

Original Paper

Construction and Application of a “4S” Practical Teaching Model for Nursing Psychology Based on Educational Psychodrama Theory

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Received: September 2, 2026 Accepted: September 23, 2026 Online Published: October 11, 2026

doi:10.22158/rhs.v11n4p1

URL: <http://dx.doi.org/10.22158/rhs.v11n4p1>

Abstract

Objectives: This study set out to build a “4S” practical teaching model for nursing psychology on the basis of educational psychodrama theory, and to test how well it worked in a real course. **Methods:** The participants were 27 four-year undergraduate nursing students of the 2020 cohort at Air Force Medical University. The model runs through four stages—Situation Exploration, Script Creation, Showcase Presentation, and Self-awareness—and was tried out in the practical session of the chapter “Mental Health Maintenance of Nurses” in the Nursing Psychology course. When the course ended, every student filled in a self-developed questionnaire (23 five-point Likert items plus one item on knowledge mastery); we also purposively recruited 14 students for semi-structured interviews, which were analysed following Colaizzi’s phenomenological procedure. **Results:** All questionnaires were returned valid (response rate 100%). More than half of the students (55.56%) said they could flexibly apply what they had learned, and no one reported poor mastery or failure to understand the content. Of the non-knowledge gains, “viewing patients with greater equality, respect, and care” drew the highest “strongly agree” rate (92.59%). The interview data yielded three themes: enhanced psychological nursing competence, improved coping ability, and growth of professional spirit. **Conclusion:** In this pilot the “4S” model worked well: it helped students turn knowledge into competence and strengthened their professional spirit. For other instructors of nursing psychology, it offers a workable template for practical teaching reform.

Keywords

educational psychodrama, “4S” teaching model, nursing psychology, practical teaching, undergraduate nursing students

1. Introduction

Student-centred teaching has been gaining ground for years, and with it, constructivist ideas about how knowledge is built have moved from theory into everyday classrooms (Mijanović, 2023). In this view, a teacher is no longer mainly a transmitter of facts but a facilitator of learning, and the point of instruction shifts from memorising content to internalising competence and forming professional qualities (Mou, 2025). Few courses feel this shift as keenly as Nursing Psychology. The course asks students to do more than remember theory: they are expected to turn it into psychological assessment and intervention skills usable at the bedside, together with the professional literacy that such work demands (Wu, 2022). Traditional lecturing, however, is poorly suited to reproducing real clinical situations, and it struggles even more with integrating cognition and emotion or with nurturing professional qualities. Work guided by Kolb's experiential learning theory offers one way out—the “experience–reflection–conceptualization–practice” cycle has been shown to make up for some of these weaknesses in clinical education (Nurunnabi et al., 2022). Teaching methods that genuinely fit the student-centred philosophy therefore deserve a serious trial.

Educational psychodrama grows out of Moreno's theory of group psychodrama. Rather than pursuing therapy, it pursues instructional goals: teachers borrow the philosophy and selected techniques of psychodrama and organise them into structured classroom activities. Psychodramatic images, soliloquy, role-playing, and the roda viva (rotating discussion) are its signature techniques; all of them rely on action, role, and situation to push learners toward active meaning-making, so that knowledge comprehension, skill acquisition, and attitude change can happen within the same process (Maya & Maraver, 2020). Because Nursing Psychology places psychological nursing competence at its centre, this orientation fits the course well and suggests a practical route for its reform.

Psychodrama itself is no stranger to education. In schools and universities it has been used to support students' psychological well-being (Kaya & Deniz, 2020). Medical educators have applied sociodramatic and scenario-drama methods to doctor–patient communication and to the transition into clinical work (Baile & Walters, 2013; Jiang et al., 2020). Within nursing, psychodrama-based and expressive methods have been chosen to build empathic and therapeutic communication (Çataldaş et al., 2024; Özcan et al., 2011), and full curricula have embedded psychodrama to strengthen students' communication skills, attitudes, and self-reflection (Beauvais et al., 2019). Other studies report narrower but useful outcomes: gains in self-liking, self-competence, and self-acceptance after psychodrama group practice (Kaya et al., 2022); better emotional awareness and communication among psychiatric nurses after training (Albal et al., 2021); and arguments for the value of Jungian psychodrama in nursing education (Yüceyurt, 2025). Taken together, though, most of these applications remain one-off classroom activities, or they target a single competency such as empathy. What is still missing is a complete teaching model that organises “investigation–creation–performance–reflection” into a structured, operational sequence with explicit competency targets—and reports of systematically building and evaluating such a model in the practical teaching of Nursing Psychology are rare.

That gap motivated the present study. Drawing on the theoretical framework and the technical repertoire of educational psychodrama, we constructed a “4S” practical teaching model for nursing psychology—Situation Exploration, Script Creation, Showcase Presentation, and Self-awareness—and ran a preliminary evaluation that combined a questionnaire survey with qualitative interviews. Our hope is to give the reform of the nursing psychology curriculum some usable empirical grounding.

2. Methods

2.1 Participants

Twenty-seven students from the 2020 cohort of the four-year undergraduate nursing programme at Air Force Medical University took part in the study. They were 20–22 years old; some were civilian students and others were military cadet students on the officer-cadet track. Everyone had finished the prerequisite nursing and medical courses. The study ran under normal teaching conditions and did not disturb the regular schedule, and all participants gave their informed consent.

A dedicated nursing psychology teaching team was formed at the start of the semester. It brought together one professor, five associate professors, one lecturer, and one teaching assistant. By discipline, three members came from nursing, four from psychology, and one from clinical medicine, and every member had taught the course several times—an interdisciplinary base that supported both the construction and the delivery of the model.

2.2 Construction of the “4S” Model

Guided by the theoretical core of educational psychodrama and by what the nursing psychology curriculum actually needs, we built a structured teaching model around four stages: Situation Exploration, Script Creation, Showcase Presentation, and Self-awareness. Two ideas anchor the design. The process should be progressive—the four stages interlock, with each stage’s output feeding the next—and the goals should stay explicit. In practice this means leading students from first-hand exploration of clinical situations, through the integration and reconstruction of knowledge, to embodied experience and, finally, metacognitive reflection.

2.2.1 Stage 1: Situation Exploration

Objectives. This stage moves the learning setting from “the textbook” toward “the clinic.” Students practise spotting and framing professional problems on their own, and they begin to build an evidence-based form of cognitive empathy.

Core activities. In groups of three or four, students spent the two weeks before class on a small qualitative study themed “occupational stressors, psychological reactions, and coping strategies of clinical nurses.” Four tasks were set for every group: review the Chinese and English literature and sketch a preliminary theoretical framework of nurses’ mental health problems; design a semi-structured interview outline; contact and interview no fewer than two practising registered nurses from different departments (the emergency department, ICU, paediatrics, or general wards, for example); and organise and analyse the interview data. The output was an investigation report describing typical situations, the key stressors

behind them, the psychological impacts observed, and coping strategies already in use or worth trying.

2.2.2 Stage 2: Script Creation

Objectives. At this stage students must pull scattered psychological knowledge together and put it into context—in effect, they stop being knowledge “consumers” and become narrative “constructors.”

Core activities. Drawing on its investigation report, each group wrote a micro-psychodrama script lasting 8 to 12 minutes. Four structural elements were mandatory. First, problem presentation: the script had to depict, vividly, the psychological dilemmas nurses meet in concrete clinical situations—moral dilemmas, emotional exhaustion, interpersonal conflict, and the like. Second, psychological assessment: an assessment of the protagonist’s psychological state had to be woven naturally into the plot, with the theoretical framework behind it (the stress-coping model or cognitive appraisal theory, for instance) named explicitly. Third, intervention implementation: at least one suitable psychological intervention technique—active listening, empathic responding, cognitive restructuring, or seeking social support—had to be designed into the story and shown in action. Fourth, an open ending: the script was not allowed to hand the audience a “universal solution”; it had to leave them thinking about how complex the problem really is.

2.2.3 Stage 3: Showcase Presentation

Objectives. Through embodied role experience in a safe classroom, students internalise knowledge emotionally and get a first “rehearsal” of the skills involved.

Core activities. Each group performed its script in turn during a two-class-hour practical session. Beyond basic role-playing, we encouraged simple educational psychodrama techniques: the “double,” in which another student voices the protagonist’s unspoken inner thoughts, or the “empty chair,” a dialogue with a symbolic figure. Both techniques help students express emotion and portray inner conflict more fully. While a group performed, the other groups took part as “observational learners” and as a “supportive audience.”

2.2.4 Stage 4: Self-awareness

Objectives. The final stage asks students to step back from the emotional experience and reflect on it, so that concrete experience can rise into abstract concepts and personal feelings into professional values.

Core activities. Once every group had performed, the instructor led a structured sharing session of about 30 minutes around pre-designed guiding questions: “During the acting or watching, which moment moved you the most, and what thoughts about nursing work did it trigger?” “What is the theoretical basis of the intervention technique used in the play, and what challenges might arise when applying it in real situations?” “Through the whole process—from interviewing, to creating, to performing—how has your understanding of the nursing profession changed?” Each student then handed in a personal reflection report of roughly 500 words, linking the whole process to course theory and to their own career development plans.

2.3 Teaching Implementation

The Nursing Psychology course runs to 40 class hours—28 of theory and 12 of practice—and its content covers psychological foundations, clinical psychological assessment and intervention, patient psychology and psychological nursing, and the mental health maintenance of nurses. After reviewing the course content together, the teaching team chose the chapter “Mental Health Maintenance of Nurses” (two class hours of practical teaching) as the home for the “4S” model. The chapter asks students to understand common mental health problems of clinical nurses and to master the clinical use of psychological assessment and intervention techniques. Two considerations drove this choice. First, these problems grow out of tangled clinical relationships, heavy workloads, and specific ethical situations—material that lecturing can barely convey. Script writing and role-playing let educational psychodrama recreate such situations in a comparatively safe and controllable way, giving students an experience that feels close to real. Second, the participants were third-year students on the verge of clinical clerkships. A measure of “pre-adaptation” education on occupational mental health at exactly this point should help them handle the pressures of clinical work better.

Preparation ran along two tracks. For Situation Exploration, the team first worked through the teaching objectives and fixed the theme as “common mental health problems of clinical nurses”; four weeks before the class, we contacted the relevant departments of the affiliated hospital, explained the purpose of the course, booked interview slots for the students, and had the interview outlines ready for distribution. For Script Creation, three weeks ahead, students were grouped and given their task brief: interview clinical nurses on the theme, settle a group topic by weighing the interview findings against the literature, and write the script with the help of a script template. We asked only that the script stay close to real clinical nursing work and that it fully present the manifestations, impacts, psychological assessment, and psychological intervention of the chosen problem; the choice of intervention technique was left open.

The implementation itself unfolded in four phases. In Situation Exploration, students read the literature ahead of time, revised the instructor-drafted interview outline, picked the departments they wanted to visit, and sharpened their psychodrama themes in group discussion by weighing the interview findings against published work. In Script Creation, the supervising instructor went over the script framework with each group and locked down the storyline, the intervention techniques, and the way the identification, assessment, and intervention of nurses’ mental health problems would appear in the plot; rehearsal began as soon as the framework was settled, with the instructor coaching role-playing, role training, and empty-chair techniques and pressing students to keep feeding what they had learned into the plot so it would stay engaging. In Showcase Presentation, the instructor opened with a quick review of the semester’s nursing psychology knowledge and used the interaction to encourage and empower the students, taking the edge off their nerves; the groups then performed in a predetermined order, presenting the story background and the origin, identification, assessment, and intervention of the problem, and after each performance one group representative explained why the topic had been chosen, what caused the problem, and how the selected intervention technique was expected to work. In Self-awareness, finally, the whole

class traded insights from preparation and performance. The instructor steered the conversation toward themes such as “nursing professional spirit,” “the causes and prevention of nurses’ mental health problems,” “experiences of applying psychological knowledge in practice,” and “key operational points of psychological intervention techniques,” shaping professional spirit in an unobtrusive way. The after-class assignment was a written reflection on the whole experience.

Across all four phases the teacher played two roles at once. As “director,” they kept the teaching pace, steered script creation and rehearsal, and made sure the performance content stayed tied to the teaching objectives. As “facilitator,” they worked on students’ emotional engagement and depth of reflection—through pre-class empowerment, guiding questions, and thematic sharing—instead of handing students ready-made conclusions.

2.4 Evaluation

2.4.1 Questionnaire Survey

When the course ended, every student completed a self-developed questionnaire. It comprised 23 five-point Likert items in two sections—overall teaching evaluation (13 items) and non-knowledge gains (10 items)—plus one single-choice item on self-assessed knowledge mastery. Experts reviewed the questionnaire and rated its content validity as good.

2.4.2 Semi-structured Interviews

Fourteen students from different backgrounds—seven civilian students and seven military cadet students (officer-cadet track)—were purposively selected for semi-structured interviews built around three questions: (1) What was your greatest gain from this teaching experience? (2) What was the greatest difficulty you encountered during the learning process? (3) What new understanding of nursing work did you develop through this learning experience? The interview data were coded, categorised, and distilled into themes using Colaizzi’s phenomenological analysis method; two researchers worked through the analysis jointly to ensure trustworthiness.

2.5 Data Analysis

The data were organised and analysed with descriptive statistics. Categorical data are expressed as frequencies and percentages.

3. Results

3.1 Questionnaire Results

All 27 students returned valid questionnaires after the teaching, a valid response rate of 100%. The results below follow the questionnaire’s three dimensions: evaluation of the overall teaching effect, self-assessed knowledge-based learning outcomes, and non-knowledge learning outcomes.

3.1.1 Evaluation of the Overall Teaching Effect

Students’ evaluation of the overall teaching effect is shown in Table 1.

Table 1. Students' Evaluation of the Overall Teaching Effect (n = 27)

No.	Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	The instructors were conscientious and responsible in their teaching	92.59%	7.41%	0.00%	0.00%	0.00%
2	The instructors presented the material with clear, logical reasoning that was easy to understand	92.59%	7.41%	0.00%	0.00%	0.00%
3	The instructors highlighted key points and explained difficult content clearly	92.59%	7.41%	0.00%	0.00%	0.00%
4	The instructors' PowerPoint slides were carefully prepared and skillfully used	96.30%	3.70%	0.00%	0.00%	0.00%
5	The instructors made good use of case-based teaching and emphasized inspiring and guiding students' thinking	92.59%	7.41%	0.00%	0.00%	0.00%
6	The instructors captured students' attention and stimulated their enthusiasm for learning	92.59%	7.41%	0.00%	0.00%	0.00%
7	Classroom order was good, and the instructors actively maintained it	96.30%	3.70%	0.00%	0.00%	0.00%
8	The classroom atmosphere was lively, and all students actively participated and interacted	88.89%	11.11%	0.00%	0.00%	0.00%
9	The course was well arranged, with a coherent knowledge structure and tight connections between sessions	92.59%	7.41%	0.00%	0.00%	0.00%
10	Sufficient reference materials and other teaching information resources were available for the course	92.59%	7.41%	0.00%	0.00%	0.00%
11	I consider this course important	88.89%	11.11%	0.00%	0.00%	0.00%
12	I am very interested in this course	92.59%	7.41%	0.00%	0.00%	0.00%
13	I worked hard in this course	88.89%	11.11%	0.00%	0.00%	0.00%

Table 1 shows that the overall teaching effect was rated highly. On every one of the 13 items, “strongly agree” and “agree” together reached 100%, which points to broad satisfaction with teaching quality and with classroom organisation and management. Two items topped the “strongly agree” ranking at 96.30%: “carefully prepared and skillfully used PowerPoint slides” and “good classroom order.” At the other end

sat “course importance” and students’ own “learning effort,” each with 88.89% “strongly agree.” A plausible reading is that the course cuts across nursing and psychology, so students do not yet see it as central to nursing work.

3.1.2 Self-assessed Knowledge-based Learning Outcomes

Students’ self-assessed knowledge-based learning outcomes are shown in Table 2.

Table 2. Students’ Self-assessment of Knowledge-based Learning Outcomes ($n = 27$)

No.	Item	n	Percentage
1	I have fully mastered the course knowledge, and my ability has improved	3	11.11%
2	I can flexibly apply what I have learned in the course	15	55.56%
3	I have preliminarily grasped some basic concepts and principles	9	33.33%
4	My mastery of the course content is limited	0	0.00%
5	I do not understand the course content at all	0	0.00%

As Table 2 indicates, 55.56% of the students felt able to flexibly apply what they had learned, 33.33% said they had only preliminarily grasped some basic concepts and principles, and 11.11% reported full mastery with improved ability. Nobody chose “limited mastery” or “do not understand at all.” The likely explanation is time pressure: the course has only 40 class hours to cover both the basic knowledge of nursing psychology and its application to practical problems, so it is hardly surprising that part of the class stayed at a preliminary level.

3.1.3 Non-knowledge Learning Outcomes

Students’ evaluation of non-knowledge learning outcomes is shown in Table 3.

Table 3. Students’ Evaluation of Non-knowledge Learning Outcomes ($n = 27$)

No.	Item	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	It expanded my understanding of the scope of nurses’ work	81.48%	18.52%	0.00%	0.00%	0.00%
2	It enriched my understanding of nurses’ responsibilities and requirements	81.48%	18.52%	0.00%	0.00%	0.00%
3	It deepened my understanding of the relationship between nursing and nursing psychology	85.19%	14.81%	0.00%	0.00%	0.00%
4	It gave me a clearer understanding of patients’ psychological needs	88.89%	11.11%	0.00%	0.00%	0.00%

5	It enabled me to view patients with greater equality, respect, and care	92.59%	7.41%	0.00%	0.00%	0.00%
6	It strengthened my belief in serving patients with professional knowledge	85.19%	14.81%	0.00%	0.00%	0.00%
7	It taught me to think from others' perspectives	88.89%	11.11%	0.00%	0.00%	0.00%
8	It improved my observational ability	85.19%	14.81%	0.00%	0.00%	0.00%
9	It taught me to use professional psychological methods and techniques to observe, reflect on, and solve clinical nursing problems	85.19%	14.81%	0.00%	0.00%	0.00%
10	It motivated me to improve my psychological nursing competence	88.89%	11.11%	0.00%	0.00%	0.00%

The non-knowledge outcomes in Table 3 were also rated highly, with “strongly agree” plus “agree” reaching 100% on all 10 items. “Being able to view patients with greater equality, respect, and care” led the “strongly agree” rates at 92.59%—a hint that the model does help cultivate students’ nursing professional spirit. The two lowest “strongly agree” figures (81.48% each) belonged to “expanded my understanding of the scope of nurses’ work” and “enriched my understanding of nurses’ responsibilities and requirements.” This may simply reflect prior exposure: under China’s recent “comprehensive health” drive, nursing students have repeatedly been asked to widen the scope of services, raise quality, strengthen prevention, build competence, and maintain good nurse–patient relationships, so they came into the course with these ideas already formed.

3.2 Interview Results

Fourteen students took part in the post-course semi-structured interviews (sampling and analysis procedures are described in the Methods section). The analysis produced three themes.

3.2.1 Theme 1: Enhancement of Psychological Nursing Competence

Asked about the hardest part of the learning process, many students named the same thing: using psychological knowledge to identify, assess, and intervene in nurses’ mental health problems. Knowledge that had felt secure during study turned out to be less solid in use—while writing the script, students kept their textbooks open beside them and checked the definitions again and again. Even so, they felt that this very struggle is what let them genuinely master the application of nursing psychology knowledge to real events, and they came away with clearly stronger psychological nursing competence.

3.2.2 Theme 2: Improvement of Coping Ability

A second theme concerns coping. Interviewing clinical nurses let students feel, at first hand, how much distress the job can carry; they also noticed that a good deal of this distress grows out of “irrational beliefs,” the kind that rational emotive behavior therapy addresses well. In their own group’s

psychodrama they then rehearsed exactly those intervention techniques for working through such distress. Along the way they picked up methods for protecting their own mental health, and their coping ability improved.

3.2.3 Theme 3: Cultivation of Professional Spirit

For many students the single most rewarding element was interviewing clinical nurses. The work is hard and tiring, and nurses are frequently misunderstood by patients and their families—yet they carry on, because watching patients gradually recover with their help is, for them, the greatest encouragement. One interviewed nurse had served on the frontline of the epidemic response; speaking of her, a student said that “it felt as if the real Nightingale had come to our side” (participant quote). That group went on to turn her story into a script about resolutely rushing to the frontline, and the performance let the whole class share in the Nightingale spirit.

4. Discussion

4.1 *The Progressive Logic and Theoretical Basis of the “4S” Model*

The “4S” model built in this study—Situation Exploration, Script Creation, Showcase Presentation, and Self-awareness—moves along a simple chain: investigation, creation, performance, reflection. Students start from authentic clinical experience, generalise and abstract from it, enact knowledge through action, and finish by reconstructing meaning. The chain matches the action-based and role-based meaning-making at the heart of educational psychodrama (Maya & Maraver, 2020), and it maps neatly onto Kolb’s experiential learning cycle of “experience–reflection–conceptualization–practice” (Nurunnabi et al., 2022).

4.2 *The “4S” Model Promotes the Integrated Transformation of Knowledge into Competence*

Just over half of the students (55.56%) reported that they could flexibly apply what they had learned, and the interviews show why. As students put it, knowledge that “felt mastered during study” proved “not thorough enough” once it had to be used, which forced constant returns to the textbook during script writing. Script creation, in other words, acted as a mechanism that forced students to weld scattered theory into an operable intervention plan: to finish the script, students had to reorganise and internalise their knowledge within an applied context. Studies that apply sociodramatic and scenario-drama methods to medical and clinical teaching report much the same mechanism (Baile & Walters, 2013; Jiang et al., 2020).

4.3 *The “4S” Model Contributes to the Cultivation of Professional Spirit and Empathic Literacy*

Two strands of evidence point to gains in professional spirit and empathic literacy. On the questionnaire, “being able to view patients with greater equality, respect, and care” attracted the highest share of “strongly agree” responses (92.59%), with “understanding patients’ psychological needs” and “learning to think from others’ perspectives” not far behind. In the interviews, students spoke of coming to appreciate both the hardship and fatigue of clinical nursing and the perseverance behind them; the group

that dramatised the epidemic nurse's story—recall the remark that “it felt as if the real Nightingale had come to our side”—carried that inspiration from an individual experience into something the whole class felt together. These findings sit comfortably alongside reports that psychodrama-based and expressive methods strengthen nursing students' empathy, communication competence, and self-reflection (Beauvais et al., 2019; Çataldaş et al., 2024; Özcan et al., 2011), and with international evidence of psychodrama's value for nursing students' self-acceptance (Kaya et al., 2022), for psychiatric nurses' emotional awareness and communication skills (Albal et al., 2021), and for the cultivation of nursing professional qualities (Yüceyurt, 2025). Why does the model work this way? Probably because students kept entering the inner worlds of both patients and nurses in one role after another; that kind of embodied perspective-taking opens an emotional channel through which empathy and professional spirit can grow.

4.4 The “4S” Model Provides “Pre-adaptation” for Nursing Students' Occupational Mental Health

The study was deliberately placed where it could do double duty. The participants were third-year students about to start clinical clerkships, and the model ran inside the chapter “Mental Health Maintenance of Nurses”—an explicit “pre-adaptation” arrangement. The interviews suggest it worked as intended: students used the psychodrama to rehearse techniques such as rational emotive behavior therapy for distress rooted in “irrational beliefs,” picked up ways of looking after their own mental health, and came away with stronger coping ability. This agrees with research showing that psychodrama benefits the psychological well-being of university students (Kaya & Deniz, 2020).

4.5 Shortcomings of the Teaching and Directions for Improvement

Two weaknesses in the teaching itself deserve mention. First, the “strongly agree” figures for “course importance” and for students' own “learning effort” were comparatively low (both 88.89%), plausibly because the interdisciplinary profile of the course keeps some students from recognising its clinical value; guidance on that value clearly needs strengthening. Second, a third of the class (33.33%) had only a preliminary grasp of the basic concepts and principles. With just 40 class hours available for both knowledge acquisition and competence transformation, that is hardly surprising—but it does suggest that the allocation of class hours could be reworked, with a larger share given to practical teaching.

4.6 Limitations

Several limitations bound what can be claimed here. This was a single-center study, the sample was small ($n = 27$), the model was piloted in one chapter only, and there was no control group. The evaluation rested mainly on self-report questionnaires and subjective interviews, without objective assessment indicators or longitudinal follow-up, so the results should be generalised with caution. Larger samples, more chapters, controlled designs with objective competence assessments, and follow-up studies on long-term effects are the obvious next steps.

5. Conclusion

Drawing on educational psychodrama theory, we built the “4S” structured teaching model—Situation Exploration, Script Creation, Showcase Presentation, and Self-awareness—and gave it a preliminary trial

with 27 undergraduate nursing students, assessed through a questionnaire survey and qualitative interviews. Even at this pilot stage the model showed real promise: it moved knowledge toward psychological nursing competence, nurtured professional spirit and empathic literacy, and strengthened students' ability to cope with occupational stress. If one lesson stands out, it is that chaining authentic clinical investigation, script creation, and action-based performance into a single structured learning sequence helps students cross the gap from "knowing" to "doing." Verification in larger samples and more chapters, using controlled designs with objective competence assessments and longitudinal follow-up, is the natural next step.

Acknowledgement

The author is grateful to all the students and clinical nurses who took part, and to the members of the nursing psychology teaching team for their support throughout.

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