [Supplementary Material Figure 1](#)).

#### Data Analysis

Data extraction and analysis followed an iterative thematic approach guided by Rodgers' (2000) methodology. The aim was to establish a current understanding of the concept, providing a foundation for future research and practice. Included texts were categorized by discipline, study design, and location (see [Supplementary Material Table 1](#)). Title and abstract screening were conducted independently by two authors, followed by consensus discussions. A 10% double-review and disagreement protocol was implemented (Mays et al., 2005).

The first two authors applied descriptors to categorize and extract data, with any discrepancies resolved through team discussion. Consistent with Rodgers' (2000) guidance, the team avoided imposing predefined conclusions. Each category—attributes, antecedents, consequences, and related terms—was analyzed independently to identify major themes. Analysis began with attributes, which informed the interpretation of antecedents and consequences. Data were continually organized and refined, resulting in a finalized extraction table (see [Supplementary Material Table 1](#)).

## Results

### Characteristics of Included Studies

A total of 33 texts published between 1998 and 2025 were included in the final synthesis and analysis. These works were published predominantly in Europe, Australia, and North America,

spanning the disciplines of Education, Social Work, Psychology, Social Sciences, Medicine, and Nursing (see [Supplementary Material Table 1](#)). Study designs included conceptual papers, qualitative research, case studies, and mixed methods studies. The term relational agency first appeared in [Edwards and D'Arcy \(2004\)](#).

### Attributes

From the analysis, four main themes emerged across the 33 included texts: individual growth, collaborative action, relational knowing, and cultivating relational agency.

#### Individual Growth

Twenty-two articles described how engaging in relationships framed by relational agency fosters individual growth, often synonymous with learning and gaining new experiences for all involved ([Edwards, 2009a](#); [Edwards & D'Arcy, 2004](#)). This includes learning how to ask questions, access resources and support, seek help, and offer help to others. For example, in efforts to prevent the social exclusion of vulnerable children and youth in UK secondary schools, recognizing the motives and resources that others contribute to collaboratively address shared problems is a sign of relational agency ([Edwards et al., 2010](#)). Growth through relational agency reflects a more integrated way of living—where insights and experiences gained through relationships inform future action and a continued relational engagement ([Kelner et al., 2025](#)). These shared experiences expand individuals' interpretations of the world as they navigate new situations and solve problems together ([Edwards, 2005, 2009b](#); [Edwards & D'Arcy, 2004](#); [Edwards et al., 2010](#)).

#### Collaborative Action

Collaborative action was discussed in 26 articles as a core feature of relationships shaped by relational agency. Collaborative action involves working with others toward purposeful, goal-oriented action ([De Mol et al., 2018](#); [Edwards, 2005](#); [Pardali & Ursin, 2024](#)). This form of collaboration is active and generative, emphasizing collective “doing” rather than passive involvement, and contributes to mutual growth and learning ([De Mol et al., 2018](#); [Edwards & D'Arcy, 2004](#); [Vermeire, 2021](#)). Collaborative action as an attribute of relational agency calls for flexibility in problem-solving, goal-setting, and resource alignment ([Edwards, 2009b](#); [Edwards & Mackenzie, 2005](#); [Sultmann & Brown, 2019](#)). For instance, shared goal-setting between students and teachers is frequently cited as an example of relational agency in practice ([Pantic & Florian, 2015](#); [Prain et al., 2013](#)). It also entails mutual responsibility—acknowledging the knowledge, experiences, and outcomes each person brings to and receives from the relationship ([De Mol et al., 2018](#); [Edwards, 2005](#); [Jennings, 2018](#)).

#### Relational Knowing

All of the articles emphasized relational knowing—the recognition and understanding of how relationships with people, places, things, and ideas shape perceptions and actions of self and others ([Blakemore et al., 2022](#); [Burkitt, 2016](#); [Emirbayer & Mische, 1998](#)). Relational agency involves both outward engagement with others and inward reflection on how relationships influence us, as well as how we, in turn, affect others ([Blakemore et al., 2022](#); [Pardali & Ursin, 2024](#); [Sinai-Glazer & Brummans, 2022](#)). Central to this process is reciprocity—the mutual giving and receiving that occurs in care relationships, which can foster trust between clients and providers ([Edwards, 2005](#); [Toiviainen, 2022](#)). For instance, in Australian social work practice with young women experiencing or at risk of interpersonal, family, or domestic violence, practitioners highlighted the importance of working relationally through deep listening and trauma-informed care, which helped build meaningful connections ([Blakemore et al., 2022](#)).

### Cultivating Relational Agency

Twenty-one articles described cultivating relational agency—the more individuals engage in its practice, the stronger their ability becomes. Considering relationships through a lens of relational agency is a skill that can be cultivated over time through ongoing practice and reflection ([Edwards, 2005](#); [Sinai-Glazer & Brummans, 2022](#); [White, 2007](#)). While individuals begin cultivating relational agency at different capacities, growth is always possible ([Edwards & Mackenzie, 2005](#); [Sinai-Glazer & Brummans, 2022](#)). As an attribute, cultivating relational agency reflects both individual and collective development within care provider contexts and underscores capacity building as a process rather than a fixed outcome—particularly in relationships with structurally marginalized populations ([Edwards & Mackenzie, 2005](#); [Wadams et al., 2024](#)).

### Antecedents

Antecedents are the conditions that lead toward the concept of interest ([Rodgers, 2000](#)). From our analysis, three antecedents to relational agency were identified: recognition, respect, and spaces of opportunity (relational and/or physical).

#### Recognition

Thirteen articles identified recognition as an antecedent that enables relational agency. Recognition involves acknowledging the existing knowledge, experiences, and contributions others bring to relationships ([De Mol et al., 2018](#); [Koprowska, 2021](#); [Pantić et al., 2024](#)). Recognition also requires seeing individuals not merely as cases of inequity, but as people with distinct identities and lived experiences, while still recognizing the broader structural histories they navigate ([Blakemore et al., 2022](#)). To provide appropriate care and foster collaborative action, practitioners must recognize one another as capable partners, each bringing valuable knowledge and skills to shared goals ([Edwards, 2005](#); [Wadams et al., 2024](#)). Recognition is closely linked to visibility—who is seen, heard, and permitted to contribute in care relationships—raising important questions about power and traditional hierarchies in health care.

#### Respect

Eight articles emphasized respect as a foundational condition for relational agency ([Hopwood et al., 2016](#); [Kelner et al., 2025](#); [Pantić, 2017](#)). Respect for the value of human life, the diversity of lived experiences, and the voices of both service providers and service users is essential. Without acknowledging and honoring the differences each person brings to a relationship—along with the shared challenges faced in care contexts—relational agency cannot emerge ([White, 2007](#)). Mutual respect enables both parties to engage meaningfully in the relationship and the decision-making process, laying the groundwork for collaborative action and shared goal-setting.

#### Spaces of Opportunity (Relational and/or Physical)

Twelve articles identified spaces of opportunity—both relational and/or physical—as important antecedents to relational agency. Care providers help create relational spaces by approaching relationship-building with openness, allowing meaningful, collaborative relationships to develop ([Edwards, 2005](#); [Edwards & Mackenzie, 2005](#)). This involves being intentional in how we engage with others, grounded in the ideas of relational agency. Physical spaces also matter—settings such as drop-in centers, art studios, or athletic facilities can foster connection and engagement ([Ayala & Galletta, 2009](#); [Edwards, 2005](#); [Wadams et al., 2024](#)). These environments must meet the needs of both service users and providers to effectively support the development of relational agency.

## Consequences

Rodgers (2000) described consequences as the outcomes or results of the concept. During our analysis, four consequences of relational agency were identified by the team: trust, resilience, empowerment, and imagining new possibilities.

### Trust

Twelve articles described trust as a consequence that emerges through relational agency (Edwards & Mackenzie, 2005; Toiviainen, 2022; Wadams et al., 2024). In this context, trust involves both trusting and being trusted—it is inherently relational and tied to interpersonal dynamics. Relational agency unfolds through interaction, with trust developing reciprocally rather than being transactional (Toiviainen, 2022). In contexts where formal systems are marked by distrust, cultivating trust through relational engagement becomes essential (Wadams et al., 2024).

### Resilience

Nine articles linked relational agency to the development of resilience through enhancing individuals' capacity to respond to life's challenges and setbacks through supportive relationships (Edwards, 2005; Kelner et al., 2025; Pardali & Ursin, 2024). This resilience arises from individual growth, collaborative action, and the ability to reinterpret experiences, act on those interpretations, and enact meaningful change (Edwards & Mackenzie, 2005; Wadams et al., 2024). While the provision of support can be mistaken for dependency, relational agency fosters resilience by expanding individuals' understanding of their worlds, the resources available to them, and their capacity for action. For example, mothers seeking support at an inner-city drop-in center in the UK built resilience not only through engagement with service providers but also through relationships with other mothers over time (Edwards & Mackenzie, 2005).

### Empowerment

Thirteen articles suggested that relational agency fosters empowerment by supporting individual growth, collaborative action, and relational knowing of oneself and others (Pardali & Ursin, 2024; Sultmann & Brown, 2019; Toiviainen, 2022). Empowerment strengthens individuals' capacity to enact change, to work alongside each other with resilience to improve their ability to respond to life's challenges and access resources (Pardali & Ursin, 2024). Importantly, empowerment is not limited to service users—it also influences service providers, enhancing their capacity to navigate their own environments and affect change (Edwards, 2009a). Relational agency involves recognizing and facilitating the current and potential capabilities of service users, enabling growth for all participants in the relationship (Sultmann & Brown, 2019; Toiviainen, 2022).

### Imagining New Possibilities

Sixteen articles indicated that engaging in relational agency broadens perspective, enhancing the capacity to envision and pursue new possibilities both personally and collectively (Edwards & Mackenzie, 2005; Jennings, 2018; Roberts-Law, 2021). This includes a greater ability to imagine new futures, recognize personal strengths and vulnerabilities, and reflect on one's role in relationships (Hopwood, 2017). It may also involve seeing others—such as colleagues, clients, or family members—in new ways, reframing their roles and contributions within one's social networks (Sannino & Engeström, 2017; Vermeire, 2021). This expansion of imagination supports not only navigating challenges and mobilizing resources but also reshaping the stories we tell about others and ourselves (Vermeire, 2021).

## Exemplar Cases

In Rodgers' evolutionary concept analysis, an exemplar is used to illustrate some or all of the key attributes of a concept, offering a practical example of how the concept may appear in real-life contexts (Rodgers, 2000). The purpose is to enhance conceptual clarity by demonstrating how relational agency may be practiced within a relevant setting—such as nursing care. For this analysis, we identified one exemplar as well as constructed one from the experiences of the research team (see [Supplementary Material Table 2](#)).

### Surrogate and Related Terms

No surrogate terms—terms that could be used interchangeably with relational agency—were identified during the analysis (Rodgers, 2000). However, 11 related terms were identified throughout the analysis (see [Supplementary Material Table 1](#)). While conceptually connected to relational agency, these terms were not synonymous or directly interchangeable.

## Discussion

Nurses, allied health providers, and professionals across disciplines that serve structurally marginalized populations often face persistent challenges in building meaningful relationships with service users, patients, and students. These relationships, when approached intentionally, are capable of supporting individuals to enhance their sense of agency and capacity for change within their own worlds. This evolutionary concept analysis of relational agency offers a comprehensive review of the literature from nursing, social work, education, medicine, and psychology, providing a conceptual foundation for relationship-building that fosters agency within formal health, social, and education systems—with a particular focus on health care delivery.

Relational agency aligns with longstanding and emerging nursing scholarship that positions the nurse–person relationship as a central site of inquiry. Within nursing, relational emphases range from caring science, which foregrounds authentic presence in the co-creation of meaningful person-to-person encounters (Watson, 2008), to person-centered nursing, where principles such as compassion, dignity, and humanistic caring are enacted through relationships grounded in interpersonal processes (McCance & McCormack, 2025). While nursing theories have long emphasized relational care, relational agency makes visible how agency is cultivated and enacted within these relational processes. This relational orientation is further reflected in narrative care, which conceptualizes care as an embodied, relational, and dialogical practice through which people make sense of their lives together (Blix et al., 2019). Taken together, these perspectives underscore relationality as the point of inquiry within nursing and situate relational agency as a complementary lens within care-based disciplines.

Rodgers' evolutionary concept analysis is not intended to produce a fixed or final definition, but rather to function as a heuristic tool that guides ongoing inquiry (Rodgers, 2000). Because concepts are socially constructed and contextually bound (Rodgers, 2000), this analysis opens multiple avenues for applying and expanding the understanding of relational agency across nursing practice domains, including nursing education, clinical care, and research.

### Nursing Education

A significant number of the included texts originated from the field of education, spanning contexts such as primary and secondary school settings (Edwards & D'Arcy, 2004; Roberts-Law, 2021) and inner-city drop-in centers (Edwards & Mackenzie, 2005). Nursing education has often been informed and guided by the discipline of

education in its theoretical orientation as well as its practical application. Given this analysis's focus on reimagining relationship-building to foster agency and support meaningful change, the concept of relational agency is particularly relevant for nursing education. It offers a valuable framework for nursing education practice in clinical settings as well as in academic environments across diploma, undergraduate, and graduate nursing programs.

Relational agency provides a framework for guiding relationship-building among diverse cohorts of students and nurse educators. Whether in clinical educator roles with students and unit staff, or in academic settings with undergraduate or graduate students, relational agency emphasizes process over outcome. For nurse educators, this means approaching relationships with an awareness of the contexts and challenges in which they unfold—creating physical and relational spaces that support learning, growth, and agency. This includes lecture, lab, or clinical environments with appropriate resources, active learning strategies, and the support necessary for building relationships with students, empowering all involved. Implications for nurse educators also include recognizing that our teaching and learning relationships are incubators for understanding how students can work in meaningful, relational ways with their patients/clients in practice. The concepts of collaborative action and relational knowing align well with learner-centered teaching approaches that emphasize engagement, empowerment, and collaboration in higher education and clinical nursing education (Oyelana et al., 2022). Nursing curriculum is also more than how and in what ways a particular program is taught. Within a curriculum system designed to prepare learners for licensure and practice, relational agency can help guide how nurse educators collaborate with students to foster their mutual development, build empowerment and resilience, and support the emergence of nurses who are compassionate and equipped for their roles.

#### *Institutionalization and Relationship-Building in Nursing Clinical Practice*

Nurses practice across a range of clinical settings with each presenting distinct challenges and opportunities for relationship-building with the populations they serve. Of particular relevance to this concept analysis is the role relational agency can play in rethinking how relationships are formed with individuals involved in the criminal legal system in Canada.

Individuals involved in the criminal legal system are diverse groups of people who experience pronounced health differences compared to the general population (WHO, 2023). Within Canada, visible minorities and Indigenous peoples are grossly overrepresented within incarcerated settings (Statistics Canada, 2024). Incarcerated individuals face elevated risks for health disparities, particularly episodic and chronic illnesses such as HIV, which are compounded by persistent structural marginalization (Dauria et al., 2022; Kouyoumdjian & Orkin, 2020; Taweh et al., 2021). These individuals also report inadequate access to primary and emergency care services in Canada, with significant care gaps occurring during transitions between the community and correctional institutions (Kouyoumdjian & Orkin, 2020; Taweh et al., 2021). In addition to facing health disparities, individuals involved in the criminal legal system experience institutionalization.

Institutionalization is often described as a set of unique psychological consequences associated with living in and responding to the processes of incarceration (Haney, 2003). These responses to living within social norms of incarcerated settings often include distrust, alienation, social withdrawal, emotional overcontrol, and psychological distancing (Haney, 2003). These psychological responses to the pain of punishment then extend toward their involvement with formal support systems, such as health care organizations, as well as others who work with these populations, such as nurses. In the context of a health care landscape framed by distrust, colonialism, racism, and other dominant narratives that

shape how individuals create relationships and establish trust with nurses and other allied health care professionals, relational agency is well-suited to begin rethinking relationship-building in nursing clinical practice.

Relational agency emphasizes the ability of individuals to reinterpret their world, seek out resources, and act on this expanded understanding. It involves trust, attentiveness, and the recognition of complexity, framing agency not as something bestowed by providers but as co-constructed through mutual engagement. Rather than one party granting agency to another, both participants engage in its development through the process of relationship-building (Wadams et al., 2024). Moreover, relational agency challenges dominant ideas of institutionalization. It promotes the creation of sustained, meaningful relationships that foster mutual understanding and support change not only in the lives of individuals, but also in the practice of care providers. Individual and collective growth, learning, and the development of trust all work to counteract the disempowering effects of institutionalization. Framing care through relational agency offers hope, resilience-building, and empowerment, positioning both service users and care providers as active participants in transforming their relational worlds. As a guiding concept, relational agency holds promise for improving care and fostering durable, trust-based relationships within and beyond incarcerated settings. Acknowledging the complex realities of those affected by the criminal legal system allows for the development of relational spaces that center trust and relationship-building as dynamic, ongoing processes.

#### *Future Research Directions*

The concept of relational agency presented in this analysis offers multiple avenues for future exploration within nursing and allied health disciplines. The current lack of its uptake in nursing offers an opportunity to develop it further. Specifically, it could be integrated into pilot initiatives to assess its impact on care quality and patient outcomes—particularly for individuals involved in the criminal legal system. Populations living with chronic illnesses who also experience significant distrust in formal health and social systems, such as individuals living with HIV or Hepatitis C virus and involved in the criminal legal system (Dauria et al., 2022), could benefit from further understanding of how relational agency shapes access to services, treatment adherence, retention in care, and overall health outcomes for these populations. Informing the development of targeted care programs designed to improve engagement and health status—such as meeting the 95-95-95 targets for HIV or supporting calls to eliminate Hepatitis C virus by 2030 (CATIE, 2023; Public Health Agency of Canada, 2022)—is fruitful ground for future work employing and further understanding this concept in the context of nursing.

Importantly, much of the existing literature on relational agency is grounded in colonial knowledge systems, with limited integration of Indigenous perspectives. There is a pressing need to engage Indigenous Knowledge Holders and Indigenous scholars to explore how relational agency might be reinterpreted and applied through Indigenous worldviews to support culturally grounded, relational approaches to care. This is particularly relevant given the overrepresentation of Indigenous peoples in Canada's criminal legal system and their continued experience of systemic neglect (Statistics Canada, 2024). Reframing concepts such as resilience, empowerment, and collaborative action through Indigenous perspectives could lead to more culturally responsive and effective care strategies that are in line with calls for equitable care provision to these diverse groups (Zinger, 2020).

#### **Limitations**

Although this study employed a robust literature search, it is possible that relevant texts were missed. A systematic review that includes the actual, entire population of relevant literature is not in

line with the aim of a concept analysis, which explores and clarifies conceptual boundaries rather than exhaustively captures all available literature (Rodgers, 2000). The study focused on nursing, social work, psychology, education, and medicine—disciplines that have demonstrated engagement with relational configurations of agency and its practical implications. As a result, relevant literature from other fields may not have been captured. Furthermore, the database selection was limited to those aligned with the targeted disciplines, which may have restricted the breadth of sources.

## Conclusion

Understanding relational agency as a framework for the purposeful actions involved in relationship-building holds significant implications for the health sciences—particularly nursing education, clinical practice, and research. Establishing relationships with hard-to-reach populations—many of whom have experienced systemic racism and longstanding distrust in formal support systems—remains a persistent challenge for nurses and allied health professionals across a range of settings. Improving access to care, treatment adherence, and retention—especially among individuals living with chronic illnesses and other health disparities—requires intentional, trust-based relationship-building. Relational agency offers a promising framework for addressing these challenges. Its application can support the inclusion and empowerment of individuals experiencing structural marginalization, such as those involved in the criminal legal system and navigating transitions between institutional care and the community. Beyond clinical care, the concept also holds relevance for nursing education, where fostering trust, empowerment, and collaborative learning remains central.

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## Declaration of Competing Interest

All authors declare that they have no conflicts of interest.

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Not applicable.

## Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.outlook.2026.102685](https://doi.org/10.1016/j.outlook.2026.102685).

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