
ORIGINAL RESEARCH ARTICLE

Aesthetic communication as a nursing education trend: Case study of teaching professional English

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ABSTRACT

A future medical practitioner is a holder of high moral qualities, possessing ethics and the method of aesthetic communication. A good command of aesthetic communication in nursing practice has a positive impact on achieving desired outcomes. The aim is to highlight the conceptual frame and the specificity of aesthetic communication for future nurses and how to implement it during the educational process. Analysis, synthesis, and systematization were used to shape the complex characteristics of developing aesthetic communication; comparative and descriptive methods were used to distinguish the effective features of aesthetic communication; the analytical method was applied to receive information about the theoretical and practical problems of developing aesthetic communication; and the Pearson test χ^2 was used as a statistical method to compare and verify the obtained data. The research involved 90 students of the nursing faculty at Andrey Krupynsky Lviv Medical Academy in Ukraine, divided into experimental and comparison groups. The results showed a high level of aesthetic communication in the experimental group (42%), versus the comparison group (22%). Students' academic performance improved in four language skills: reading, speaking, listening, and writing competence. All students demonstrated significant improvement in speaking fluently due to the implementation of aesthetic communication exercises into the teaching process. Our suggested technique for teaching a basic course, "Professional English", in combination with an optional course, "Aesthetic Communication," works properly and should be implemented in other higher educational institutions, as good aesthetic communication skills are crucial in building a nurse-patient relationship.

Keywords: aesthetic communication; external and internal personal communication; professional English; nursing education; future nurses

1. Introduction

Recently, communication has become an object of research for many scientists, but aesthetic communication in nursing practice was not the subject of the study. Nevertheless, we consider that communication through the art of aesthetic communication is the most efficient and productive because it

ARTICLE INFO

Received: 12 January 2023 | Accepted: 29 January 2023 | Available online: 29 February 2024

CITATION

Isayeva O, Shumylo M, Khmilyar I, et al. Aesthetic communication as a nursing education trend: Case study of teaching professional English. *Environment and Social Psychology* 2024; 9(4): 2389. doi: 10.54517/esp.v9i4.2362

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symbiotically combines kindness and beauty in communicative interaction between a patient and a nurse, and it is one of the main dimensions of the art of providing care for patients. It is evident that positive associations occur between the communication behavior of a nurse and patient results, such as patient understanding and patient compliance with therapy. There is a consensus about what constitutes “best practice” for nurses’ aesthetic communication in medical encounters: (1) fostering the relationship; (2) gathering information; (3) providing information; (4) making decisions; (5) responding to emotions; and (6) enabling disease- and treatment-related behavior^[1].

A good command of aesthetic communication in nursing practice has a positive impact on achieving a desired outcome in the healing process. Berlyne^[2] suggests that “artistic communication is outlined by the relative importance of how something is communicated as compared with what is communicated and by the relative importance of formal properties in the selection of something to communicate”. It means that knowledge of aesthetic forms of communication is extremely important in establishing frank nurse-patient talk and trustful and respectful interpersonal relationships in patient-centered care. The researchers Epstein & Street suggested the following definitions of patient-centered communication: (1) eliciting and understanding patient perspectives (concerns, ideas, expectations, needs, feelings, and functioning); (2) understanding the patients and their unique psycho-social and cultural contexts; and (3) reaching a shared understanding of patient problems and the treatments that are concordant with patient values, which can be achieved with the help of aesthetic communication^[3].

In our opinion, the art of caring for patients is not limited only to the relationships between a caregiver (a nurse) and a care receiver (a patient). We also share Hoidn and Kärkkäinen’s statement that health caregivers, especially nurses, should work in teams, relay their messages clearly, adapt to changing conditions, and interact with the environment instead of working independently^[4]. Therefore, communication is an essential means of attaining productivity and sustaining effective collaboration at all levels of an aesthetic practice. Considering the fact that “communication in medicine is a fundamental clinical skill and one of the most important tools for providing quality patient care and improving patient satisfaction”, it is necessary to highlight aesthetic communication as an instrument^[5]. Thus, treating and caring for difficult patients is never easy, and appropriate aesthetic communication techniques built on trust, respect, and such values as empathy and compassion may help in identifying and solving complex problems, making decisions and developing solutions, improving data analysis, and gathering information via testing and observation. Throughout the nursing process, a nurse intends to establish a good command of aesthetic communication, helping patients feel “at ease, in control, valued”^[6]. Based on the literature review, “the aim of aesthetic communication is to capture, enchant, and bind the attention of a receiver”, patients’ satisfaction with treatment and care depends largely on communication with a health worker, which is the main factor in the enhancement of quality interaction^[7]. Therefore, a nurse should not only have impeccable practical skills but also be able to establish psychological contact through verbal and non-verbal skills (i.e., word choice, tone, speed of speech, physical and background noises)^[8]. Moreover, this communication must be aesthetic, knowledge of which enhances nurses’ ability to better understand and interpret the messages of their patients and interact with them in a proper aesthetic way. According to the literature review and personal experience, modern nursing training should move away from the traditional structure and form a “new public policy” for nursing, particularly nursing education in Ukraine^[9]. It is worth paying more attention to teaching aesthetics and aesthetic communication for future nurses, as “aesthetics contributes to the desired, meaningful, and delightful in practice”^[10]. Scientists Siles-Gonzalez and Solano-Ruiz^[11] state that “the beautiful moments reflect the effects of well-performed nursing skills, creating a cascade of positive emotions”.

It is necessary to note that aesthetic communication refers to pragmatist theories of aesthetics, as suggested by Dewey: “To see aesthetic communication from a student perspective involves seeing all sides of the communication, but with a focus on the student”^[12]. Aesthetic communication allows future medical caregivers to become creative and critical thinkers, which affects the students’ capacity to scrutinize learning material and involves assessing information through logical reasoning and personal perspectives. Thus, the results obtained can be used in both standard and non-standard situations, as well as in developing the ability to ask original questions, find arguments, and make independent decisions”^[13]. Investigations have also confirmed that some nurses may lack proficiency and assurance in their capacity to communicate distressing information. Consequently, it is essential to offer instructional training while studying at nursing higher institutions^[14]. It means that nursing students should develop reflection, emotional intelligence, creativity, and critical awareness of how effective aesthetic communication contributes positively to personal interactions and occupational relationships.

Thus, in order to communicate fruitfully with other people, a nurse should understand not only external but also internal personal communication mechanisms that move the interaction. It is imperative for nurses to understand patients in communication, to look “in the multifaceted mirror of communication”^[15]. We consider that aesthetic communication refers to the intentional and creative use of various sensory elements (verbal and non-verbal expressions) to convey information, emotions, and care in a manner that promotes a positive and aesthetically meaningful experience for patients. Nurses engage in aesthetic communication by incorporating aspects such as empathy, compassion, and a thoughtful approach to create an environment that not only addresses the practical aspects of healthcare but also considers the emotional and psychological well-being of patients. This form of communication is aimed at enhancing the overall patient experience, fostering trust, and contributing to the holistic nature of nursing care. There are the following objectives for future nurses to attain proficiency in aesthetic communication:

- To relay thoughts efficiently using all forms of communication (verbal and non-verbal) in various contexts;
- To comprehend significance, purpose, and demeanor, one must engage in attentive listening to others, e.g., doctor-nurse, nurse-patient, nurse-nurse’s relatives;
- To convey messages effectively, consider diverse target audiences and different objectives using nursing terminology or general notions;
- To use media and technology to interact with the community in case of urgent situations or pandemics;
- To work collaboratively as a team and to implement innovations into practical medicine.

The goal of the article is to highlight the conceptual frame and the specificity of aesthetic communication for future nurses and how to use and teach it during the educational process.

2. Materials and methods

Analysis, synthesis and systematization were used to shape complex characteristics of developing aesthetic communication; descriptive and comparative methods were used to distinguish the effective features of aesthetic communication; analytical method was applied to get versatile information; a statistical method was employed to assess and validate the obtained data. The significance of differences between the results in the comparison and experimental groups was verified applying Pearson test χ^2 . Critical values were determined considering a predetermined number of the participants and a probability of 95%.

The investigation involved 90 students studying nursing at Andrey Krupynsky Lviv Medical Academy (Bachelor of nursing, qualification “Nurse”, specialty 223 Nursing, knowledge branch 22 health care), namely, Professional English during 2020–2021 academic year. Thus, 45 students had three classes of a basic course “Professional English” per two weeks during the academic year and another 45 students had two classes as a basic course “Professional English” and one class as an optional course “Aesthetic Communication”.

The experiment details were communicated to the students, and they willingly agreed to participate, allowing the analysis and use of their academic accomplishments. Students retained the option to decline participation at any phase of the experiment without facing any academic repercussions. The external experts from Lviv Polytechnic National University, Department of Foreign Languages approved the procedure of the research was approved by. The specialists guaranteed that the inquiry was conducted under appropriate conditions, and they verified the reliability of the obtained outcomes according to the principles of academic integrity.

The selection of student groups involved in the initial phase of the experiment was justified based on reasoning and evidence; the comparison (training based on the combination of two courses: a basic course “Professional English” and an optional course “Aesthetic Communication”) and comparison (training grounded on the existing course “Professional English”) groups involved 45 students each. This indicator enabled reliability and validity of the experimental work.

The objective of the formative experiment was to determine the effectiveness of the proposed courses. In the formative phase of the experimental study, diverse methods were implemented to acquire the investigated parameters. To attain the goal, English teachers employ a wide array of methodological approaches, as brain storming, mind mapping, rapid ideation, How Now Wow matrix and step ladder aimed at developing aesthetic communication in nursing students, their creative thinking, decision making and solving in a team, fostering collaborative work.

English teachers carefully chose the communicative tool for students, as communication in nursing is concerned with providing personalized nursing aid and coordinating interdisciplinary care in a patient-centered way, aspiring future nurses to take communication and interpersonal skill courses as part of their training and education. Indeed, nursing activities are inextricably linked to psychological and emotional factors, which occur during communication. The performance of medical procedures and manipulation in accordance with the protocols of nurses approved by the Ministry of Health of Ukraine always begins with the psychological instruction of a patient. Proficiently, a compiled series of exercises provides students with the chance to enhance their abilities in methods, techniques, and tools of aesthetic communication. Examples of exercises are given below:

EX. 1 Read a story on the patient opinion website and gain insight into how care affects patients’ experience. Make up your own story where you should express your view point, showing both rational and emotional (figurative) perception of the information.

(The 6Cs (Care, Compassion, Communication, Commitment, Courage, Competence)^[16] can be demonstrated vividly in the form of stories, and truly allow us to understand how important they are in the nursing context^[17].

EX. 2 Divide conversation starters into two columns: What to say and what not to say. Explain your suggestion to other students. Simulate the situation between a doctor, a nurse and a cancer patient.

- Is there anyone else you would like me to contact?
- This must be a hard thing to go through.

- It could be worse.
- Are you up for having visitors?
- I am here if you want to talk.
- Don't worry
- Everything is going to be OK.
- Cheer up!
- I would like to help in any way I can.
- What are you most afraid of?
- What can I do to help with your fears?
- Many people are suffering from cancer.

EX. 3 Visit <https://www.ted.com>-TED: Ideas worth spreading-and listen to Celeste Headlee's speech about 10 ways to have a better conversation. Give your ideas regarding issues (statements) you share or disagree. How can you implement them into practice of communication with patients?

EX. 4 Watch a short video "Proper Patient Care-Communication Techniques" on <https://www.youtube.com/watch?v=e9U-r9D6oVw> and give your own ideas regarding communication between a nurse and a patient and characterize nurse's aesthetic communicative behavior.

EX. 5 Create your own 3-minute video about five communication behaviors: acknowledge, introduction, duration, explanation, and thank you (AIDET). The example of the video is accessible on <https://www.youtube.com/watch?v=l6UjlmF30Do>

These exercises enable students to demonstrate creativity in aesthetic communication and help them improve speaking, listening, reading and writing skills with aesthetic component. The implementation of procedural component in the process of teaching aesthetic communication is provided by the developed subsystem of exercises and tasks, which generally involves students going through four stages of training (familiarization, mastering, application of communicative strategies and the stage of autonomous organization of educational and cognitive activities).

3. Results

Two groups of students were singled out to define the levels of aesthetic communication formation in the dynamics: a comparison group and an experimental group. Homogeneity of two groups with the same distribution law was checked using Pearson's criterion χ^2 for the validity of the experiment (**Table 1**).

Table 1. Distribution of students' learning results in the comparison and experimental groups (before the experiment).

	Levels	High				Medium				Low	
		Points	90-100		82-89		74-81		64-73		50-63
	Students	Number	%	Number	%	Number	%	Number	%	Number	%
CG	45	3	7	7	16	15	33	10	22	10	22
EG	45	4	9	8	18	14	31	10	22	9	20

In the initial phase of the experimental investigation, the performance of students in both groups was assessed at the commencement of the experiment. The study results are shown in **Table 1**. Students were distributed into three levels: high (82–100 points), medium (64–81 points) and low (50–63 points).

The level of aesthetic communication formation in students of the experimental group (EG, %) and the comparison group (CG, %) was tested using Pearson’s criterion χ^2 . Verification of the reliability of obtained results was also checked by Pearson’s criterion χ^2 . The critical value was $\chi^2 = 5.991$, and the corresponding empirical value was $\chi^2 = 0.255$ according to the table. Thus, any differences in the distribution law between the results of the comparison and experimental groups are random variations with a probability of $p < 0.001$. Therefore, it outlines the homogeneity according to the research indicator.

The experimental study was aimed to ascertain the progression in the development of aesthetic communication levels. The experiment’s findings indicated a rise in the number of participating students with a high level of aesthetic communication in the experimental group (42%) compared to the comparison group (22%) (**Table 2**).

Table 2. Distribution of students’ learning results of the comparison and experimental groups (after the experiment).

The level of aesthetic communication formation	EG, %	CG, %
High	42% (19)	22% (10)
Medium	53% (24)	62% (28)
Low	4% (2)	16% (7)

Pearson’s criterion χ^2 was used to verify the reliability of the obtained results. The critical value was $\chi^2 = 5.991$, and the respective empirical value was $\chi^2 = 6.449$ according to the table. Thus, the results in the comparison and experimental groups differ with a probability of $p > 0.05$ based on the results of incorporating an active pedagogical element into the educational process. Thus, the result is expected in a distinction between the comparison and experimental groups concerning the examined indicator.

Aesthetic communication includes speech strategies in listening and comprehending, in particular, strategies focused on general understanding (for example, the use of extralinguistic prompts in the process of speech perception; identification of key elements of the obtained information; ignoring unknown speech elements that do not interfere with aesthetic communicative goals; selection of priority information); strategies of selective understanding (for example, the use of non-verbal and para-verbal means of communication as support and their interpretation, focusing on verbal, para-verbal and non-verbal means of influencing the patient or relatives; listening techniques depending on the communicative purpose, the use of contextual guessing), strategies of full and critical understanding of the content of the obtained information (for example, understanding of the content using the mechanism of decoding information “up-down” (for example, crucial diagnosis), strategies of monologue transformation in the form of short recording; fixation of verbal and semantic code of scientific and professional information, etc.). These strategies may be achieved via listening to online texts or dialogues, fulfilling exercises related to communicative approaches.

Aesthetic reading is far beneficial in developing aesthetic communication skills, because students as readers are engaged in the experience of reading itself. Rosenblatt^[18] states, “In aesthetic reading, the reader’s attention is centered directly on what he is living through during the relationship with that particular text.” Students can share aesthetic responses through classroom discussion that enables them to broaden their views of issues, thus, it develops their communication competency. That’s why, basic interpersonal communication skills involve more than just effective verbal expression. A future nurse should possess excellent writing skills to write concisely. Obviously, a modern nurse should develop a healthy reading routine which helps stay well-

informed. All these four skills should be considered as a whole in acquisition of aesthetic communication, which will further be applied in nursing care (evaluation, nursing diagnosis, intervention and implementation, assessment), and which, according to Richards, includes the following aspects of language knowledge: (1) knowing how to use language for range of different purposes and functions; (2) knowing how to vary the use of language according to the setting and the participants (e.g., knowing when to use formal and informal speech or when to use language appropriately for written as opposed to spoken communication); (3) knowing how to produce and understand different types of texts (narratives, reports, interviews, conversations), and (4) knowing how to maintain communication despite having limitations in the language knowledge (e.g., using different types of communication strategies)^[19].

We conducted a research of quantitative outcomes before and after the experiment. The assessment involved administering the same test, comprising four sections for each language skill, with a maximum of 25 grades per section, resulting in a total of 100 points for the test. We computed the statistical data as percentages to identify the number of students who performed well in specific test sections, achieving scores above 20, based on a grading scale of 100 points, where a total of 100 points represents an excellent grade. Assessing students' academic performance, one may conclude that students' results before and after the experiment were different, as it is shown in the bar chart below (**Figure 1**).

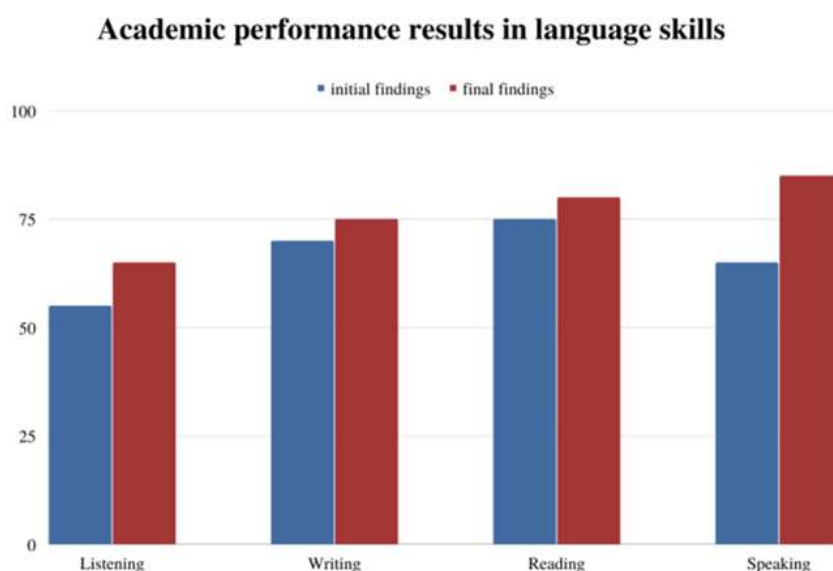


Figure 1. Quantitative results of language skills before and after the experiment.

Before the experiment students were more fluent in reading and writing (75 % and 70% respectively). But they experienced barriers in communication. It was difficult for them to express their ideas and to choose the appropriate words or word combinations using aesthetic communication. Their language was poor and unprofessionally oriented (65%). While doing listening, they were unable to convey the information. Thus, the initial finding for listening was the lowest one (55%).

After the experiment we observed higher indices demonstrated by the students in four skills. Speaking competence exceeded reading competence (85% and 80% respectively). Listening competence increased by 10%. A slight rise was observed in writing competence (5%). These results can be explained by the fact that nursing students started developing oral discourse with active vocabulary using aesthetic communication instead of focusing on grammatical rules and structures; reading specialized texts and fulfilling a lot of writing drills.

In this study, the overall result showed that students mostly benefit from team activities. Moreover, they have mostly improved their communication skills while fulfilling the exercises in a team, where they have the possibility to exchange their thoughts, ideas and viewpoints and practice active listening. Creating dialogues, Students can enhance their listening abilities by actively participating in the conversation, responding positively to their partners, and asking follow-up questions to demonstrate their interest and attention. It is obvious that cooperative team work fosters learning skills and personal development, being “more flexible and more time-demanding, but useful in order to negotiate with the students how to work on helping each other to overcome difficulties, to make decisions about the tasks, to plan, and to solve conflicts”^[20].

In our opinion, any kind of a task, arousing the interests of learners, aimed at practicing speaking in a conversational situation with confidence and fluency, makes the language acquisition impressive and boosts students’ communication skills. Moreover, learners are interested themselves in doing such tasks, claiming that storytelling or mind mapping is enjoyable “and provides excellent opportunities for using language in real life situations”^[21]. The second aspect that makes communication skills acquisition effective is the possibility for students to express their ideas and feelings in a relaxed environment created by them, using the techniques as rapid ideation, How Now Wow matrix and step ladder. It is worth noticing, that English teachers provide nursing students with “alternative ways of thinking—”brainstorming”, analyzing personal beliefs and values and summarizing the obtained knowledge or experience about diseases, patients and the world”^[13].

To our understanding, creation of own video is really a modern and new method with Hi-tech usage in learning foreign language especially communication skills. Every student wants to be noticed and heard. This is why engaging in creative tasks is beneficial. Additionally, these tasks allow individuals to concentrate not only on verbal communication but also on non-verbal aspects. Participants can observe their facial expressions and body language, sustain eye contact, regulate their emotions, and express them appropriately within the given context. They are enthusiastic about sharing information with their peers, articulating their ideas verbally to prevent misunderstandings, generating interest, and employing an appropriate tone in their speech.

We suppose that students are less fond of fulfilling tasks, which include talking in front of a group of other students and it can be a nerve-wracking experience and one of the most common fears for them. Even if they know the subject of conversation, they feel speech anxiety. That’s why, while presenting own ideas on the topic, they need to handle their anxiety that results in doing a lot of grammar mistakes. It is worth noticing that “Mistakes are okay because without mistakes there is no learning and there is a lot of learning from mistakes”^[22]. In this case, any teacher should support students and endeavour to correct mistakes positively and with a lot of encouragement^[23]. These tasks are very important for learning process as they train empathy in students. Empathy means both understanding and relating to their partners’ feelings that leads to the development of high emotional intelligence, which is an essential component of future nurses’ professional competency and aesthetic communication^[24]. Even though students find speaking in front of their peers intimidating, there is no superior method for cultivating effective communication skills than actively seeking such opportunities.

4. Discussion

A new concept receives wider recognition in modern didactics, in which a teacher’s main task is not limited to the presentation of ready-to-use knowledge, but implies the organization of students’ active cognitive learning-student-centered approach. Special attention should be paid to students’ self-education and self-improvement, without which it is impossible to achieve social development and to identify the formation of a nurse as a personality. Innovative, inclusive, and diverse learning throughout life promotes development of students’ communicative potential and professional formation. Students ought to be provided with chances to

deepen their comprehension of communication through activities such as analysis, reflection, discussions, and interpretation, particularly in the realm of aesthetic communication. Moreover, they should be motivated to explore and experiment, attempting various words, combinations, and expressions in both typical and atypical communicative scenarios, establish a contact during the conversation, apply the technique of convinced coherence (argumentation), overcome communicative barriers and create own communication filters.

To solve the outlined tasks, students teamed up in pairs and simulated conversations with patients taking into account the following characteristics: 1) the variety of English clichés of language etiquette; 2) the presence of mitigating syntactic constructions that form a positive attitude towards the nurse; 3) using synonymous syntactic constructions: sit down/sit down, please; get dressed/you can get dressed already, etc.; 4) using Conditionals: You would need to follow the doctor's recommendations/it would be better to undergo an inpatient course of treatment; 5) avoiding excessive categorization: I recommend you to undergo an examination/You are recommended to undergo an examination; 6) activation of the lexical content of medical terminology (replacing terms with synonyms understandable to the patient): angina pectoris-chest frog; irradiation-spread; e) observance of the role and spatial distance that corresponds to the situation. In our comprehension, the verbal aspect pertains to the substance of the message, encompassing medical terminology and the choice of words. The non-verbal aspect encompasses elements such as body language, including posture, gestures, facial expressions, and spatial distance. Para-verbal component includes tone, pitch, pacing and the timbre of the voice. During communication, the majority of patients tend to concentrate on the verbal component, which constitutes only 10% of the conveyed message. This portion includes details about the nature, progression, and prognosis of the disease, available treatment options, the cost and outcomes of investigations, as well as the risks and benefits of invasive procedures. Whereas non-verbal and para-verbal components contribute 90 % of the total message delivered as the researchers Roter et al.^[25] stressed upon. Despite being often regarded as less crucial, the non-verbal aspect of communication is emphasized by researchers who propose that it plays a significant role in influencing critical outcomes such as patient satisfaction, adherence to advice, and clinical outcomes.

We can consider that aesthetics of behavior is as though the second floor of interpersonal relationships for doctors and nurses. The first and the ground floors comprise moral standards that offer the rules of common living. The second floor should be called a culture of behavior, revealing ways to perform the requirements of the moral laws (e.g., respect) and external expression (e.g., politeness, delicacy). The upper floor is completed with aesthetics of behavior. We should know that the process of communication is as though permeated with aesthetic emotions: at work and at home, during leisure hours and being alone.

Thus, one could argue that aesthetic formation of communication makes the process of communication more productive especially between nurses and patients. Based on own experience, we have revealed transformation of those cultural values, which nurses obtained in the course of training, into practice of interpersonal communication, takes place and promotes abilities:

- To express reasonable opinions or arguments both orally and in a written form depending on the situation;
- To improve speaking and writing habits fluently and clearly, accurately and coherently for a range of purposes and audiences;
- To identify, assess and control personal emotions or even the whole team;
- To develop self-confidence and personal empowerment through effective self-presentation and social skills;

- To communicate with diverse audience respecting viewpoints of others;
- To avoid discriminatory and conflict communication and foster understanding across diverse populations;
- To increase employability including interview skills, workplace behavior and relations within a team;
- To communicate ideas, moods and meaning via attractive forms of expression;
- To be able to see the perception and receive feedback of one's statement.

Therefore, communication skills especially aesthetic ones are applied at all stages of nursing process: at the first stage "Initial assessment of patient's condition" a nurse conducts an interview with a patient; at the second stage a nurse identifies patient's problems; at the third stage a nurse develops a plan of care together with a patient during their communication; at the fourth stage a nurse teaches a patient to care about own body explaining all details. Communication cannot be considered as independent nurse's soft skill along with other soft skills, as tolerance, attentiveness, empathy, sympathy and transparency. To achieve this goal, they require training and assessment in communication and interpersonal skills, making it a part of their competency profile^[26].

5. Conclusion

Effective aesthetic communication skills among nurses are essential for establishing a reliable doctor-nurse-patient relationship. This not only contributes to the success of the treatment through the provision of holistic care but also fosters job satisfaction among all participants involved in the process. To develop and keep up future nurses' communication skills, teachers use student-centered classroom activities to make learners' participation active and productive. Most students benefit from interactive activities, which give them a great deal of opportunity to practice using language, have fun, and improve their speaking skills. Thus, teachers should facilitate such speaking exercises in order to develop aesthetic communication. The establishment and evolution of aesthetic communication and the use of aesthetic language expressions in nursing practice may become a strategy for more effective understanding of patients in clinical facilities. Moreover, aesthetics and aesthetic communication, in particular, need to be encouraged, incorporated, and nurtured in nursing practice. This approach can lead to professional training, the improvement of aesthetic communication in future nurses, their systematic preparation for professional activity, and the analysis of consequences in relation to a job, society, and mankind.

We can guess that one challenge with the formation of aesthetic communication skills in higher nursing institutions is the gap between the communication patterns taught in training situations and the actual behavior of nurses in clinical practice. Thus, we are trying to avoid this gap by forming real-life cases where nursing students are able to develop their aesthetic communication skills while making up stories with meaningful aesthetic forms of expression and brainstorming messages conveyed in real nursing practice through analysis and reflection. By engaging in production and interpretation tasks and analyzing the utilization of aesthetic expression in communication, students can assess their communication skills in this manner. According to our own experience, we suggest that the training program and the set of exercises we used might be an effective approach to improving doctor-nurse-patient-relatives' aesthetic communication skills.

The experiment's findings revealed a rise in the percentage of students demonstrating a high level of aesthetic communication in the experimental group (42%) versus the experimental group (22%). Students' academic performance results improved in four main language skills: speaking competence exceeded reading

competence (85% and 80%, respectively); listening competence increased by 10%; and a slight rise was observed in writing competence (5%). All students demonstrated substantial improvement in their ability to speak fluently (from 65% to 85%) due to the implementation of aesthetic communication exercises into the teaching process.

It is worth noticing that the results of the experimental research indicated that the students studying a basic course “Professional English” and an optional course “Aesthetic Communication” demonstrated their aesthetic communication skills at a much higher level in comparison to the students who studied exceptionally a basic course “Professional English”. It means that incorporating the course of “aesthetic communication” into the training of nursing students is inevitable because it will be aimed at developing the art of communication with patients using aesthetic expressions while finding the individual approach to each patient in aesthetic healing.

Thus, our suggested technique for teaching a basic course, “Professional English,” in combination with an optional course, “Aesthetic Communication,” works properly and should be implemented in other higher educational institutions. Hence, the professional formation of a nurse-humanist is probable if a modern humanitarian educational system is introduced into higher nursing institutions, creating conditions for the development of both aesthetic communication and the professional competence of a future nurse, as well as a person’s spiritual, moral, and cultural development.

Author contributions

Conceptualization, OI; methodology, MS; software, IK; validation, OI, MS; formal analysis, RD; investigation, FZ; resources, OZ; data curation, OI and MS; writing original-draft preparation, IK, OZ; writing-review and editing, RD; visualization, FZ; supervision, OI; project administration, MS. All authors have read and agreed to the published version of the manuscript.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Acknowledgments

We are grateful to the students of Nursing Department, Andrey Krupysky Lviv Medical Academy for participation in the research.

Conflict of interest

The authors declare no conflicts of interest.

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