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EXPERIMENTAL RESEARCH OF PSYCHOLOGICAL SUPPORT OF DEVELOPMENT OF COMMUNICATIVE COMPETENCE IN HIGH SCHOOL

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Abstract. In this article, we described an experimental study of the psychological support for the development of communicative competence of future specialists. Since in the competence approach the result of education is viewed as the ability to act in different situations, a brief literature review of the concept and problems of the competence approach in vocational education was conducted. Comparative results of an experimental study conducted in two higher educational institutions teaching students of pedagogical and medical profiles are presented.

Keywords: competence; competence approach; communicative competence

Introduction

A competent approach in higher professional education opens wide opportunities for better training of specialists for real life. The competence approach pays attention, mainly to the result of education, and the result of education is considered not as the sum of the acquired information, but as the ability to act in different situations. The essence of this approach is that priority is given to personally significant knowledge and skills over subject knowledge. The experience of the Kazakhstani reforms revealed that the most socially adapted were people who did not possess the sum of academic knowledge, but a combination of personal qualities: initiative, enterprise, creative approach to business, and the ability to make independent decisions.

It is necessary to clarify the relationship of concepts: “competency”, “competence”. In the international educational space, the notion of “competence”

is a key concept. Therefore, in the first place, the analysis of the concept of “competence” is needed. If we look at the dictionary of foreign words, then the following definition is given: “Competent – knowledgeable in a certain area; Who has the right, according to his knowledge or authority, to do, or decide something, to judge something”¹⁾.

The free encyclopedia Wikipedia, the following definitions: competency - availability of knowledge and experience required to operate effectively in a given subject area. There, competence – a potential willingness to solve the problem with knowledge of the case; Includes the content (knowledge) and procedural (skill) components and assumes knowledge of the essence of the problem and the ability to solve it; Constant updating of knowledge, possession of new information for the successful application of this knowledge in specific conditions, that is, the possession of operational and mobile knowledge²⁾.

Let us consider how Russian scientists consider the relationship between the concepts “competence”, “competency”. Many scientists differentiate between “competence” and “competency”. For example, under the competence, I. A. Zimnyaya understands personal quality (Zimnyaya 2004). N.V. Kuzmina considers competence as a personal property (Kuzmina 1990). According to A. Khutorsky, a competent person has the knowledge and abilities that enable him to act effectively in a certain area (Khutorskii 2001). M.A. Choshanov believes that competence is the ability to choose the most optimal and effective solutions and reject not optimal and not effective (Choshanov 1996). E.A. Tsarkova considers competence as an integrated quality of personality that serves his needs (Tsarkova 2004). G.S. Suhobskaya considers competence as a system of knowledge and skills of the teacher, which he demonstrates when solving pedagogical problems (Suhobskaya, Bozhko 1995). V.S. Bezrukova under competence understands the knowledge and skills, allowing expressing professionally competent judgments and assessments (Bezrukov 1999). Thus, we can identify the essential characterization of competence – this is a personal quality, manifested in perception and behavior, solving emerging problems.

Let’s consider the concept of competency. In the glossary of the terms of the labor market of the European Training Foundation, competency is defined as the ability to do something effectively, according to the requirements for the job and to perform specific functions³⁾. A. Ya. Kibanov under the competence understands “the characteristics necessary for successful activity; in other words, the totality of knowledge, skills, abilities, efforts, and behaviors that are being applied”⁴⁾. We can conclude that competencies help to achieve results in accordance with social requirements. Thus, competency is a measure of mastering competence, which is determined by the ability to solve situational social problems.

The modernization of the system of higher education forces us to reconsider the approaches that are used during the training of specialists. In this regard,

the need for various competencies, in demand in the forthcoming professional activity arose for university students, future specialists. Absence or low level of communicative competence reduces the effectiveness of interaction, leads to failure, accumulated situations of failure, in turn, contribute to a decrease in professional motivation. Communication of communicative competence with the professional efficiency of the future specialist is obvious. In order to identify this connection and opportunities for the development of students, a pilot study was conducted. In this study, based on a competence-oriented approach, as a key competence, we have singled out communicative competence. The future specialist as a full-fledged member of society, actively involved in social life must also have communicative competence. For him, the ability to communicate, the features of the emotional-volitional sphere included in communicative competence are also professionally significant. The period of study at a higher educational institution is sensitive to the development of professionally important communicative skills of a future specialist.

The aim of the study is: development of scientific and methodical bases of formation of the communicative competence of medical and pedagogical students.

The object of this study: the formation of communicative competence of future specialists as a professionally significant quality.

The subject of this study: the process of formation of communicative competence of students in the educational process of high school.

Tasks of the study

1. To reveal the state of the problem of the formation of communicative competence in the scientific literature.

2. Identify the level of development of communicative competence of the students and develop guidelines for psychological support in the formation of communicative competence.

Methods

The current study used following methods:

- Theoretical: study and analysis, and psycho-educational literature, the synthesis of theoretical and empirical material, comparison, generalization;
- Empirical: teacher observation, modeling, questioning, testing, interviewing, methods mathematical statistics, evaluation of the results of experimental work on different stages of the study.

The place of the study: Asfendiyarov Kazakh National Medical University, Abay Kazakh National Pedagogical University.

Characteristics of the sample

To carry out psychological support for the development of communicative competence of future specialists in the conditions of a higher educational institution, a survey program was compiled, according to which students from 1,4 courses of

medical and pedagogical universities were enrolled in the number of 100 people, aged 17 – 22, average age 19.5 years. The control group consisted of students from the faculties “Public Health” of the Asfendiyarov Kazakh National Medical University and students of the faculty “Pedagogy and Psychology” of the Abai Kazakh National Pedagogical University (consisting of 99 people) aged 17 – 23 years, the average age of 20 years. The total sample size is 199 people. Detailed characteristics of the sample are presented in Table 1.

Table 1. Characteristics of the sample (N=199)

Name			The faculty		Course	
	Male	Female	PH*	P&P**	1	4
Study group	20	80	50	50	37	43
Control group	17	82	66	33	62	33

* Public Health

** Pedagogy and Psychology

At this stage of the study, the following methods were used: the method for diagnosing general communicative tolerance according to V.V. Boiko, the methodology for diagnosing emotional barriers in interpersonal communication according to V.V. Boiko, the questionnaire “Diagnostics of the level of polycommunicative empathy” according to I. Yusupov.

Results

The table 2 shows the results of the research, for each procedure separately, before and after the program developed.

The technique of diagnosis of general communicative tolerance – V.V. Boiko.

In the study group, the following features are revealed: inability to hide or smooth out unpleasant feelings in a collision with non-communicable qualities of the partner and intolerance to the physical or mental discomfort of the partner; rejection or misunderstanding of a person's personality; desire to remake, re-educate a partner.

After repeated diagnosis using this technique, it was found that the results of the study in the control group had a slight change, and the study group noted changes in results, in the direction of increasing the level of tolerance. Where in 50% of cases the level of tolerance is above the average, in 39% of cases – the average level, and in 11% of cases there is a high level, ($p < 0.2$). Indicators indicate the formation and strengthening of communicative tolerance in the work environment, in interaction with those people who have to deal with the type of activity (clients, patients), as shown in Table 2 and 2a.

Table 2. Indicators of levels of communicative tolerance in future doctors

No	Level	Indicators			
		BEFORE		AFTER	
		The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=66)
1	Very low 100 – 135 points	0	4	0	0
2	Low 80 – 100 points	12	53	0	53
3	Medium 60 – 80 points	24	9	21	13
4	Above the average 40 – 60 points	14	0	20	0
5	High 40p. and lower	0	0	9	0

Table 2a. Indicators of levels of communicative tolerance in future teachers

No	Level (in points)	Indicators			
		Before		After	
		The study group (N=50)	The control group (N=33)	The study group (N=50)	The control group (N=33)
1	Very low 100 – 135 points	0	3	0	0
2	Low 80 – 100 points	19	17	0	20
3	Medium 60 – 80 points	18	10	25	13
4	Above the average 40 – 60 points	13	0	22	0
5	High 40p. and lower	0	0	3	0

The technique of diagnosing “interference” in the establishment of emotional contacts contains a scale of emotional barriers in interpersonal communication – V.V. Boiko⁵⁾. In the experimental group, in comparison with the control group, there is a significant difference in the results. After the re-diagnosis, on average, the emotional barriers in interpersonal communication

were reduced, which characterizes the internal personal work of students in the experimental group ($p < 0.01$), in the control group there are minor changes, as shown in Table 3.

Table 3. Indicators on the method – V.V. Boiko, Diagnosis of emotional barriers in interpersonal communication in future doctors⁵⁾

No	Level (in points)	Indicators			
		BEFORE		AFTER	
		The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=66)
1	13 and higher	28	54	14	50
2	9 – 12	11	12	12	16
3	6 – 8	1	0	12	0
4	5 and less	0	0	12	0

Table 3a. Indicators on the method – V.V. Boiko, diagnostics of emotional barriers in interpersonal communication in future teachers⁵⁾

No.	Level (in points)	Indicators			
		BEFORE		AFTER	
		The study group (N=50)	The control group (N=33)	The study group (N=50)	The control group (N=33)
1	13 and higher	17	29	12	28
2	9 – 12	22	4	13	5
3	6 – 8	11	0	13	0
4	5 and less	0	0	12	0

Diagnosis of the level of polycommunicative empathy – I. Yusupov

The distribution of the surveyed groups shows that in both the study and the control groups, in most cases, the average level of polycommunicative empathy is characterized by: attentiveness in communication, but with an excessive outpouring of the interlocutor's feelings, it loses patience. Difficulty in predicting the development of relations between people. It should be noted that in the study group, in the second study, the indicators have significant changes, since in 8% of

cases a very high level is observed, in 73.7% of cases a high level, and in 18% of cases the average level of polycommunicative empathy, in the control group of 58 % of cases are high, in 42% of cases, the average level of policommunication competence, ($p < 0.01$).

Table 4. Indicators of the level of polycommunicative empathy in future doctors (Yusupov 2012)

No.	Level (in points)		Indicators			
			BEFORE		AFTER	
			The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=66)
1	82 – 90	very high	0	0	8	0
2	63 – 81	high	16	30	24	38
3	37 – 62	average	34	33	18	28
4	12 – 36	low	0	0	0	0
5	5 – 11	very low	0	0	0	0

Table 4a. Indicators of the level of polycommunicative empathy in future educators (Yusupov 2012)

No.	Level (in points)		Indicators			
			BEFORE		AFTER	
			The study group (N=50)	The control group (N=33)	The study group (N=50)	The control group (N=33)
1	82 – 90	Very high	0	0	12	0
2	63 – 81	High	22	15	13	23
3	37 – 62	Average	28	18	13	10
4	12 – 36	Low	0	0	12	0
5	5 – 11	Very low	0	0	0	0

The results of the control experiment conducted before the training became the initial level of communicative competence of the study participants, they are

presented in Tables 2, 2a, 3, 3a, 4, 4a. The received data testified to the need for psychological support for the development of communicative competence. In connection with this, a program of psychological support for the development of communication skills among students of medical and pedagogical universities was developed. The results of the revealed level of communicative competence among students were not only taken into account when building a program of psychological support for the development of communication skills but created a launching pad or an initial line with which it is possible to compare the participants' progress towards the goals of personal growth training.

Psychological support of the development of communicative competence of students of medical and pedagogical universities was carried out taking into account their specificity. The proposed program of psychological support for the development of communicative competence of future doctors and educators is built based on a three-level structure of the communicative competence of a specialist. It consists of several stages. Each stage contains goals, objectives, expected results. Thus, the program of psychological support for the development of communicative competence presupposes the formation of the communicative competence of the future doctor and future teacher as a multi-level integral quality of his personality, important for professional activities. The training program for psychological support of the development of communicative competence of future doctors was held from February to May 2012 and included 9 lessons of 3 hours 1 time a week based on the Center for Communication Skills of KazNMU named after. S.D. Asfendiyarov, the total duration – 27 hours. The training was conducted only in the experimental group, but the repeated conduct of psychodiagnostic was conducted in both groups. Psychological support for the development of the communicative competence of future teachers was also conducted based on the Center for Communication Skills of the KazNMU. S.D. Asfendiyarov, from March to June 2016, 9 lessons were held for 3 hours 1 time per week. The following forms and methods of work were used:

- group discussions; gaming methods; modeling situations;
- presentations, brainstorming, role-playing, and exercise;
- work in small groups, exercises in pairs, groups.

After the psychological support program for the formation and development of communicative competence, repeated testing was conducted using the same methods.

Results

The comparative characteristic of the obtained data shows that in the control group all the indicators practically remain at the same level, although the educational process in this group was the same as in the experimental

group. Indicators in the experimental group have a significant difference, that is, communicative tolerance has become more stable, emotional barriers have been lowered, the level of communicative competence has improved based on the method “Polycom – mative empathy”. Thus, one can say without conducting a special training program to develop communicative competence using interactive teaching methods, it is impossible to reach the appropriate level. From this, it follows that the psychological support program for the development of communicative competence is effective and can be used in higher education institutions at the undergraduate and postgraduate stages of Learning.

Table 5. Indicators of levels of communicative tolerance before the experiment

No.	Level (in points)	Communicative tolerance			
		Future doctors		Future teachers	
		The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=33)
1	Very low 100 – 135	0	4	0	6th
2	Low 80 – 100	12	53	19	17th
3	Medium 60 – 80	24	9	18	10
4	Above the average 40 – 60	14	0	13	0
5	High 40p. and lower	0	0	0	0

Table 6. According to the procedure – V.V. Boiko, diagnosis emotional barriers in interpersonal communication before the experiment⁵⁾

No.	Level (in points)	Emotional barriers in interpersonal communication			
		Future doctors		Future teachers	
		The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=33)
1	13 and higher	28	54	17th	29
2	9 – 12	11	12	22	4
3	6 – 8	1	0	11	0
4	5 and less	0	0	0	0

Table 7. Indicators of polycommunicative empathy before the experiment (Yusupov, 2012)

No.	Level (in points)		Indicators			
			Future doctors		Future teachers	
			The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=33)
1	82 – 90	Very high	0	0	0	0
2	63 – 81	High	16	30	22	15
3	37 – 62	Average	34	33	28	18
4	12 – 36	Low	0	0	0	0
5	5 – 11	Very low	0	0	0	0

Table 8. Performance levels communicative tolerance after the experiment

No.	Level (in points)	Communicative tolerance			
		Future doctors		Future teachers	
		The study group (N=50)	The control group (N=66)	The study group (N=50)	The control group (N=33)
1	Very low 100 – 135	0	0	12	0
2	Low 80 – 100	0	53	13	23
3	Medium 60 – 80	21	13	13	10
4	Above the average 40 – 60	20	0	12	0
5	High 40p. and lower	0	0	0	0

Table 9. Performance of the method – V.V. Boiko, diagnosis of emotional barriers in interpersonal communication after the experiment⁵⁾

No.	Level (in points)	Emotional barriers in interpersonal communication			
		Future doctors		Future teachers	
		Investigated group = 50	Control group = 66	Investigated group = 50	Control group = 33
1	13 and higher	14	50	12	28
2	9 – 12	12	16	13	5
3	6 – 8	12	0	13	0
4	5 and less	12	0	12	0

Table 10. Indicators of communicative empathy after the experiment (Yusupov, 2012)

No.	Level (in points)		Communicative empathy			
			Future doctors		Future teachers	
			Investigated group = 50	Control group = 66	Investigated group = 50	Control group = 33
1	82 – 90	Very high	8	0	12	0
2	63 – 81	High	24	38	13	23
3	37 – 62	Average	18	28	13	10
4	12 – 36	Low	0	0	12	0
5	5 – 11	Very low	0	0	0	0

Conclusions

1. The essence of the competence approach at that priority is given personally meaningful knowledge and skills of substantive knowledge. Psychological support of the development of communicative competence. The future doctors and teachers accentuate an attention on the result of the formation, wherein at quality the result is considered not the amount of assimilated information, and the ability of the future specialist act at of various problematic situations, its competence.

2. For the psychological support of development, the future teachers and doctors of the communicative competence, it is necessary to use training of personal growth, members of which, simulating real conditions future activities, simulate its behavior from followed by an analysis of perfect of action and gain experience of controversy, discussion, and skill constructively defend their point of view.

3. This study indicates that psychological support development of communication skills, based on real diagnostic level of communicative competence and her elements allows, to determine the level, and to identify at what kind of moments communications. The future doctors and teachers there is difficulties, which skills it is necessary to develop.

4. The obtained data are the basis for developing a program for the development of communicative competence.

5. Received data after repeated studies, show the effectiveness of the developed training programs personal growth and the need for the introduction of her at the educational process of a higher educational institution.

In this article, we presented the results of years of research in the field of psychological support of the development of communicative competence of

students of medical and pedagogical universities. A review of the literature showed that this problem is quite developed, but its relevance is determined by the changing socio-economic situation in the society; changes in the content and conditions of training in the field of student self-awareness; the emergence of new employment opportunities, etc. In this regard, it must be emphasized that the development of communicative competence is the ideal training condition at the university for the full formation of a highly competent and well-developed personality of the future specialist.

The pilot study has shown the link between communicative competence elements. Development and incorporation in the educational process of the training program of communicative competence of students of medical and pedagogical universities, which includes a “Training of personal growth”, has yielded positive results and can be one of the reserves to improve the quality of training. And the results of experimental studies indicate increased severity indicators of communicative competence of students. The results can be used to improve the communicative competence of future teachers and doctors at the stage of training in high school.

NOTES

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