



Issues for Debate

Integrating psychology with interpersonal communication skills in undergraduate nursing education: Addressing the challenges

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ABSTRACT

The inclusion of the social, behavioural and bio-sciences is acknowledged as essential to the development of the art and science of nursing. Nonetheless, the literature highlights on-going debate about the content and delivery of these subject areas in undergraduate nursing education. The bio-sciences and social sciences in particular have received much attention but more recently the inclusion of psychology in nursing curricula is gaining momentum. Studies conducted on nursing students' views of these supporting sciences have also highlighted problems with their understanding, relevance and application to nursing practice.

Although broad guidelines are given as to what should be included, no detail is given as to how much detail or at what level these subjects should be taught. Subsequently, approved institutions are responsible for their own course content. This has resulted in inconsistent and varied approaches to integrating the sciences in undergraduate nursing curricula.

Following a recent review of the undergraduate nursing curriculum in one university in the Republic of Ireland a decision was made to combine the teaching, learning and assessment of Applied Psychology with Interpersonal Communication skills. This paper will describe the developmental process and evaluation of the integrated module.

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Introduction

Nurse educators are attempting to address the development of the art and science of nursing by including theory from the social, behavioural and bio-sciences. Nonetheless, there are difficulties regarding the content and delivery of these subject areas in undergraduate nursing education. The bio-sciences and social sciences in particular have received much attention but more recently the inclusion of psychology in nursing curricula is gaining momentum (de Vries and Timmins, 2012). Studies conducted on nursing students' views of these supporting sciences have also highlighted problems with their understanding, relevance and application to nursing practice (McKee, 2002; Mowforth et al., 2005; Edgley et al., 2009).

Following a recent review of the undergraduate nursing curriculum in one university in the Republic of Ireland a decision was

made to combine the teaching, learning and assessment of Applied Psychology with Interpersonal Communication skills. This paper will describe the developmental process and evaluation of the integrated module. The background, philosophical underpinnings, review of the literature, module content, teaching/learning, assessment and evaluation of the module are presented.

Development process

Background

In 2002, a new nursing curriculum was designed to facilitate the transition of undergraduate nursing students (General, Psychiatric and Intellectual Disability nursing), from a Diploma to Degree status in the Republic of Ireland. Core principles of this curriculum were stipulated by the Nursing Education Forum (Department of Health & Children, (DoH&C), 2000), highlighting the need for flexibility, eclecticism, transferability and progression, utility, evidence base and shared learning. The Irish Nursing and Midwifery Board (An Bord Altranais, (ABA), 2002, 2005) also played a significant role in the development of the undergraduate nursing curriculum. They stipulated the 'Requirements and Standards' for

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nurse registration education programmes, including the indicative content for each of the branches (General, Psychiatric, and Intellectual Disability nursing). These standards acted as a guide for nurse educators developing the curricula. ABA stated that student nurses were to achieve competencies in five key domains: Professional/Ethical Practice, Holistic Approaches to Care and the Integration of Knowledge, Interpersonal Relationships, Organisational and Management of Care and Personal/Professional Development (ABA, 2005, p. 12). In addition, they delineated that graduate nurses should be competent in the skills of “critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing” (ABA, 2005, p. 12).

In relation to psychology, although broad guidelines were given by ABA (2002, 2005) as to what material should be included, no guidelines were given on how much detail or to what level these elements should be taught. This is not unique to Ireland as in the United Kingdom it is also noted that nurse educators are responsible for individual course content. In the Republic of Ireland, this has resulted in inconsistent and varied approaches to integrating the sciences into undergraduate nursing curricula (Hegarty et al., 2008).

From 2002 to 2011 Applied Psychology was taught locally to first year nursing students as a ‘stand-alone’ 5-credit module (20 h) delivered and assessed by a Psychologist, prior to students’ first clinical placement. Consistent with another international study (Mowforth et al., 2005), students’ evaluations of this module highlighted problems with its relevance and application to nursing practice.

During this period Interpersonal Communication was also taught to first year undergraduate nursing students as a 5-credit ‘stand-alone’ module prior to their first clinical placement. Content related to basic communication skills such as verbal, non-verbal, listening, questioning, empathy and self-awareness. This module was always evaluated positively by students, but as it was taught prior to clinical placement, it was difficult to ascertain students’ ability to apply/transfer the skills taught in the classroom to situations in clinical practice.

Following a review of the undergraduate nursing curriculum in 2007, a number of recommendations were made. These included more interdisciplinary integration of modules, self-directed learning and reflection-on-practice (Hyland, 2007). These are consistent with international reports where more emphasis on multi-professional, inter-professional, collaborative and team approaches to teaching and learning has been suggested (Turner et al., 2006; Humphris, 2007; Wakefield et al., 2009). A curriculum committee was established subsequently to review/revise the curriculum with one of the changes being to combine Interpersonal Communication Skills and Applied Psychology for Healthcare into one 10-credit module (50 h) for first year nursing students.

Philosophical underpinnings

In designing an integrated module the first challenge for the lecturers involved (General Nurse Lecturer $n = 1$; Mental Health Nurse Lecturer $n = 1$; Psychologist $n = 1$), was to develop a shared philosophy. This advocates that for true integration to take place an agreed philosophy of the content, teaching, learning and assessment has to be adopted by all lecturers (Greaves, 1987; Eraut et al., 1995). Nursing is an interpersonal caring process that acknowledges the uniqueness of each individual (ABA, 2005). A phenomenological life-world perspective therefore was considered essential to underpin the module (Ekebergh, 2011). This approach focuses on the individual’s experiences and the person is seen as being the expert in relation to his/her own health/illness status. It encompasses existential issues concerning the individual’s world e.g. what it is like to experience health, illness, suffering, and learn

to see the world as the patient/client does (Horberg et al., 2011). In the context of interpersonal skills, understanding existential issues such as human needs, frustrations, dreams and possibilities is critical to providing quality healthcare (Nystrom, 2007). In addition, a humanistic approach was also deemed necessary. This advocates a holistic, empowering view of individuals respecting their goals and values (Billings and Halstead, 2008). Key elements of a humanistic approach include empathy, development of self-awareness, reflective listening and acceptance of the individual’s subjective experience.

Review of the literature: psychology for nurses

Concurrent with developing the philosophy was to identify the most salient aspects of Psychology and Interpersonal Communication skills for nursing practice. A review of the literature highlighted a paucity of research on teaching psychology to nursing students. Published papers were either literature reviews or opinion articles in which there was little focus on what psychology is required for nursing practice. The lack of literature in general in this area is also noted by other writers (Jansen and Nicholl, 2007; de Vries and Timmins, 2012).

Piper and Brown (1998) explored the relationship between psychology and health education and proposed that psychology offers nurses valuable insight into the motivation behind human action and behaviour. They emphasised that psychology has a positive role to play when assisting patients/clients to develop knowledge, understanding, power and choice regarding health and illness.

A review of the literature by Priest (1999) to identify what psychological concepts would assist nurse educationalists in developing teaching programmes highlighted that while there’s agreement on the need to include psychological care, there was little consensus on what specific aspects needed to be addressed. Within the texts reviewed, Priest (1999) did find that there were five recurring themes: information giving, emotional care, assessment, counselling and other therapeutic interventions, support, security and comfort.

A more recent review conducted by de Vries and Timmins (2012), on which aspects of psychology should be covered in nurse education and in how much depth, concurs with those of Priest (1999). They concluded that while lists of topics to be covered are offered, the content of theories or how they might affect nurses is limited. The relevance of psychology to nursing features regularly in textbook reviews of textbooks (de Vries and Timmins, 2012), some of which are praised for their efforts e.g. “Psychology for Nurses” by Rana and Upton (2009) while others are criticised for not meeting nurses’ needs (Goddard, 2010; De Vries, 2010). One of the main criticisms of these texts is the limited relevance of psychology to nursing practice or that relevance is addressed in the opening pages only rather than having a more continuous focus throughout (de Vries and Timmins, 2012).

In summary then little support was found in the literature to assist lecturers in identifying the content or level of teaching/learning and assessment of psychology for undergraduate nursing students.

Review of the literature: communication for nurses

Effective communication skills are acknowledged as essential for quality and safety in healthcare practice (Lingard et al., 2004; Jones, 2007; Krautschied, 2008). Indeed communication proficiency is also a required entry level competency for professional registration and practice (ABA, 2005; Nursing & Midwifery Council, 2010). The teaching and assessing of Interpersonal Communication

skills however continues to be a challenge for nurse educators as many studies continue to report concerns on the quality of nurses' interactions and their ability to communicate effectively with patients/clients and their families (Jones, 2007; Mason, 2008; Gaillard et al., 2009; Xie et al., 2012). Various reasons for these deficits are proposed including teaching methods and the culture of the healthcare organisation/environment (McCabe, 2004; Jones, 2007). Researchers also argue that while some nurses do have the necessary communication skills they choose to engage in task-centred communication as a protective mechanism against the emotive aspects of their work (Ofaz and Vural, 2010; Bolster and Manias, 2010).

Whilst communication courses appear to be effective in improving some communication skills particularly in relation to information gathering and supportive skills, education is not a guarantee that nurses will apply the skills to practice situations or sustain these skills over time (Jones, 2007; Moore et al., 2013). There is some evidence to suggest however, that labour intensive communication skills training can have a beneficial effect on behaviour change in some professionals, but it is unclear if this is due to the enthusiasm and/or skill of the facilitators and/or participants (Moore et al., 2009).

In an effort to identify actual student–patient interactions for the purpose of teaching communication skills Jones (2007) audio-recorded nursing students ($n = 10$) during a patient admission interview. Data analysis highlighted that student nurses focussed on a question–answer sequence, with the student asking the questions and the patient answering. This style of interview according to Jones (2007) is consistent with institutional settings and bureaucracies and does not reflect current policy directives to promote participation, person or family-centred care. Jones (2007) concluded that the findings reflect “the influence of socialization, workplace practice and a “hidden curriculum” on students' clinical performance” (p. 2305).

In summary, this review highlights the on-going concerns in relation to nurses' communication skills in practice situations as well as on-going challenges for nurse educators in relation to the teaching of communication theory and skills.

In light of the above findings, lecturers were cognisant of the need to place a strong emphasis not only on the content, teaching/learning and assessment of this module but more specifically on the relevance, application and transfer of theory and skills (psychology and Interpersonal Communication skills) to nursing practice.

Module content

As the module was to be delivered to students from three different branches of nursing, lecturers were mindful of drawing on the core curriculum principles (DoH&C, 2000), to provide direction with identifying the psychological/communication content. Lecturers engaged in a series of collaborative meetings to identify both content and teaching strategies that supported a deep student-centred approach to learning. As the aim was to integrate the knowledge from both disciplines, the content was identified separately initially by lecturers and then organised jointly to facilitate integration and delivery to students. The focus on integration was to ensure that both psychology and nursing theories and concepts central to nursing practice were delivered within the lecturers and tutorials each week. Table 1 presents an outline of some of the general concepts covered in this module each week.

Teaching/learning strategies

In keeping with adult learning and andragogy, described as the art and science of helping adults learn (Knowles, 1984), the process

of learning was considered to be as important as the content. A key feature of the teaching strategies was to engage students in a deep approach to learning. This approach involves a search for understanding of key concepts and principles, thereby enhancing students' intrinsic motivation to learn, assimilate and apply knowledge from different disciplines to real life practice situations (Biggs and Tang, 2011). Consistent with the deep approach to learning was encouraging students to be active participants in their own learning. Lecturers were cognisant of the need for graduates to be competent in the skills of critical thinking, problem solving and reflection (ABA, 2005), the deep approach was considered essential to support students develop these skills from the outset. In addition, lecturers were aware of the need to support the personal and professional development of each student through developing self-awareness, self-confidence and self-care essential for the delivery of person and family-centred care.

Teaching strategies identified to foster active participation included small group teaching, experiential learning activities, individual and triadic exercises, role play, video presentation and discussion, individual and group feedback. These strategies provided opportunities for students to practice their learning aiming to increase their understanding, relevance and application of psychological and nursing knowledge and communication skills to practice situations.

The module was delivered to all students ($n = 180$) on a weekly basis through a 2-h psychology lecture followed by a 2-h nursing tutorial (facilitated by one nurse lecturer per $n = 25$ students). The aim was to explore theories from psychology in communication tutorials. For example following the psychology lecture (2) (Self and identity), nurse lecturers facilitated students with identifying their own thoughts, feelings and behaviours through a series of individual written exercises on the self and then sharing their answers in groups of three. Additional exercises included exploring past responses to activities to identify their emotions and then discussing in small groups to share these as well as their values and beliefs. Exemplars were then given to students of patients/clients situations in hospital settings and the need for nurses to develop self-awareness.

A key feature of learning for students was that the module was delivered throughout one academic year. The main aim was to provide opportunities for students in applying knowledge and skills to practice situations which were arranged over a 2-week and a 5-week clinical period. Reflective learning activities were provided to help students with their learning in clinical practice. With the on-going evidence that a gap exists between theory and practice (Maben et al., 2006; Newton and McKenna, 2007), additional support for nursing students to understand, appreciate and apply classroom theory to practice was considered. Clinical Placement Co-ordinators (CPCs) were identified as being in a unique position to foster this learning and development in students as they work so closely with them in clinical practice. CPCs are employed by healthcare institutions in Ireland to co-ordinate and support students during clinical placements. CPCs were informed about the new module and invited to sit in and/or participate on any part(s) of the module and to familiarize themselves with the reflective learning activities and student assessment process.

Module assessment

Assessment of learning was based on the modules objectives. One of the main objectives of this module was to demonstrate knowledge, understanding and application of psychology and nursing communication theory/skills to patient/client in clinical practice. Generally it is considered that students learn best when

Table 1
Module content.

Lecture	Psychology 2-h lectures	Tutorial	Nursing 2-h tutorials
<i>Week 1: Introduction to module (all students) Nursing and Psychology Lecturer</i>			
1	Introduction to Psychology for Healthcare	1	General introductions students & staff & establishing ground rules.
2	Self and identity: Self-concept, self-esteem, self-awareness, self-regulation, self-efficacy, locus of control. Application to nursing practice	2	Self-awareness – link with previous tutorial and lecture 2 from psychology.
3	Communication: Models of communication, verbal, non-verbal, questioning. Cultural differences. Application to nursing practice	3	Communicating verbal/non-verbal, listening, responding, questioning. Link with previous tutorial and lecture 3 from psychology.
4	Self-directed learning	4	Communicating verbal/non-verbal, listening, responding, questioning. Link with previous tutorial and lecture 3 from psychology (continued)
5	Social Development: Attachment and Relationships Attachment/Separation (Bowlby/Ainsworth), Relationship over the lifespan. Application to nursing practice	5	Nurse–patient/client relationship Link with previous tutorial and lecture 5 from psychology. Theories – Peplau & Watson
6	Humanistic & Existential theories: Rogers, Maslow & Yalom Application to nursing practice	6	Introduction to Empathy Link with previous tutorials and Lecture 6 from psychology
7	Stress, Coping, Adaptation, Self-care: Part 1. Introduction to Stress & Coping Theories: Lazarus & Folkman, Holme & Rahe and Seyle's theory. Indicators of stress, management and coping strategies Application to nursing practice	7	Empathic communication Experiential activities (continued) Link with previous tutorials and Lecture 6 from psychology Discuss Reflective worksheet (Listening) to complete during practice
8	Stress, Coping, Adaptation and Self-care: Part 2. Impact on health, protective resources, social support, professional self-care practices, adaptation Application to nursing practice	8	Sharing of communication experiences with applying knowledge and skills post clinical placement Feedback on Worksheet (Listening)
9	Self-directed learning	9	Self-care and Stress Management Link with previous tutorials and lectures 7 & 8 from psychology.
10	Development across the lifespan Ecological systems theory, Freud. Eriksson's personality development, Adolescent development, Family Life cycle – traditional and current models, separation, and divorce; gay and lesbian relationships. Application to nursing practice Assignment Preparation – Worksheets & Report	10	Professional communication skills. Use of Telephone/technology. Communicating with sensitivity, respect and confidentiality with patients/clients, families, others. Assignment Preparation (Reflective worksheets and report)
11	Sharing of psychological theory to practice situations – post clinical placement Cognitive development: Piaget & Vygotsky, Scaffolding (Brunner, 1983). Information processing models. Cognitive changes in adults Application to nursing practice	11	Sharing of communication experiences post clinical placement Communicating with individuals experiencing loss of sensory function
<i>Week 12: Exam preparation (all students) Nursing and Psychology Lecturer</i>			
12	Self-directed learning	12	Dignity & Respect for patients/clients/and their families in nursing practice
13	Self-directed learning	13	Lecturer demonstration of empathy with standardized patient/client to students. Documenting patient care
<i>Week 13: Question & Answer Session Re: module, assignment, practices. Review of material covered (All Students) On-Line – Evaluation of Module</i>			

they see the relevance of what they learn applied to practice situations (Biggs and Tang, 2011). So to capture this perspective, assessment of learning was both formative and summative requiring students to reflect on clinical encounters/situations. For the formative assessment, students were asked to reflect on an encounter they had (during their 2-week clinical placement), that involved listening to a patient/client, using an adapted version of Stephenson's model of reflection (1993). The purpose of the formative assessment was to support student learning through providing information and feedback on their listening skills. More specifically, the assessment sought to encourage students to practise reflection-on-action and to capture how their thoughts, feelings, attitudes and behaviours all intermingle and affect each other. Another focus was to help students develop their writing skills and practice the application of knowledge and skills to practice encounters.

As this was a newly devised integrated module, having a formative assessment provided an opportunity for lecturers to discuss students level of integration and where (if any) adjustments

to teaching needed to be made. It also provided lecturers (from both disciplines) with material to focus on how students' summative assessments might be directed and graded.

The summative assessment was to be completed following a 5-week clinical placement. This consisted of 2 reflective worksheets (one on Stress and one on Empathy) and an overall reflective report of their learning from engaging in the reflective exercises. It is important to note that the teaching of this module was done both prior to and following two clinical placements. This provided students with opportunities to share their learning, understanding and application of theory to practice and practice to theory. Callister et al. (2005) argue that students can have difficulty understanding theory if they have not firstly developed a practice base on which to apply their learning. So based on this premise, identifying specific clinical situations/encounters in which students were involved, were considered important, as it was felt that this would give students a base on which to apply classroom learning (theory and skills) to practice.

Evaluation: students

An on-line student evaluation of this module was conducted. This was to allow students the freedom to reply anonymously and without teacher influence. The evaluation questionnaire consisted of a series of questions with a Likert scale giving 5 options for choice of response. Responses were related to the content and structure of the module, style and quality of teaching, student motivation, student participation, assessment and feedback and resources. The questionnaire also included two open-ended questions to allow students respond with any comments on (1) how the module was taught and (2) how it was assessed (including suggestions for the future).

Students' evaluations were overwhelmingly positive with 163/180 students completing the evaluation. The majority of students ($n = 160$) either agreed or strongly agreed that clear links were made between theory and practice. One of the predominant comments, consistent with all students was the benefit of continuing the module after their first 2-week and later 5-week clinical placement. Another comment made by the majority of students was that the reflective exercises had helped them to apply the theories/skills to practice as well as to recognize and assimilate their learning.

Some examples of student feedback on the open-ended questions included:

General Comments:

'I really loved this module. It was very student-focussed which is fantastic'

'I really learnt so much in this module that I would love to have it again in 2nd and 3rd year'

Teaching of module:

'Having the lectures and tutorials throughout the year was a huge benefit and I would recommend that this be continued as it is a gradual process of learning in class and then learning from clinical placement which is very important'

'The teaching methods used made it easier to remember the content and then I found it easier to remember and apply in practice'

Assessment of module:

'The assignment helped me to get a deeper insight of how to apply theory to practice. The reflection guidelines also gave me a really good understanding of reflection-on-action'

'The reflective worksheets were excellent ideas that got me to practice my communication skills'

'I would never have understood the psychology only that it was so integrated with the communication skills and now I understand some of the reasons why I and my patients behave the way we do'

Suggestions included:

'To reduce the 2-hour lectures to one hour lectures'

'To include some branch specific psychology tutorials'

Evaluation: lecturers

Lecturers (nursing and psychology) found the new content challenging but regular contact and discussion amongst the team was supportive. They also reported that the reflective worksheets

presented by students demonstrated that applying the knowledge and skills to practice was a gradual learning process. As the 3 reflective sheets were submitted sequentially over time (all following some clinical experience), lecturers reported that they could see vast improvements in students' learning, reflection and critical thinking from their first to the third worksheet. Many of the worksheets provided evidence of students' abilities to apply classroom theory and skills to practice encounters whilst also highlighting changes in perspectives, attitudes, values and beliefs.

The students' reflective reports provided students with a perfect opportunity to reflect on their personal and professional growth and development. Personal development related to the development of their self-awareness, confidence with communication and self-care management. Whereas professional development related to their reflection on how much they had learnt (or needed to learn) as well as valuing the need to be proficient with effective communication skills in clinical practice.

What was clearly evident in their reports was that, rather than being critical of themselves and their communication skills, students were able to clearly identify what areas they were good at and how effective they were as novices in clinical practice. In addition they could identify what communication skills they needed to work on to improve their practice and how they were going to do that. Lecturers were very pleased with the evidence of student learning in this module and suggested continuing the integrated module in its current format.

Conclusion

Developing an integrated module (Interpersonal Communication skills with Applied Psychology) presented many challenges to the psychology and nursing lecturers at the outset.

Nonetheless, the problems highlighted in the review provided lecturers with an opportunity to address some of the problems and explore alternative ways to support students' learning, personal and professional growth and development. These challenges acted as the catalyst that aroused lecturers' curiosity and determination to design and implement a module that would capture students' interest, increase motivation to learn, be relevant to practice and increase the likelihood of transferability of theory and skills to clinical practice.

Although time consuming initially involving numerous meetings over a period of months to identify content, delivery, teaching strategies and assessment, students' worksheets provided clear evidence of learning and the application of theory to practice. This reflects the importance of learning as a process that takes time to understand, apply to practice and then to analyse the action/activity. The benefit of this style of learning was also clearly evident in students' evaluations of the module. Evaluations of the assessment indicated that students found this challenging but learnt much more from this type of assignment than anticipated, as they had to apply their knowledge/skills to a clinical encounter/situation.

To conclude, this was a first attempt at designing a module to integrate and apply knowledge from two distinct disciplines (Psychology and Nursing) to real life practice situations in the first year of an undergraduate nursing curriculum. Whilst objective evaluations of the effectiveness of this module are limited, nonetheless they do confirm to some extent that students' learning of theory and skills were facilitated by an integrated approach to teaching and assessment. This approach involved delivery of a module over two semesters (prior to and following clinical placements) and assessing through a combination of formative and summative reflections on practice clinical situations. Finally, it is suggested that undergraduate nursing students undertaking this module appreciated the

relevance of, not only the benefits of Interpersonal Communication Skills for nurses but more specifically the relevance of Psychology for effective nursing practice.

This report reflects the lessons learnt by lecturers designing and delivering this integrated module in one university in the Republic of Ireland and may be of benefit to other educationalists wishing to adapt a similar approach in designing and delivering undergraduate nursing curricula.

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