DRAMA PEDAGOGY IN NURSING EDUCATION

– Learning about care, encounters and communication

Linda Berg, Susanna Höglund Arveklev, Stina Larsson & Margret Lepp

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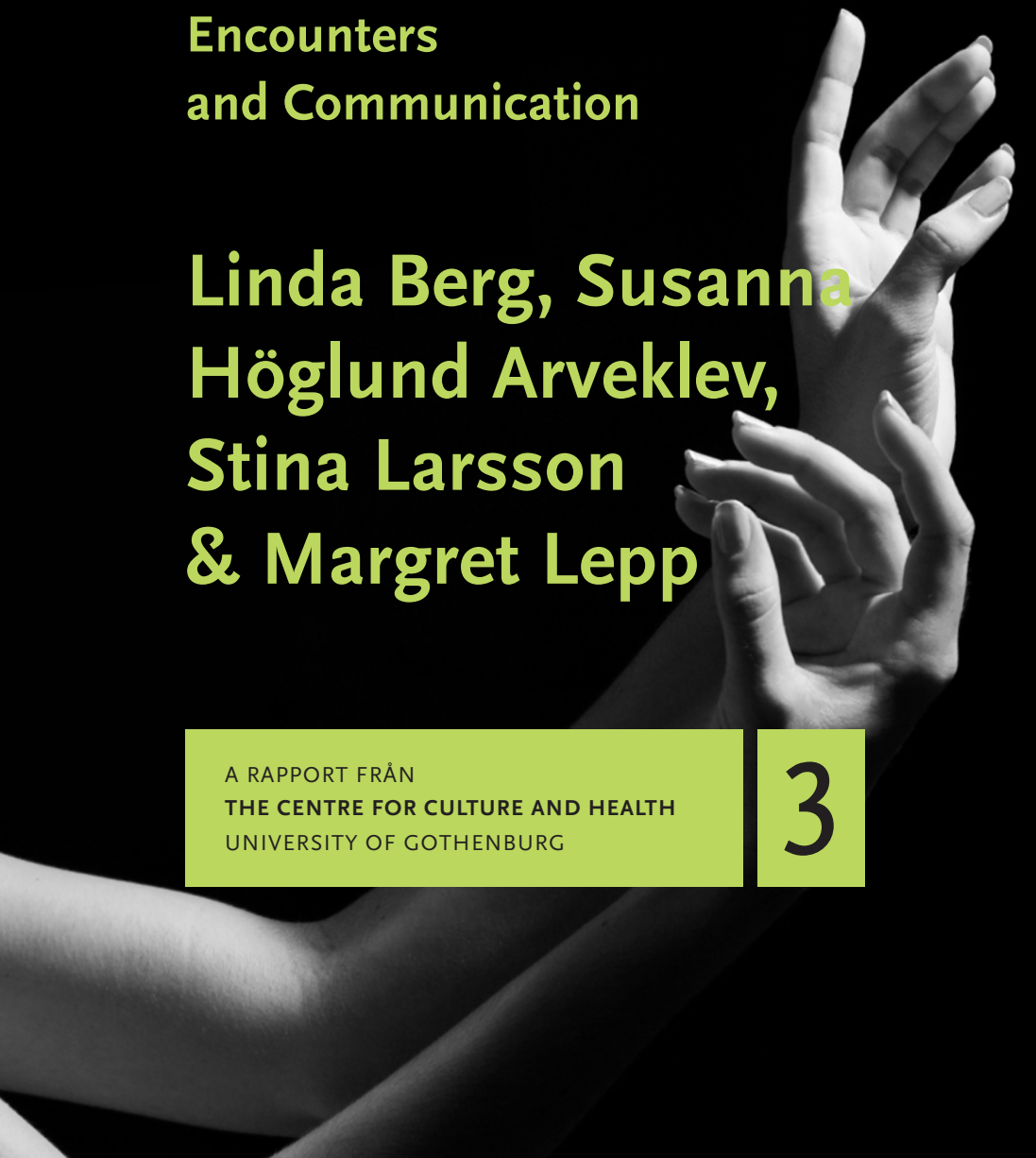

A RAPPORT FRÅN
THE CENTRE FOR CULTURE AND HEALTH
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Contents

Preface

THIS REPORT DESCRIBES a drama programme the authors developed. It has been prepared for readers who are interested in how drama may be used in healthcare education and is intended for use as a pedagogical tool. It begins with a chapter about nursing education followed by a chapter on the practice of nursing. There then follow a chapter on drama, a chapter on structuring learning, a chapter describing a drama programme, and a chapter in which students talk about their experiences of using drama to deepen their understanding of particular elements of the nursing programme. The report closes with a final chapter containing reflections on the use of drama in healthcare education.

The report discusses the ways in which nursing and drama pedagogy may be integrated and used to support students' learning. It focuses on a component of the course '*Nursing in Health and Illness*' (30 ECTS credits) that is taught during the third semester of the nursing programme at the Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg.

The authors have taught eight drama workshop per year on this course since the autumn semester of 2010. The workshop include the theme "communication in nursing", and focus on interpretation of and reflection upon situations, narratives and concepts. The parts have gradually been developed into a drama programme that consists of a workshop with six parts, in which practical drama exercises and reflections are intertwined to help the students

achieve the learning goals of the course. Reflections are structured so as to integrate theory and practice. This programme can also be used on other courses in the nursing programme or other health-care education.

Nursing involves relating to patients and their relatives in the context of health and acute or chronic illness. Drama pedagogy is both a practical and a theoretical discipline that can be used to build up overall impressions of individuals. Drama offers a way to acquire knowledge about the interplay between emotions, thoughts and actions in particular contexts. It requires that students are given the opportunity to practice, test and reflect on different care situations in a safe environment together with teachers and other students.

Studying to become a registered nurse

IN SWEDEN, THE nursing programme consists of three years comprising 6 semesters. It is designed to prepare future nurses for a working life that places high demands on professionalism and competence in dealing with not only patients and their relatives but also with colleagues and students. Ethical dilemmas, conflicts and a variety of problems may arise in any of these encounters. Communication skills therefore form a core element of the nursing programme. Training students to become nurses presupposes that they are able to show empathy for other people's life situations (Fossum, 2013).

Professionalism entails being able to readily adapt one's approach and actions according to the demands of a situation. The ability to shift between being close and distant and to integrate theoretical knowledge with practical experience have been described as features of a nurse's professional development (Benner, Tanner & Chesla 1999; Ekebergh, Lepp & Dahlberg 2004a; Ekebergh, Lepp & Dahlberg 2004b).

However, nursing education has tended to distinguish theory from practice, and nursing from medicine. There are therefore two major challenges for the nursing programme: (1) bridging the gap between nursing science/theoretical foundations and clinical practice and (2) aligning the perspectives of medical and nursing sciences in relation to safe, quality care (Heyman & Sandström, 2008). This means there is a need for pedagogical methods that

prompt students to reflect on attitudes and actions in clinical practice. Drama pedagogy is an effective method for giving students an opportunity for both self reflection and reflection in dialogue with the group and the teacher.

Nursing

THE PRACTICE OF nursing includes identifying and analyzing the patient's resources, their risk profile and nursing needs, and then offering nursing in consultation with the patient and sometimes also their relatives. In their encounter with a patient, the nurse tries to gain an understanding of the patient's experiences, knowledge, strength and will in the care situation. The patient carries with them into the healthcare encounter norms, knowledge, expectations and experiences from their daily life. Multicultural society is thus played out in the healthcare setting.

Nursing involves promoting and restoring human health, alleviating acute and chronic suffering, and helping people experience a dignified death. The International Council of Nurses' (ICN) definition of nursing reads:

> Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (Definition of Nursing, 2015)

During the course *Nursing in Health and Illness* (30 ECTS credits), the students develop knowledge through in-depth study of theo-

retical and practical aspects of the nursing process. The teaching of theory is based on a number of central concepts (see below) concerning the writing and interpretation of nursing documents. The students also deepen their knowledge about interpreting and managing symptoms such as pain, shortness of breath, fatigue, reduced mobility, changes in consciousness, memory impairment, anxiety and changes in bladder or bowel function.

Four metaparadigm concepts central to nursing

Since the 1970s, there has been broad consensus that four concepts should be included in nursing theory. These are: the human being, nursing/nursing activities, health and environment (Fawsett, 1984). Student nurses are taught about these concepts because they are important in a nurse's approach and behavior in encounters with patients, relatives, colleagues and students.

The human being: The concept of the human being has been explored in the human sciences, from which nursing borrows knowledge in order to teach student nurses how to regard people holistically (Lassenius, 2014; Smith, 2014; Eriksson, 2012). In nursing education, a holistic perspective is integrated into the life cycle perspective. This is used to build an understanding of people's nursing requirements when nursing is planned, implemented and evaluated (Ternestedt & Norberg, 2014). The student needs to learn how to respond to human beings at different stages of life and relate this to their health.

Nursing/Nursing Activities: Nursing involves a caring relationship between nurse and patient in which the patient's suffering may be alleviated (Eriksson, 1989; Berg, 2006; Kasén, 2012). Swanson (1993) claims that nursing is about being well informed about the

patient in both a general and specific sense. In the nursing encounter, the nurse should be emotionally present with the patient and support the patient in performing things they may be unable to do without help, such as washing. It also means showing confidence in the patient's resources and trying to understand the significance of various situations and events from their perspective. This may help the patient adapt to a new situation, which may in turn enhance their sense of wellbeing.

Health: Human health may be conceived of as oscillating on a spectrum between perceived wellness and illness (Watson, 2012; Smith, 2014). Health and illness include the person's subjective experience as well as objective signs, and they relate to the choices people make about how they live their lives in ways that may influence their wellbeing and sense of meaning (Starck, 2014; Eriksson, 2012). A person's own experience of symptoms preventing them from living as they wish to, as well as objective signs of illness form the grounds for the provision of nursing care. The student nurse must therefore learn to understand how various symptoms may occur and be experienced in both acute and chronic illness (Lenz & Pugh, 2013). This competence is necessary for the nurse to be able to properly assess the patient's care needs, taking into consideration nursing actions that have proven effective. A nurse should adopt an open-minded attitude, show empathy and use their imagination in trying to understand the patient's own story of their experience (Hansen, 2014; Skott, 2003).

Environment: Various environmental factors affect health and healthcare. The physical and social environment in which people live their everyday lives affect their health and wellbeing (Eriksson, 2012; Watson, 2012). The socio-political, cultural and economic environment will affect the nursing care a person receives when

they become ill (Watson, 1985). The healthcare environment should ensure privacy, security and confidentiality in healthcare encounters. However, when a nurse first meets a patient, they know little about their background and experience of illness. The patient may need to communicate these things to the nurse so that the nurse can understand their needs and expectations and then offer care that alleviate their suffering and protects their dignity (Berg, 2006). This communication process can be challenging, yet a nurse's ability to adequately understand the patient in these situations is extremely important.

Key concepts in nursing

It is necessary for a nurse to understand several key concepts in order to be able to offer care that respects the patient's dignity, integrity and self-determination. The concepts students are taught about in the course, *Nursing in Health and Illness* (30 ECTS credits) are: suffering, hope, comfort, security, participation and wellbeing. The course also includes the theme "communication and relationships in care", which addresses ethical issues in the encounters. Students learn that a nurse should always try to understand the patient's suffering in order to offer affirmation and attention. Similarly, they learn about the importance of hope, comfort, security and participation for people facing the existential threats posed by illness. The course also teaches the students how to enhance people's wellbeing despite their illness.

Suffering: The concept of suffering refers to human experience in its totality – physical, emotional and mental. Suffering may threaten, violate or diminish a person's sense of self and is often associated with feelings of losing control over one's existence. It may lead to a person shutting others out and this places particular demands

on a nurse. Suffering is often associated with various losses, such as of dignity or health. This implies a process of grieving that may sometimes result in personal development. However, a suffering individual may express their wishes and needs in ways that seem unfamiliar for their relatives, such as through anger towards them (Eriksson, 1994a; Eriksson, 1994b; Watson, 2012). This kind of expressions makes expectations of the nurse to provide relief (Morse 2003). Suffering may be divided into three forms: (1) Suffering of Life, which covers the whole of human life, one's attitude to oneself and surrounding reality, (2) Suffering of Illness, which includes physical symptoms of illness and their effects on the patient's daily life, (3) Suffering of Care, which is about the consequences of requiring care (Eriksson 2012; Wiklund, 2014).

Hope: The concept of hope implies a belief that difficulties can be overcome. Hope may arise in the face of a threat to human health and life. It can give inspiration, joy and energy when a person is suffering. Hope takes the form of emotions and thoughts, and it can inspire action. It is associated with having choices and experiencing meaningfulness in life, and believing it may be possible to achieve one's goals in terms of thoughts, feelings and relationships. The importance of hope varies between people and may be affected by a person's age. A young person may hold hopes for their own future while an older person's hopes may be focused on the next generation. In the case of life crises such as illness, a person's hopefulness may have a bearing on their wellbeing (Watson, 1985), their desire to continue living, their courage in dealing with adversity (Benzein, Saveman & Norberg 2000) and their ability to make sound choices.

Comfort: The concept of comfort is central to nursing. It concerns the alleviation of suffering by helping people find meaning in a situation. Consoling someone involves being able to give and receive

mutually. Nursing competence should be perceived by patients as spontaneous acts of selflessness. A prerequisite for effective solace is that both the comforter and the sufferer are fully present in the moment and have the courage to listen and to tell. These moments give people an opportunity to reflect upon what has happened and work on accepting the situation. Consoling also means helping a person see what lies ahead of them. This does not necessarily mean talking - a person may experience comfort even in silence. Feeling comforted may feel like coming 'home', finding meaning or sensing a "higher power", even for the non-religious (Norberg, Bergsten & Lundman, 2001; Öhlén & Holm, 2005).

Safety: In nursing, the concept of security is often presented as a human need that must be satisfied. Experiencing security has to do with the need to be seen as a unique individual. It relates to one's interior reality and its interface with the outside world. Each person has their own notion of security and this may manifest in a basic attitude. In order for student nurses to develop their ability to help others feel secure, they have to learn how to understand other people and their context in a responsive and humble manner. A person's sense of security may result from the actions of others around them (Watson 1985). Studies have shown that both patients and nurses consciously strive to shape the caring relationship such the patient's sense of security is enhanced (Berg & Danielsson, 2007; Berg, 2014).

Participation: The concept of participation in healthcare means that the patient is invited to be actively involved in their care. This helps the patient and nurse get to know each other. Care needs are identified with the help of the patient's narrative and in the conversation between them and the nursing staff. Making use of their own resources in the care process may enhance their sense of dignity. It

is also important that their privacy and self-determination are respected (Watson, 1985; Watson, 2012). When patients are involved in making decisions about their care, they often feel a sense of responsibility and control. However, people differ in the extent to which they wish to participate in discussions and decisions about their care. Factors that may influence this are age, educational level, their diagnosis and condition and the way in which they experience the hospital environment. In order for a patient to be able to participate in decision making, they need to feel confident in the caring relationship (Berg & Danielson, 2007). Sometimes, people who experience severe suffering may choose to hand over responsibility to their caregivers, possibly because they did not participate in initial discussions or receive enough information to make informed decisions (Eldh, Ekman & Ehnfors, 2006).

Wellbeing: Wellbeing is a subjective experience of pleasure and comfort in both a physical and existential sense. Good nursing care should help a sick patient experience as much wellbeing as possible under the circumstances. A person's wellbeing is affected by their health and ability to have meaningful relationships and it depends on how they experience their life situation (Eriksson, 2012; Benzein et al., 2000). Supporting a patient's wellbeing may involve things like allowing them to choose their own clothes (Edvardsson, 2009) or adapting the care environment for patients with disabilities to help them be independent, interact with others or choose privacy for rest. Consideration may need to be given to environmental factors such as lighting, height differences, colors, shapes, temperature and sound. Similarly, patients should, when possible, be allowed to choose between being indoors or outdoors in nature for stimulation and recreation. Providing care in the patient's own home environment has often proven to enhance their wellbeing (Edvardsson, Sandman & Rasmussen, 2005).

The caring relationship: According to Berg (2006), "the caring relationship includes encounters that take place in the healthcare context and are perceived by those involved to concern the patient's situation such that the patient and nurse collaborate in enhancing health" (a.a. p. 9). In daily nursing care, the quality of the relationship between nurse and patient constitutes the condition for trusting conversations (Watson, 2012). The caring relationship plays a major role in motivating the patient's active participation and willingness to take responsibility, as well as in coordination of the patient's care. Kasén (2002) has shown that if the caregiver lacks the will to share in the patient's suffering, a caring relationship cannot develop and this means the patient's suffering may not be alleviated. The caring relationship is also bound to time and context. At a particular moment, the caregiver makes a promise to a patient, which the patient accepts and the relationship thereby evolves. The content of the caring relationship is shaped by the way the patient delivers their story to the caregiver and by the way in which the caregiver receives it. Stories touches and shape human beings. Berg (2006) has shown that the caring relationship is dynamic and involves fluctuations between frustration, drive and mutual interest. It requires balancing the patients' experiences of vulnerability and dignity. If the caregiver protects the patient's dignity by relieving their suffering, this may in turn promote the patient's health and wellbeing (Anderberg, Lepp, Berglund & Segesten 2007; Eriksson, 1994a; Berg, 2006).

Drama pedagogy

DRAMA, OR DRAMA PEDAGOGY as it is also called, has interdisciplinary links primarily to education, psychology, theatre, art, aesthetics and sociology. It has a relatively short history in Europe and in the late 1990s, the discipline became known simply as drama (O'Toole, 1992). Lepp (1998; 2014) notes that it requires pedagogical leadership, a group in interaction, a fictitious creative activity and educational goals. Further, drama is both a practical and theoretical subject that uses a holistic view of the individual and focuses on integrating emotion, thought and action in the learning process.

Process and experience are central to drama. Since learning through drama is based on experience, it may be related to the concept "pedagogy of experience". Drama can be used to develop knowledge about the interrelationships between emotion, thought and action in a specific context. Participants in a drama are both acting "in the role" and, at the same time, reflecting on their behavior in the role. Taking on one role and then changing to another enables the participant to shift perspective and this helps them develop empathy and understanding for others (Grünbaum & Lepp, 2005/2013). This applies to both drama and theatre. Creating a positive and supportive climate in the group is important for making participants feel safe and thereby able to learn (Lepp & Zorn, 2002).

The following defining points about drama were drawn up at a Nordic drama conference in 1977 and it is still used. The list stresses

process and experience, and the fact that drama enables the individual to develop physically, mentally and socially.

> DRAMA is an artistic and educational work method.
> DRAMA is the pedagogical use of games, group exercises, improvization and different theatrical forms.
> DRAMA is creative teamwork in which the work process is more important than the result.
> DRAMA is a way to stimulate, utilize and develop communication between people.
> DRAMA trains participants in joint decision making.
> DRAMA is based on the conditions, interests and social reality of each group and its participants.
> DRAMA is to gain knowledge through experiences and processing.
> DRAMA develops human physical and mental resources that equip the person to participate actively in the society they live in. (Drama 1977, p. 26)

Drama in healthcare education

The use of drama in nursing education to support students' personal development and professional growth has been studied and developed by Lepp (1998; 2014; 2015). Drama and forum play (a form of role play) have been used as a didactic method in nursing and midwifery education (Ekebergh, Lepp & Dahlberg 2004a; 2004b) and in the supervision of healthcare staff at a hospital. Professional care and scientific studies in healthcare may be enriched by using ethnographic methodology, drama pedagogy and careful interpretation of stories (Skott, Dellenborg, Lepp & Nässén 2013). A recent study has also shown that the use of drama pedagogy helped health professionals become better at intervening when

they noted that a patient's rights had been violated (Zbikowski, 2014).

An integrative literature review of both empirical and theoretical studies of drama pedagogy was published by Arveklev, Wigert, Berg, Burton and Lepp (2015). This literature review consisted of 20 articles, of which 9 were from the USA, 5 from the UK, 2 from Sweden, 1 from Australia, 1 from Ireland, 1 from Canada and one was a collaborative project between the USA and Sweden. It was found that drama was used to bring theory and practice together and helping students find ways to apply theory to practical problems. It was also used to get students more involved in their own learning process and give them insight into their knowledge requirements. Drama pedagogy was also found to be used in teaching specific professional skills, such as communication. It was applied in preparing students for meetings with patients with specific needs, such as in psychiatric care, end of life care and care of the disabled. And it was used to enhance students' personal development in preparation for their future professional role, supporting them in becoming reflective, developing critical thinking, and gaining more self-awareness and confidence. Various role-playing exercises were presented in several of the studies. The student nurses most often played the role of nursing staff, while teachers, actors or drama students played roles as patients and relatives. Arkeklev et al. (2015) concluded from their review that drama is used with good effect in many countries to facilitate learning at different levels and on different courses in nursing programmes. Drama is described as a flexible method that can be adapted to different aims. It was noted, however, that research is lacking on students who play the role of patients in order to gain insight into situations from the care receiver's perspective, and there is also little research on the use of drama in nursing education at advanced level.

Warm-up exercises and play: Drama usually start with warm-up exercises, ”icebreakers”, in the form of movement activities and games to give the participants basic training in the language of drama. These exercises help raise the energy level in the group and develop playfulness and cooperation. Basic drama training often includes training of the senses and imagination exercises. Like the warm-up, the ”round” also forms an important introduction to the main theme of the workshop. This round is used to establish a climate in which each individual feels free to speak without being interrupted. It is not an opportunity for discussion but an opportunity for each person to be the focus of attention and to be heard (Grünbaum & Lepp 2005/2013). Theoreticians in psychology and pedagogy, such as Erik H. Eriksson, Jean Piaget, Donald Woods Winnicot, Peter Slade and others, have described the importance of games in children’s lives and development. The ability to play is considered a sign of wellbeing and it is therefore an important element in care. Playfulness in children translates into creativity in adults. Eriksson (1989) describes five basic forms of play: (1) the game as assimilation, (2) playful play, (3) creative play, (4) play as an expression of desires, and (5) play as trial and practice. All drama educational activities usually include some form of play and this helps consolidate relationships in the group. Play and creativity are indeed prerequisites for the development of human culture (Winnicot, 1981).

Improvization: Improvization means that participants are given a theme to work with, and they then improvize an event. An example could be a difficult meeting between a nurse, a patient and their relatives. The group allocates each member a role to play and they then improvize and collaborate with each other to enact the scene. Role play also involves improvization but it is more structured, with participants being given more detailed guidance about the roles, rela-

tionships and events. Johnstone (1985) observed that acting and play are closely associated with free association.

Role play: Role play may be used to address problems or initiate discussion. It is a structured form of improvization in which each participant is asked to play a role they identify with. The drama that evolves is thus based on the participants' own experiences. Role playing may deal with events from the past, present or future. Time is flexible and the context fluctuates. The participants' backgrounds, perspectives and experiences are used in designing fictional events, such as particular care situations (Grünbaum & Lepp, 2005/2013; Lepp, 2014).

The approach of the pedagogue/teacher: The leader plays an important role in drama activities because the participants' feelings and experiences are brought into focus. It is therefore important that the leader is adequately trained and has the maturity and life experience necessary to lead a drama activity responsibly (Grünbaum & Lepp, 2005/2013). They should be able to create a supportive and respectful group climate and "safe space" so that participants derive a positive experience from the event (Lepp & Zorn, 2002). "Only when the learning arena is perceived to be safe is the desire to share and the courage to take on a role and 'step into another's shoes' established" (Grünbaum & Lepp, 2005/201, 3 p. 57).

Reflection: Reflection is a core element of drama pedagogy. Reflection means thinking through a situation in an accurate, open-minded and consistent manner in order to arrive at a conclusion (Schön, 1987). A drama workshop involves oscillating between exercises and reflection continuously throughout the process. Reflection is also often used as a means of helping students learn to integrate theoretical knowledge and practical skills. It enables them to in-

crease their awareness of how they interact with others as professionals, and how they handle the emotions that may be evoked by an encounter (Schön, 1983). Students need to be able to reflect on how they may apply the knowledge they acquire in the university setting to clinical situations and meetings with patients, relatives and colleagues. They also need to integrate their knowledge by performing various steps in a professional situation (Tveiten, 2000).

A structure for learning

A PART OF the theory taught on the course *Nursing in Health and Illness* (30 ECTS credits) forms the basis of a workshop in which a drama teacher and a lecturer in nursing lead the students in performing drama exercises. These exercises include acting out fictional healthcare situations and they give the students opportunities to interpret and reflect on the events, the narratives and nursing concepts. The workshop is designed to support the students' ability to achieve desired learning outcomes (see Table 1). Reflection is performed either during the exercises or directly after them, both in pairs and in groups. Reflection is focused on the nurse's competence in relation to:

- Their ethical, moral and legal responsibilities.
- Their position in the caring situation.
- Their personal and professional attitude in meetings with patients, relatives and colleagues.
- Their application of concepts in nursing.

The drama teacher's role in this workshop is to lead the drama exercises and follow the group process. The lecturer's responsibility is to ensure that nursing and the nurse's competence are kept in focus. Together, the leaders prompt reflection and discussions that take place in the group with a view to integrating theoretical

knowledge and practical skills in nursing to prepare students for placement training. This process is presented in Table 1, below.

Learning goal	Learning activity – drama	Learning activity – reflection related to the nurse's competency	Fullfillment of the goal
Describe the significance of dialogue and the patient's story. Exercise professional communication with the fictive patient, relatives and care team and, if necessary, speak on behalf of the patient. Reflect on the nurse's ethical, moral and legal responsibilities and position in the caring situation. Reflect on the personal and professional meeting with the patient, relatives and care team.	To participate in drama exercises, both in pairs and in groups. See description of drama exercises in chapter 5.	Reflections linked to drama exercises both individually and in pairs and in groups about: Didactic questions: when, where, how, what? Experience: seeing, hearing, feeling, thinking, the situation, opportunities, obligations, difficulties, limitations. Theoretical basis: concepts in nursing, concepts in ethics. Distinction: private, personal and professional.	Students meet the learning outcomes by: Actively participate in drama exercises and communicate their reflections both verbally and non-verbally, individually, in pairs and in groups, in relation to the learning outcomes.

Table 1. A structure for learning concepts with drama in nursing

The drama programme

THE CURRENT DRAMA programme consists of a full-day drama workshop (09.00–16.00). The workshop is led by a team of educators: one qualifed drama teacher and one lecturer in nursing, and is delivered to a group of a maximum of 24 students in the nursing programme, third semester. The drama programme consists of six drama parts including an introductory and concluding part. Drama part 2–4 deal with each topic in the field of communication in nursing (see Table 2 below).

The only practical prerequisite for the workshop is access to a suitable room. The following two rooms have been used: a larger teaching room on one level with no table but a moveable chair for each participant, and a room at a clinical training centre where there were some hospital beds (for drama part 5) and access to a "whiteboard" for describing, summarizing and structuring the participants' reflections.

During the workshop, drama exercises are interspersed with periods of reflection and it is concluded with everyone sitting on chairs in a circle. The circle is also the starting point for the workshop and is used continuously for discussions and reflections that involve the whole group. The students' reflections are based on the experiences they have gained by participating in the exercises and they are linked to theoretical, professional and didactic issues (see Table 1). Students are also invited to compare their experiences from the drama exercises to other experiences they have from situations such

as work environments or their own encounters with the healthcare system. In this process, it is important that the leaders help the students make connections between theoretical concepts and their experiences so that they can achieve the desired learning outcomes.

In developing the drama programme, attention was paid to helping students develop metacognitive competence and independence in their learning techniques (Pettersen 2008). The students are therefore given time during the final part to consider and reflect upon how and when they learn. The goal is to give students an opportunity to become aware of and take responsibility for their own learning process.

It is important that participation in the drama exercises is voluntary. The experience can be challenging on many levels, so it is important that the participants do not feel pressured or coerced. They should be given the freedom to decline or withdraw from an exercise at any time. It is the teacher's responsibility to create a safe, trusting and motivating atmosphere so that the students are more likely to want to participate with dedication. This is an ethical question that the teacher faces, but it is also linked to the quality of learning because the more the students participate, the more they get out of the experience (Larsson & Lundberg-Bouquelon, 2015).

Drama has to do with the group's dynamics and motivation throughout their course. If the atmosphere in the group changes for some reason, or motivation levels drop, drama exercises can be used to deal with this (Larsson 2012). Since the group dynamics tend to differ at each workshop, the number of exercises used may vary from those described in this report. For example, short exercises or games may be used to capture the participants' attention or motivate them after a break. This kind of exercise is not presented in the programme.

Parallel to the overall aim of part 1–6 (see Table 2), and the specific aims of each exercises, there are then objectives relating to group dynamics, attention and motivation that are not reported on here.

Table 2. Overview of the drama workshop with a description of drama part, themes and overall aims

Drama part	Themes for learning activity based on the learning objectives of the course	Overall aim of the individual drama parts
Drama part 1	Introduction	To introduce the programme and drama pedagogy as a method for learning on the nursing programme. To get to know each other and to create a sense of security and trust in the group. To elicit the participants' expectations of the drama workshop and to clarify what is expected of them.
Drama part 2	*What*: Body language and basic communication. *How:* Reflect on the personal and professional aspects of meetings with patients, relatives and colleagues. Describe the significance of dialogue and the patient's story.	To pay attention to and discuss the importance of body language in meetings with patients and colleagues. To get to know each other and create a sense of security and trust in the group.
Drama part 3	*What*: Active listening *How:* Reflect on the personal and professional aspects of meetings with patients, relatives and colleagues. Describe the significance of dialogue and the patient's story.	To practice active listening. To experience different ways of listening. To reflect on the experiences gained from the exercises in relation to concepts in communication and nursing and to the professional role of the nurse.

Drama part	Themes for learning activity based on the learning objectives of the course	Overall aim of the individual drama parts
Drama part 4	*What*: Caring conversations *How:* Practice professional communication with the patient, close relatives and healthcare team and, if necessary, lead the patient's case.	To pay attention to their own way of communicating with the patient – focusing on active listening. To train in using active listening to support the patient in sharing their story. To experience, from the patient's perspective, the difference between being treated by a nurse who listens actively and focuses on the patient's story and by one who does not.
Drama part 5	*What*: Body language and ethics *How:* Reflect on the nurse's ethical, moral and legal responsibilities and position in care.	To pay attention to the importance of body language and body positioning in the room from the patient's perspective and to link this to concepts in ethics.
Drama part 6	Conclusions	To develop metacognitive skills and independent learning. That the participants pay attention, reflect upon and take responsibility for their own learning process by formulating and sharing their experiences from the drama workshop. To "circle" off the day's group process.

Description of the drama programme Drama parts 1–6

THIS DRAMA PROGRAMME has been developed for use within nursing education. It is intended to be dynamic and adaptable to the particular group, its leaders and the context. The programme consists of six drama parts. The overall objectives for each drama part are presented in table 2. Each part (1–6) is presented with suggestions for exercises appropriate to the associated aim and for implementation. Parts 2–5 also presents focus, reflection and comments. Drama part 1 begins with the leaders, who are caregivers and drama educators, introducing the day's agenda (content, aim and structure) and drama pedagogy as a method for learning in the nursing programme. Then, two exercises follow.

Drama part 1
Theme: Introduction

Exercise 1:1

CONVERSATION IN PAIRS: EXPECTATIONS OF THE DAY

AIM: To make the students aware of and take responsibility for their own learning process. Get to know each other in the group.

IMPLEMENTATION: The participants talk in pairs about their hopes and reservations about the day.

Exercise 1:2

ROUND WITH NAMES AND EXPECTATIONS

AIM: To get to know each other and create an atmosphere of security and trust in the group by allowing everyone in the group to feel seen, heard and affirmed.

IMPLEMENTATION: Everyone sits on a chair in a circle. Each person in turn is given a chance to share any hopes or concerns they have about the day. The others listen without commenting. After this, the leaders give feedback on issues the participants have raised. This gives another opportunity to clarify what is expected of the participants.

Reflection from the leaders regarding drama part 1

It is essential that both the leaders and the participants get a picture of the group's expectations. The fact that the leaders are made aware of any concerns the students may have about participating in the drama exercises enables them to address them. They can then clarify the content of the day's drama, relate it to the students' expectations and address any uncertainties about the objectives.

Drama part 2
Theme: Body language and basic communication

Exercise 2:1

EYE CONTACT

AIM: To establish contact and relationship with the other participants. Gain experience of the importance of eye contact in communication.

FOCUS: The meaning of security and insecurity, contact seeking, affirmation, inclusion, exclusion, community, meeting.

IMPLEMENTATION: Everyone stands silently in a circle and is tasked with establishing eye contact with someone else in the ring. When two people make eye contact with one another, they should make a small jump on the spot, and then swap places. Everyone should change places with everyone at least once.

REFLECTION: Reflection in pairs and then in whole group over which emotions and thoughts the exercise aroused.

Exercise 2:2

STOP AND START

AIM: To listen to each other in the group. To train in taking initiative and following other people's initiatives.

FOCUS: The meaning of responsiveness, initiation, vigilance.

IMPLEMENTATION: Everyone walks around the room, crossing each other's paths. Anyone may stop at any moment and when they do, everyone else should stop as well. Then, everyone except the person who first stopped should now start walking again. One person initiates this and then everyone else should also start walking. The exercise continues in this way, with different people initiating the stopping and starting with the others following their lead.

Exercise 2:3

SILLY WALK

AIM: To create a permissive and playful atmosphere in the group.

FOCUS: The meaning of responsiveness, initiation, vigilance.

IMPLEMENTATION: Once the group has performed the previous exercise for a while, one person begins walking in a particular style. The others should then all mimic this person.

Exercise: 2:4

COMMUNICATIVE MINGLING

AIM: To pay attention to non-verbal communication between people moving in a room. To gain an understanding of the flow of communication that takes place through interaction between the body, feelings and thoughts.

FOCUS: The meaning of non-verbal communication, care quality, care atmosphere, the psychosocial work environment and affirmation. Similarly, the meaning of including, obeying, rejecting, and denying.

IMPLEMENTATION: All the participants walk around the room in a random fashion. They should walk at different speeds and pay attention to what is happening in their own body (with regard to breathing, tension, posture and gaze) and what emotions and thoughts are elicited by walking at different speeds. They should also consider how their posture and manner of walking affects the rest of the group. They should pay particular attention to the changes that occur when they change their pace.

The participants should then allow different emotional states to influence the way they walk. They should pay attention to how a particular feeling affects how they move and interact and how this influences the rest of the group. Throughout the exercise, the participants continually share their observations.

If there is time, the participants can also practice allowing their way of moving to be influenced by other things, such as a particular thought, recollection of a recent event or an imaginary environment. Once again, the participants are encouraged to pay attention to how these factors affect their feelings, thoughts, bodies, interaction and the mood in the group.

Exercise: 2:5

SHORT ENCOUNTERS IN THE WORKPLACE

AIM: To gain an understanding of the importance of body language in communication in relation to stress.

FOCUS: The relationship between body language and verbal communication, care quality, care atmosphere and psychosocial work environment, affirmation, inclusion, rejection, obedience and denial.

IMPLEMENTATION: The group is divided into two groups. Half the group should act as stressed while the other half should act calmly. The participants should start by establishing their sense of calm or stress in their bodies by walking around the room. They should then imagine themselves as nurses on duty on a ward in a large hospital. Then, each is tasked with holding a short conversation with three colleagues.

Reflections on exercise 2:2–2:5

- Reflection in pairs on what happened in the exercises, how they experienced their participation and how they can connect these events and experiences to theories of communication in nursing.
- Reflection in the whole group, during which pairs can share their conversations with the rest of the group.

Reflection from the leaders on drama part 2

Communication in nursing is often associated with conversation alone. However, the exercises in drama part 2 aim to broaden understanding of communication by highlighting the interaction between body, feelings and thought. They also focus on body language, such as the way in which nursing staff move in the hospital corridors. During the part, the way body language affects the content of conversations between healthcare staff, patients and relatives is discussed.

When students share their experiences of the exercises, it becomes clear that they react to them in different ways. When they are instructed to move quickly, some may feel stressed while others feel happy or focused. It is therefore stressed that there is no single, correct way to respond to a patient in a particular situation. Instead, the students are encouraged to try to read the interaction in a particular situation and to critically examine their own interpretations. This is further developed in drama part 3, which deals with active listening.

Drama part 3
Theme: Active listening

Exercise 3:1

ROLE PLAY IN PAIRS - LOSING INTEREST

AIM: To gain experience of how listening may affect a person who wants to share their story. Trying different ways of listening (or not listening).

FOCUS: Active listening, security, insecurity and meeting.

IMPLEMENTATION: Two friends meet in a cafe. Half the group plays friend "A" and half plays friend "B". "B" tells "A" about something that just happened that makes them happy. "A" must first listen actively and then shift towards losing interest.

REFLECTION:

- Reflection in pairs over what happened in the role play and over the participants' experiences of the exercise.
- Reflection in the whole group based on the conversations in pairs. Analysis of the communication is based on three questions:
  1. What physical and verbal signals did you receive from the listener that made you aware that the listener had lost interest in your story?
  2. How did you interpret these signals?
  3. How did you then change your behavior towards listener?

Exercise 3:2

ROLE PLAY IN PAIRS: TAKING OVER THE CONVERSATION

AIM: To gain experience of the influence listening has to upon someone who wants to share their story. Trying different ways of listening (or not listening).

FOCUS: Active listening, security, insecurity and meeting.

IMPLEMENTATION: Two friends meet in a cafe. They are both nursing students who are on the final semester of the nursing programme.

Friend B has been looking for a job for some time. Now, they have been offered two jobs and are unsure about which one to accept. They are seeking the advice of friend A. A starts by listening actively to B, but after a while begins to take over the conversation. A sticks to the topic but becomes involved and talks instead of listening. A may give advice or tell B about a similar situation they experienced.

REFLECTION:

- Reflection in the whole group: Friend B explains how they experienced the role play. Did they feel it helped their decision making? If not, what would they have preferred that friend A do for them? What did they find helpful?
- The bodily as well as verbal signals of the role playing are analyzed. The participants are invited to reflect upon how they interpreted which signals and on the actions that followed from their interpretation (see more detailed description under exercise 3:1).

Exercise 3:3

COMMON INVENTORY ON THE BOARD: WHAT IS ACTIVE LISTENING?

AIM: To illuminate what characterizes active listening. To visualize and structure the participants' experiences from exercises 3: 1 and 3: 2 and link these with the theories and concepts of the course as well as with the professional role.

FOCUS: Active listening, body language, approach and professional role.

IMPLEMENTATION: Using the exercises and the course literature, the participants identify features and expressions of active listening in relation to body language, approach and conditions:

- Body language refers to posture, direction of movement, touch, pace, tone of voice, gaze and breathing.
- Attitudes include attentiveness, focus, empathy, interest, com-

mitment, curiosity, creativity and openness, but may also be linked to understanding.
- Conditions are the time of the conversation, the type of room in which it took place (with regard to sound, temperature, light, colours and images in the room), arrangement of the furniture (particularly with regard to seating placement, presence or proximity of other people, privacy, distance).

Reflection from the leaders regarding drama part 3

In the part, the participants are instructed to try to listen actively, to lose interest and to take over the conversation. They also given the opportunity to experience being on the receiving end of these behaviors in different situations. This gives them a solid base of experience from which to analyze and discuss the role of listening in a conversation. This is an example of how exercises can create a platform of individual and common experiences that can be used to stimulate reflection and analysis.

The participants and leaders together then list different aspects and expressions of active listening and its effects. This gives them a means to collate and visualize their experience of participating in the exercises. Their experiences are also given more generalized significance when they are categorized and associated with theories and concepts from the course literature on communication and nursing. This is an example of how we work to support the integration of theory and practice into student learning. Their experiences are also discussed in relation to self-knowledge and the professional role.

Exercise 3:1. Patterns emerge in both the free and the structured reflections, but it also becomes evident that there is not a straight line between action, interpretation and reaction. Different personalities act and react differently in using the same approach. Recogniz-

ing this helps participants understand the complexity of communication and the importance of being able to distinguish their own from the other's role. This makes it clear how important self-awareness is for understanding what is happening in interactions with others. It also draws attention to the power of listening and how, when it changes or disappears, this immediately affects the narrator and their story. Many of those who have played narrator have noted that as soon as the listening stopped, "the story ended". This illustrates how a story takes shape through the relationship between a narrator and a listener.

Exercise 3:2. As people become aware of the difference between listening actively and taking over the discussion, they become more able to make conscious decisions about what may best suit a situation they are faced with. Experience has taught us that as people become involved in another person's situation, they often unconsciously stop listening and begin to take over control of the story. They may start giving advice or talking about something similar that they have experienced. This shifting process is a natural part of most conversations and may not be problematic but it is important for a nurse to be aware of their actions and how these may affect others.

Drama part 4
Theme: Caring conversation

Exercise 4:1

ROLE PLAY IN PAIRS: UNDERSTANDING WHAT PATIENT SAY BASED ON THE NURSE'S GENERAL PERSPECTIVE/EXPLANATORY MODEL

AIM: To gain experience of what it is like from the patient's perspective to not be heard or listened to when looking for help.

FOCUS: The meaning of security, insecurity, involvement, rejection, nurse's assessment process, suffering, wellbeing, interest, disinterest, hopelessness, despair, hope, comfort, relief, commitment, openness, vulnerability, loneliness, dependence, objectivity, deprivation, solitude, de-personalization.

IMPLEMENTATION: A nurse meets a patient at a healthcare center. The patient has been suffering from insomnia for some time. The nurse listens actively until she or he understands what the patient's problem is (diagnosis). Then the nurse stops asking questions and loses interest in listening to more of the patient's questions or story. Instead, the nurse begins to tell the patient what they to do about their problem. They may suggest self-care measures, such as avoiding drinking coffee or tea in the evening, keeping the bedroom cool and dark and going to bed at the same time every night.

REFLECTION:

- Reflection in pairs over what happened in the role play and about what the participants experienced. How did it feel to meet a nurse who acted in this way and what thoughts and feelings did the patient take away from the conversation?
- Reflection in the whole group based on the conversations in pairs. The contents of the discussions are linked to concepts in communication and nursing.

Exercise 4:2

COMMON INVENTORY ON THE BOARD: COMMUNICATION TOOL FOR CARING TALKS

AIM: To use active listening to highlight verbal and non-verbal communication tools that the nurse can use to support the patient in sharing their story.

FOCUS: listening, mirroring, feedback, open and closed questions, the patient's story, affirmation, receptiveness, support and openness.

IMPLEMENTATION: Following on from drama part 3, the participants use the knowledge they have gained from previous exercises and the course literature to come up with suggestions for questions and tools that a nurse could use both to support the patient and to share in their story. This differs from the previous exercise, which was based on the nurse's general perspective. The participants also often draw upon their own experiences of healthcare. The suggestions that come up are listed on the board. Ideas that frequently come up include using silence, reflection, feedback and various types of open and closed questions

Exercise 4:3

ROLE PLAY IN PAIRS: PATIENT CONVERSATIONS, FOCUSING ON SUPPORTING THE PATIENT IN SHARING THEIR STORY

AIM: To train in using specific communication tools for active listening to help the patient share their story, to gain experience of what it feels like to be heard as a patient seeking help.

FOCUS: The patient's story and experience of the conversation, listening, mirroring, feedback, open and closed questions, participation, interest, commitment, openness, sharing, relationship, community, suffering, wellbeing, security, hope, comfort, relief.

IMPLEMENTATION: A nurse meets a patient at a healthcare center. As in exercise 4:1, the patient has been suffering from insomnia for

some time. In this role play, the nurse should actively listen to the patient's story.

Before the role play, the person playing the nurse should choose one or two questions or tools for active listening from the list on the board. The task is to try these two questions or tools during the conversation to help the patient share their story.

REFLECTION: Reflection in the whole group, one pair presenting at a time. The person who played the patient first describes how they experienced the conversation. Then they say something they think the nurse did well. After this, the person who played the nurse talks about which tools they chose to try in the conversation.

Reflection from the leaders on drama part 4

Exercise 4:1. As mentioned above (see comments on drama part 3, exercise 3: 1), the participants' experience of role play may vary greatly, although some experiences recur regularly. Most of the students experience this meeting between the patient and the nurse negatively. After playing the role of the patient, participants often describe feeling hopeless, silenced, unimportant, sad, angry, lonely, disrespected, offended and not believed. However, some describe feeling seen and satisfied with having received concrete tips. Sometimes, a positive experience was the result of the student who played nurse being unable to follow the instructions to not actively listen to the patient because it felt so wrong. But sometimes those who played patient felt it was just this kind of concrete help that they needed. Often though, people felt objectified and as though they were being regarded from a general perspective or having their stories assessed according to a checklist.

Exercise 4:3. There is usually clear correspondence between the communication tools the person playing nurse used and the way in which the person playing patient experienced the conversation.

This help show that we are affected by each other and that what the listener chooses to focus on is significant, be it comforting, offering hope, security, relief, sharing or a sense of community. This potential to support health processes exists in every meeting a nurse has with a patient.

Drama part 5
Theme: Body language and ethics

Exercise 5:1

ROLE PLAY IN GROUPS: BODY LANGUAGE AND POSITION IN THE ROOM

AIM: To explore how the caregiver's position in the room in relation to the patient affects the communication and the patient's experience of integrity, dignity, self-determination and security. To gain experience of the different perspectives of nurse and patient when the patient is in bed. To relate body language to power relations and equality.

FOCUS: body language, security, insecurity, vulnerability, dependence, participation, integrity, dignity, self-determination, power and equality.

IMPLEMENTATION: The participants are divided into groups of 3. Each group has access to one or two hospital beds. One or two people play the role of patient and lie down in the bed(s) while one or two play the role of healthcare personnel. The groups can experiment with taking up different positions in the room in relation to beds, patients and staff. Those who are playing healthcare personnel position themselves at different distances and in different postures in relation to the patient and each other and explore how this affects the communication with the patient. They are encouraged to note when their positioning hinders and when it facilitates communication with the patient. They are encouraged to change roles so that everyone has a chance to play each role.

Exercise 5:2

STILL IMAGES: BODY LANGUAGE AND POSITION IN THE ROOM

AIM: To explore how changes in the nurse's and patient's positions in relation to each other can affect communication and the patient's

experience of security, integrity, dignity and self-determination. To gain experience of the differences between the nurse's and the patient's perspectives when the patient is in bed. To relate body language to power relations and equality.

FOCUS: body language, security, insecurity, vulnerability, dependence, participation, integrity, dignity, self-determination, power and equality.

IMPLEMENTATION: The groups should now choose one of the situations or positions (in exercise 5: 1) that they think posed a hindrance to communication with the patient and create a still image of it, i.e. the participant sits still in a position as if someone has taken a photo of the situation. Once everyone has created a snapshot situation like this, the group gathers to observe them. The observers may explain how they interpret the situation. Then, each person is given a chance to change something so as to improve the situation or communication from the patient's perspective. They do this by going up to one of those who is playing nurse and either altering their posture or their position in the room. Each change is accompanied by the observer's interpretations, reflections and analysis.

REFLECTION: Reflection in the whole group (after each change has been made to the stills): What was the difference? How did your interpretation of the situation change? How do you think the change affects the patient's experience? Finally, the person who played patient is asked how they experienced it. Reflection is conducted in relation to ethical principles.

Exercise 5:3

STILL IMAGE: THE WARD ROUND SITUATION

AIM: To pay attention to the vulnerability and exposure a patient may experience on a ward round when a larger group of health professionals is present. To try different ways of maintaining the patient's sense of dignity, integrity and self-determination.

FOCUS: body language, security, insecurity, vulnerability, dependence, participation, integrity, dignity, self-determination, power and equality.
IMPLEMENTATION: The participants are divided into groups of 5-12 people who are tasked with enacting a ward round situation. The situation may include one or two patients who are in bed and four to ten healthcare personnel who are attending to the patients. Even during this exercise, the observers are free to move in and make changes in order to reduce the patient's vulnerability and exposure.
REFLECTION: Reflection in the whole group (after each change): What was the difference? How does your interpretation of the situation change? How do you think the change affects the patient's experience? At the end, the person who played patient is usually also asked about their experience. Reflection is conducted in relation to ethical principles.n.

Reflection from the leaders regarding drama part 5

Many of the participants are young and may have no previous experience of caring in a hospital setting or even having visited a hospitalized relative. Several students have said that it affected them profoundly:

- to physically put themselves into the patient's position.
- to experience the vulnerability of lying in a hospital bed.
- to experience the difference between being included and participating in their own care as opposed to being treated as an object.

Drama part 6
Theme: Conclusions

Exercise 6:1

RELAXATION

AIM: To have an opportunity to let the day's impressions land in the body and mind, allow recovery and processing of the drama experience.

IMPLEMENTATION: Everyone sits on a chair or lies down on the floor and relaxes as the leader guides a relaxation part.

Exercise 6:2

REVIEW OF THE DAY

AIM: To give the participants an overview of the day's structure and content.

IMPLEMENTATION: The participants may recall the day's exercises and talk freely about the exercises they have done. The leader writes a list of these on the board.

Exercise 6:3

TALKING IN PAIRS

AIM: That the students should reflect on the content of the programme and their own learning process.

IMPLEMENTATION: Everyone talks in pairs about how they have experienced the day. Examples of questions to discuss: What has been rewarding or interesting for you? What has been difficult? What have you learned? Was the day as you imagined it would be (feedback on your own expectations of the day)?

Exercise 6:4

FINAL ROUND

AIM: To make sure everyone in the group feels seen, heard and affirmed.

IMPLEMENTATION: Everyone sits on a chair in a circle. One person at a time shares something they feel they will take away from the day.

Reflections from the leaders regarding drama part 6

It is important to share what one has experienced during the day;

- to raise awareness, formulate and take responsibility for one's own learning process.
- to be able to relate one's own learning process to that of the other participants.
- to give the leader a chance to benefit from the participants' learning process.

Nursing students' experiences

NURSING STUDENTS' EXPERIENCES of learning through drama has been explored in a doctoral thesis comprised of four studies (Arveklev Höglund, 2017). This presentation relates to a study conducted by Arveklev et al. (2018) based on focus group interviews with 16 students. The participating students were all in their fourth semester and had previously participated in the described drama programme. The aim of the study was to describe the nursing students' experiences of learning about nursing through drama. The interviews were transcribed and then analyzed using a phenomenographic approach. The students' perceptions were categorized under three major themes: "To explore the future professional self", "To develop an understanding of the patient's perspective" and "To reflect on the nature of learning". Below are quotations from each theme.

Theme: To explore the future professional self

The first theme contains perceptions about getting to know oneself and starting to identify with the nursing role:

> First and foremost, you got feedback on how you were as a nurse and how the other person experienced what you said and did, and then you got to hear what the others had … everyone shared what they felt, which was good.

Theme: To develop an understanding of the patient's perspective

The second theme contains perceptions of achieving understanding of the patient's perspective and communicating with patients:

> . . . When I was a patient and the nurse didn't listen to me. Then it was really obvious ... my feelings were so clear . . . I was offended and sad and upset and I realized how important it is . . . to be able to listen to others as a nurse and not come, with preconceived ideas, and to let the patient talk until they're done ... That was the biggest thing for me I think, to experience that feeling, because then I realized that as a nurse, I must be good at this.

Theme: To reflect on the nature of learning

In the third theme, perceptions of reflecting on the meaning of learning through drama and the importance of being involved:

> Yes, and get it [the knowledge] to settle in the body in some way, because much of all that we read about must also settle in me, so that I can use all the tools later when I´m going out to work as a nurse.

Final reflections

THE IDEA OF a lecturer in nursing or care sciences collaborating with a drama teacher to deliver a drama programme as part of the nursing education has proven fruitful. It has been shown to help students integrate their competence in nursing and drama in a meaningful way and to support the students' learning of nursing concepts.

In drama, nursing students are given the opportunity to test and familiarize themselves with different roles, such as patient and nurse, to clarify concepts and theories. Drama provides a pedagogical method that gives students the chance to reflect on their own and others' actions and approaches, in fictitious care situations. The students often note that it has given them a possibility to access different perspectives, partly through playing different roles and partly from listening to their fellow students' experiences and reflections. The students often remark on how role playing and listening to other people's experiences and reflections have prompted them to reflect on themselves and become more aware of their strengths and weaknesses. Some have said they appreciated the way that the drama exercises helped them get to know their fellow students better. Many have commented that the exercises have helped them feel better prepared for both their studies and professional practice.

We hope that this report will be of use for a variety of health education programmes dealing with meetings between caregivers,

patients and relatives. We believe that the learning process we have described here is of great valuable for the development of professional competence and quality of care.

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A good understanding of communication skills is a core element of nursing education. High demands are placed upon nurses for professionalism and competence in their encounters with patients, relatives, colleagues and students. Professional interaction means adapting one's manner and behavior according to the requirements of the situation. There is therefore a need for pedagogical methods that help students reflect upon their communication patterns in clinical practice. Drama pedagogy is one such method that enables self-reflection and reflection through dialogue with others.

How the disciplines of care and drama pedagogy can be integrated in order to enhance students' learning is described in the report: *Drama pedagogy in Nursing Education – Learning about care, encounters and communication.* This report presents a section of the course *Nursing in Health and Illness* (30 credits) that forms part of the nursing programme at the University of Gothenburg.

The report is designed to be used as a pedagogical tool by anyone who is interested in how drama pedagogy might be used to enhance healthcare education. It is written primarily for students, teachers and practitioners in healthcare, where the encounter between caregiver and patients and their relatives may be decisive for the development of professional competence and quality care.

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