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THE IMPACT OF COOPERATIVE LEARNING IN TEACHING COMMUNICATION SKILLS FOR PSYCHIATRIC NURSING STUDENTS

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ABSTRACT: Effective communication has long been recognized as a corner stone and vital component of high-quality nursing care process starting from assessment till evaluation of care. It is necessary for nurses to be effective communicators, so that they can deliver safe and effective nursing practice. To be effective within a dynamic complex psychiatric care system and to help patients achieve positive outcomes, psychiatric nurses need to be proficient in communication skills as they are in clinical skills. Poor communication can lead to angry feelings, omission or distortion of important information, and subsequently deleterious effects on patients' outcomes. Professional nursing education aims to produce quality nursing graduates who can respond to demands of the changing healthcare environment. Cooperative learning (CL) is one of the learning methods that have social well as academic benefits. It lowers the students' anxiety; promote students responsibility for their own learning, and improves interpersonal skills and higher level thinking ability. Researches found that cooperative learning results in higher achievement, more positive relationships among students, and greater psychological adjustment. Application of cooperative learning will prepare psychiatric nursing students to able to work cooperatively with patients as well as with other psychiatric team members. This paper provides a brief overview of the literature on the impact of cooperative learning in teaching communication skills for psychiatric nursing students. It could be said that CL is helpful in developing student nurses ability to practice communication skills effectively and successfully with psychotic patients.

Key words: Communication skills, cooperative learning, psychiatric nursing education, nursing students.

INTRODUCTION

Communication is central to human interaction. It is necessary for people in order to relate to those around them and make their needs and concerns known (Casey & Wallis, 2011). Interpersonal communication is the process of exchanging, generating and transmitting information between two or more individuals (Townsend, 2008; Videbeck, 2004). In psychiatric nursing, therapeutic communication is defined as an interpersonal interaction between the nurse and patient during which the nurse focuses on the patient's specific needs to promote an effective exchange of information. Skilled use of therapeutic communication techniques is essential to maintain effective and sensitive relationships with patients, families and psychiatric team members. Goals of this therapeutic communication include helping the nurse gain the patient's perspective, establish rapport, actively listen, explore patient's thoughts and feelings, empathize with the patient's experience and guide the patient in problem-solving (Videbeck, 2004).

Effective communication has long been recognized as a corner stone and vital component of high-quality nursing care process starting from assessment till evaluation of care. It is necessary for nurses to be effective communicators, so that they can deliver safe and effective nursing practice. To be effective within a dynamic complex psychiatric care system and to help patients achieve positive outcomes, psychiatric nurses need to be proficient in communication skills as they are in clinical skills (Townsend, 2008; Włoszczak-Szubzda & Jarosz, 2012).

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Unfortunately, it was observed that nurses often lack the skills to communicate with patients and other health care professionals (Chan & Cheng, 2001; Wikström, & Svidén, 2011; Włoszczak-Szubda & Jarosz, 2012). Poor communication skills are barriers to successful nursing practice which can lead to increase nurse's feelings of stress and angry, being isolated and dissatisfied. Poor communication can also lead to omission or distortion of important information, and subsequent deleterious effects on patients' outcomes (Kutzin, 2010; Zaoutis & Chiang, 2007).

From a practical point of view, nursing students should be able to use proper communication techniques with accuracy, clarity and efficiency with patients, especially those with psychotic disorders (Baghcheghi, Koohestani, & Rezaei, 2011; Townsend, 2008; Videbeck, 2004). The student should be able to demonstrate interaction with different patients. They should also be able to apply communicative strategies which are relevant in different situations, e.g., giving and gathering information, giving support, intervening with patients' beliefs or values and encouraging compliance with medications (Wikström & Svidén, 2011). Nursing students perceived a high level of stress from interacting with patients who have mental illness. To minimize stress and increase students' self-confidence in caring for these patients, effective communication skills are needed (Chan & Cheng, 2001; Townsend, 2008; Videbeck, 2004).

However, therapeutic communication skills are neither innate nor automatic. These skills are acquired and refined only through education and practice (Włoszczak-Szubda & Jarosz, 2012). In this respect, teaching methods should not only serve the academic purpose, but also develop communication skills. To serve this purpose, among all the teaching methods being followed in the higher education, the cooperative learning has its own philosophic and psychosocial significance today (Mehta & Kulshrestha, 2014).

The term cooperative learning (CL) refers to a teaching strategy in which small teams, each with students of different levels of ability, use a variety of learning activities to improve their understanding and they will be rewarded on the basis of group success (Felder & Brent, 2007; Mehta & Kulshrestha, 2014; Ruiz-Gallardo, López-Cirugeda, & Moreno-Rubio, 2012). In CL students are expected to help each other, to discuss and argue with each other, to assess each other's current knowledge and fill in gaps in each other's understanding. Emphasis is placed on student involvement in active learning and the development of social skills (Kaufman, Sutow, & Dunn, 1997). The cooperative learning theory aroused the interest of the experts in the field of education in terms of designing a curriculum which enables the students to learn through cooperative effort, problem solving, and decision making (Mehta & Kulshrestha, 2014).

The teacher in cooperative learning becomes a guide, a stimulator, and one who encourages, but not one who lectures nor dispenses information. He/she is a resource person who has much knowledge of keeping learners on task (Mehta & Kulshrestha, 2014; Zuheer, 2008). Teachers should take an active role in helping students acquire, develop, and refine the communication skills necessary for meaningful social relationships and interactions (Morris, 2002). These teachers are responsible for the selection of each group to be sure that there is a variety of experience among students, follow up the group activity to achieve their specific task on time, and assess group cohesiveness and productivity. Thus, by cooperative learning students will learn together and take advantages of each other's expertise to achieve their goal (Faryadi, 2007).

Cooperative learning in universities has its roots in the theories of cognitive development, behavioral learning and social interdependence (Dahley, 1994). According to the Johnson and Johnson model (1989), CL is an instructional activity that involves students working under certain preconditions/characteristics which have to be met (Johnson & Johnson, 1989). The first condition is **positive interdependence**, which rests upon the idea of students working together to attain a common goal and caring about each other's learning. Another feature of CL is **individual accountability** and it implies that each team member is responsible for their share of the work and that they make contribution to the group. After establishing positive interdependence, the teacher must ensure **face-to-face promotive interaction**, i.e., that students interact to help each other accomplish the task, produce in order to reach the group's goals and promote each other's success. **Social skills**, which enable students to work effectively and function as a group. Students must exercise their communication, leadership, trust-building and conflict resolution skills so they can function efficiently and effectively. **Group processing** is very important for it enables students to discuss how face-to-face communication helps them periodically assess how well they are working together and how they could improve to ensure successful and efficient completion of their academic tasks, describe what member actions were helpful and unhelpful, and make decisions about what actions to continue or change. In order to successfully interact and exchange communication, students need to be clustered in small groups, facing each other, while teachers are supposed to allow students enough time for successful processing to take place and to keep students involved in processing (Basta, 2011; Farrell & Farrell, 2008; Felder & Brent, 2007; Kaufman et al., 1997; Zuheer, 2008).

Despite the emphasis on efficiency of student-based approaches and competitive learning groups, teacher-based learning and personal activities are more welcomed and facilitated in universities (Noohi, Abaszadeh, & Maddah, 2013; Schaefer & Zygmunt, 2003). In the perspective of interaction and knowledge sharing, analysis, interpretation, a large and rapidly growing body of research confirms the great utility and effectiveness of CL in higher education (Felder & Brent, 2007; Mehta & Kulshrestha, 2014; Noohi et al., 2013; Włoszczak-Szubda & Jarosz, 2012). It was argued that Cooperative learning is one of the learning methods that have social as well as academic benefits (Mehta & Kulshrestha, 2014; Włoszczak-Szubda & Jarosz, 2012).

More specifically, cooperatively taught students tend to exhibit higher academic achievement, greater persistence through graduation, better high-level reasoning and critical thinking skills, deeper understanding of learned material, greater time on task and less disruptive behavior in class, lower levels of anxiety and stress, greater intrinsic motivation to learn and achieve, greater ability to view situations from others' perspectives, greater psychological adjustment, have responsibility for their own learning, develop more positive and supportive relationships with peers, more positive attitudes toward subject areas, and higher self-esteem (Felder & Brent, 2007; Megahed & Mohammad, 2014; Zuheer, 2008). Furthermore, it was demonstrated that CL method does influence students' academic achievement positively and there is a positive relationship between academic achievement and interpersonal skills of students (Khalil, Tajudin, Tajuddin, Mamat, & Abd Hadi, 2014).

Therefore, CL provides good educational opportunities to develop students' interpersonal skills they will need in their professional life (Farrell & Farrell, 2008). It was argued that to achieve improvements in students' interpersonal, professional and written communication skills, CL was adopted as a tool to achieve the objectives of the subject. The choice was based on the view that the students enrolling in the subject were from a variety of cultures and educational experiences (Farrell & Farrell, 2008). Researchers reported a remarkable improvement in the communication, and social skills of the students with patients at clinical settings after practicing CL. It was found also that the foundation for the nurse-patient relationship (the ability to listen skillfully and to communicate clearly) was promoted after CL (Baghcheghi et al., 2011; D'Souza, Isac, Venkatesaperumal, Nairy, & Amirtharaj, 2014; Mehta & Kulshrestha, 2014). Moreover, Bahar-ÖZvariş et al. (2006) reported that students who learned psychopathology through a cooperative learning strategy and took part in a cooperative assessment gained more knowledge of the topic than students who learned through lectures and took an individual assessment.

It was believed that improvement of functioning in psychiatric nurses depends on intra-personal skills like communicational skills, understanding, acceptance, and knowledge and awareness about signs and behaviors caused by mental disorders (Videbeck, 2004). Application of cooperative learning will prepare psychiatric nursing students to able to work cooperatively with patients as well as with other psychiatric team members. Besides learning how to have proper communication with patients, cooperation between nurses causes them to learn patient's needs better and find a more effective treatment for them (Fard, Mehrabi, & Fanian, 2011).

CONCLUSION

There has been a paradigm shift in the teaching learning approaches in recent years, which has moved away from teacher-centered to student-centered learning (D'Souza et al., 2014). Professional nursing education aims to produce quality nursing graduates who can respond to demands of the changing healthcare environment. Faculties of Nursing may be in a unique position to help prepare nursing students for successful transition to practice by teaching effective communication (Kutzin, 2010). Cooperative learning is a unique format where more interactions occur among students, between the teacher and students as well as between students and patients. Therefore, it sets the stage for students to learn more effective communication skills (Zuheer, 2008). This paper provides a brief overview of the literature on the impact of cooperative learning in teaching communication skills for psychiatric nursing students. In psychiatric nursing education, it could be said that CL is helpful in developing student nurses ability to practice communication skills effectively and successfully with psychotic patients.

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