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DRAMA PEDAGOGY IN SPECIALIST NURSING EDUCATION IN CARE FOR CHILDREN

– Learning about Conflict Management

Margret Lepp, Helena Wigert, Susanna H Arveklev, Stina Larsson & Linda Berg

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Authors: Margret Lepp, Helena Wigert, Susanna H Arvekle, Stina Larsson & Linda Berg

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Preface

THE REPORT INCLUDES a drama programme for a workshop developed by Margret Lepp, Helena Wigert, Susanna Höglund Arveklev, Stina Larsson, and Linda Berg. It has been prepared for drama teachers and other teachers searching for knowledge about how drama pedagogy can be used at the master's level, such as in specialist nursing education.

The report begins with a chapter on the meaning of training to become a specialist nurse with specialisation on health and medical care for children and adolescents. This is followed by a chapter on health and medical care for children and adolescents, and a chapter on the meaning of the nursing profession, and the relationship to the International Council of Nurses (ICN) Code of Ethics and the United Nations (UN) Convention on the Rights of the Child. The next chapter addresses the meaning of a basic pedagogical approach, a course on illness among children and adolescents, and conflict management. The following chapters describe a drama programme, four Forum Plays, and the experience of specialist nursing student of learning through drama. Finally, a concluding reflection discusses using drama with Forum Play in Master's courses to support learning about conflict management for specialist nurses.

This report relates to:

Report No. 6. *Drama Pedagogy in Nursing Education – Learning about Conflict Management*, published by the Centre for Culture and Health, University of Gothenburg (Lepp, Larsson, Höglund Arvekle, & Berg, 2019).

Report No. 3. *Drama Pedagogy in Nursing Education – Learning about Care, Encounters and Communication*, published by the Centre for Culture and Health, University of Gothenburg (Berg, Höglund Arvekle, Larsson, & Lepp, 2019).

A study of nursing students' learning about conflicts and conflict management with drama at the bachelor's level (Arvekle, Berg, Wigert, Morrison Helme, & Lepp, 2018, p. 209). The conclusion of the study is:

Learning about conflict and conflict management through drama enables nursing students to form new knowledge by alternating between closeness and distance, to engage in both the fictional world and the real world at the same time. This helps students to form a personal understanding of theoretical concepts and a readiness about how to manage future conflicts.

A study of specialist nursing students' learning through drama at the second-cycle level (Arvekle, Wigert, Berg, & Lepp, 2020).

Introduction

THE OVERALL AIM of this report is to present a drama programme developed to support students' learning about conflict management at the master's level. Through drama pedagogy, students have the opportunity to practice, explore, and reflect on conflict-filled care situations. Education at the master's level is mainly based on and to enhance the knowledge, skills and abilities that the students have assimilated at the bachelor's level (SFS1993:100).

This report discusses how drama pedagogy, nursing, health care education, and health care sciences can be integrated to support students' learning about conflict management. The report illustrates a teaching component about conflict management with drama pedagogy that is included in the following course:

Advanced assessment and nursing interventions in relation to illness in children and adolescents, (OM5510) 15 credits (ECTS) within the specialist nursing programme at the University of Gothenburg, Gothenburg, Sweden.

The teaching component is included in the drama programme in this report. The programme is based on research results on drama, Forum Play, and theories about conflicts and conflict management from the international DRACON project (DRAMA and CONFLICT resolution). The DRACON project has been developed and implemented in Australia, Malaysia, and Sweden (O'Toole, Bagshaw, Burton, Grünbaum, Lepp, Morrison, & Pillai, 2019).

To become a specialist nurse

A SPECIALIST NURSE with specialisation in health and medical care for children and adolescents specialises on children, adolescents, and their families. The Swedish Association of Pediatric Nurses (RfB) was founded in 1975. A specialist nurse with specialisation on health and medical care for children and adolescents, who is also called a pediatric nurse, has a background as a registered nurse and a master's degree in specialist nursing, 60 credits. The concepts of children and family, which are at the core of the education, can be defined as:

- Children – children and adolescents from 0 to 18 years according to the UN Convention on the Rights of the Child (UNICEF, 2018).
- Family – close relatives such as a parent or other guardian, siblings, and other key people in the child's vicinity (RfB & SSF, 2016).

To manage complex nursing situations, the specialist nurse must have specific knowledge of children's needs during different developmental stages and in different environments. In addition to specific knowledge, the nurse needs to be proficient in treating children with trust and confidence based on the child's best interests. Regardless of the type of activity and form of care, nursing is characterised by a humanistic and ethical approach with evidence-based care provided according to applicable statutes (RfB & SSF, 2016). The work is carried out

according to applicable laws (SFS, 2017:30), statutes, and ethical codes, such as those endorsed by the International Council of Nurses (ICN) (SSF, 2017), the United Nations Convention on the Rights of the Child (UNICEF, 2018), and the Nordic standard for children and adolescents in health and medical care (NOBAB, 2014).

In Sweden, children and adolescents have the right to safe and reliable care and to be cared for by such people as competent specialist nurses with professional, specific knowledge, skills, and sound judgement. The pediatric nurse's professional role includes being able to respond to children and adolescents regardless of their background and family situation. A child's illness concerns the whole family, and the pediatric nurse must also be able to respond to family members. As noted, children and their families have the right to be treated by healthcare staff with a humanistic and ethical approach. This is important because children's age and limited experience rarely allow for complete self-determination. Children depend on adults, whose presence and influence can be both positive and negative for the child (RfB & SSF, 2016).

After completing specialist education, the pediatric nurse is to be capable of providing care and collaborating with other professional groups in work teams concerning children and adolescents with various states of illness and disease. In addition, the pediatric nurse is expected to create good relationships in which children and their families experience a sense of trust and confidence. The pediatric nurse is to be capable of supporting children and their families and teaching and supervising students and other types of staff. Pediatric nurses are also to reflect on their own values and to demonstrate insight into how attitudes and values can affect nursing through their attitudes. They also are to possess knowledge and insight into how exposed and vulnerable children and their relatives can be. In addition they are expected to react in an unfamiliar care environment, and how care can be physically, mentally and socially adapted based on age and individual needs with respect for the child's privacy (RfB & SSF, 2016).

Health and medical care for children and adolescents

IN HEALTH AND medical care for children and adolescents, the child is a patient who is a minor and dependent on his or her family. The definition of children is used interchangeably with children and adolescents aged 0-18, as defined by the United Nations Convention on the Rights of the Child (UNICEF, 2018). The term family is used throughout for relatives, such as a parent or other guardian, siblings, or other significant persons in the child's vicinity (RfB & SSF, 2016). This is in line with the definition of Wright and Leahey (2013) namely that the people who claim to be a family are also the ones who make up the family.

Attempting to provide equal pediatric care can often lead to conflicts because of children's rights, such as participation and co-determination, are limited for the child's best interests. For example, a child might not want to undergo surgery, but the operation is still performed to promote the child's health. Care situations can be problematic when the child's participation is limited, as there is an unequal power relationship between children and parents and between family and healthcare staff. As a result, these care situations can lead to conflicts.

The child's hospital stay can vary from a few hours to months and years. Complex care situations with short and long periods of care place specific demands on the pediatric nurse's ability to respond to and manage conflicts. Collaboration among health and

medical care and other links in the chain of care, such as treatment and rehabilitation, also requires attention. Collaboration requires consensus and cooperative planning to make the daily life of the child and the family easier and to strive for and provide equal care.

Equal care

Equal health and medical care means providing and distributing care on equal terms for all. Good treatment in health and medical care is one of the most important components in developing more equitable health, care and nursing. Knowledge about discrimination and communication can be vital in developing an activity that meets each individual's needs and provides good and equal care (Sweden's National Board of Health and Welfare, 2015).

Newly arrived refugee families may find it difficult to understand the Swedish healthcare system and how disease, health, and illness are regarded. Parents who have immigrated to Sweden and whose children receive care through the healthcare system, may experience shortcomings in the treatment and in not being allowed to participate in their child's care. These experiences occur mainly when language barriers exist (Mangriö & Persson, 2017).

Questions about equal care can arise in every nursing situation. To be able to focus on the child's needs for nursing, the pediatric nurse ought to consider where the child is in its cycle of life. For example, can the child communicate about its health and illness; is there "consequential insight" enabling the child to participate and be involved in its care? This indicates the need for a special perspective.

Collaboration

Collaboration with family and relatives can create the right circumstances for providing care to the patient as a unique individual. This collaboration can be regarded as a care community, which involves a mutual interrelationship among caregivers, patients, family, and relatives (Holopainen, Kasén & Nyström, 2014). For the nurse, a prerequisite for being able to create a caring relationship with the patient is collaborating on the care with family and relatives. Vulnerabilities and perceived needs can emerge by validating patients based on their situation. This can offer the basis for various nursing interventions that improve health outcomes (Berg & Danielson, 2007).

The caring relationship can provide an opportunity to gain knowledge about the patient's resources and enable a heart-to-heart conversation about perceived needs for care. Letting people make their own choices and make their own decisions as much as possible shows respect and empowers the individual to make their own decisions (Berg & Danielson, 2007). As mentioned earlier, this can be challenging for the pediatric nurse because children and adolescents are minors and may have difficulty pleading their own case and being heard. Not being able to communicate can mean that child's need for care is not met and integrity is violated.

Child and family-centred pediatric care

In child and family-centred pediatric care, good care hinges on values like respect, relationship, and support. The pediatric nurse is to approach these values through a conscious ethical mindset (Wigert, 2017). Children and adolescents receive care that is provided in a setting where the pediatric nurse focuses on the child

and on its family, both from a “child perspective” and a “perspective of the child”. “Child perspective” is the perspective adults have based on the child – that is, adults’ efforts to examine and understand children’s experiences and perceptions. “The child’s perspective” is the perspective the child itself represents.

The child’s family members are involved in the child’s care so they can provide the support the child needs through the family’s presence during the hospital stay. The family is seen as a whole, which means that when a person in the family suffers from an illness, all family members are affected. Child and family-centred pediatric care focuses on both the child and the family that includes the child. Regarding person-centred care, the focus is on the individual autonomous person (Coyne, Holmström & Söderbäck, 2018).

The Nurse, the ICN Code of Ethics, and the UN Convention on the Rights of the Child

THE SPECIALIST NURSE is a licensed nurse. The ethical considerations of daily work in healthcare have become more complex and affect all nurses. The Code of Ethics for Nurses from the International Council of Nurses (ICN) (SSF, 2017) includes four areas that summarise the guidelines for ethical conduct: (1) the nurse and the public, (2) the nurse and the professional practice, (3) the nurse and the profession, and (4) the nurse and co-workers.

How professionals use relevant knowledge in practice to exercise good and safe nursing characterises a profession (Finnström, 2014). Nurses have to comply with the ICN Code of Ethics, which summarises the guidelines for ethical conduct. The code summarises the nurse's responsibilities in the following areas: the public, the professional practice, the profession, and co-workers, all of which provide a framework for ethical conduct. One strength of the code is the guidelines it provides for all of the world's nurses regarding the ethical approach to and position on human rights that are independent of national laws. Nurses have an ethical responsibility for their assessments and positions, frequently in ethical dilemmas. In their work, nurses develop a personal ethical approach (SSF, 2017).

In Sweden the United Nations Convention on the Rights of the Child guides health and pediatric care. It contains provisions

on children's human rights. A child is any person under the age of 18 (UNICEF, 2018).

In Sweden various public authorities and organisations have worked to strengthen children's rights. On 1 January 2020, the Convention on the Rights of the Child was incorporated into Swedish legislation, the Children's Rights Act, which states that children are entitled to have their fundamental rights and needs met. The Children's Rights Act, which is statutory, includes the right to healthcare and education for children and adolescents. Children also have the right to be protected against all forms of physical and psychological violence and abuse (SFS, 2018: 1197). The above affects the daily work of the pediatric nurse who in care situations encounters children and adolescents who have been subjected to violence and abuse. This means that nurses need training in conflict management to understand and deal with children and adults in these situations. Nursing students need to be trained in handling conflicts in a constructive way.

As noted earlier, a number of themes form the basis for professional development in the drama programme intended to develop: *knowledge and understanding, competence and skills, and judgment and approach*. Developing students' competence in the area is important, and learning activities are designed based on a basic pedagogical approach.

A pedagogical approach

A PEDAGOGICAL APPROACH is important in designing pedagogical activities in care and education. Awareness of a basic pedagogical approach contributes to a sense of confidence and improved safety in teaching situations (Stensmo, 2007). Developing a pedagogical basic approach means reflecting on the following six questions:

1. What is? – the ontological question
2. What is true/false? – the epistemological question
3. What is good/evil? – the ethical question
4. What is a person? – the question of how you view people
5. What is to be taught? – society’s view based on rules and statutes
6. How is it to be taught? – the method question. (Lepp & Leksell, 2017, p. 30).

Learning an ethical approach towards children, adolescents, and their families can involve challenging personal values as a pediatric nurse. Ethical dilemmas, problems, and conflicts arise when the nurse and the team collaborate on caring for the patient (Lepp et al., 2019). Ethical action and approach are a personal process. This is why it is important to create relevant learning activities where students are given opportunities to develop their competence by

practicing, experimenting, and reflecting. By participating in drama exercises, students have an opportunity to reflect on and challenge themselves to reassess their previous values in-depth.

Usually we are content to focus on the questions *What?* and *How?* in connection with teaching. But we should also ask ourselves the question: “*Why do we teach?*” More rarely, we ask the question “*Who am I as a teacher?*” The question has significance for our teaching:

How does the quality of my selfhood form – or deform – the way I relate to my students, my subject, my colleagues, my world? How can educational institutions sustain and deepen the selfhood from which good teaching comes? (Palmer 1998, p. 4).

A master's level course on illness among children

THE SPECIALIST NURSING programme with specialisation on health and medical care for children and adolescents comprises 60 credits. The programme is offered once a year at the University of Gothenburg. The programme includes the course *Advanced assessment and nursing interventions in relation to illness in children and adolescents*, 15 credits (Course syllabus OM5510, 2017). The following intended learning outcomes from the course form the basis for the design of a drama workshop focusing on conflict management.

Knowledge and understanding

- Identify ethical principles in relation to autonomy and integrity in person-centred/family-centred pediatric care.

Competence and skills

- Initiate, implement, and evaluate measures, independently in an interprofessional collaboration, that promote physical, mental, and social well-being among children and families.
- Identify and strengthen the child's and family's resources to cope with their life situation and alleviate illness.

Judgement and approach

- Reflect on and evaluate the importance of the care environment and treatment based on the equal treatment principles at the individual and family level
- Consider the ethical dilemmas that may arise where children, family, and care intersect. (Course syllabus OM5510, 2017).

The drama workshop is based on the course syllabus OM5510 (2017) and the following specified themes:

- Ethical principles in relation to autonomy and integrity.
- Interprofessional collaboration to promote health.
- Significance of the care environment and treatment.
- Ethical dilemmas where children, family, and care intersect.

Each syllabus in higher education in Sweden is based on the Higher Education Ordinance (SFS, 1993: 100).

Conflict management and Forum Play

THEORIES AND THEMES for learning about conflict management that form the basis of the drama workshop are included under the following headings:

- What is a conflict?
- ABC – the theory
- Conflict styles
- Forum Play

These theories and themes have already been presented in a previously published report. Consequently, we have chosen to quote this content from the previous report (Lepp et al., 2019).

The concept of conflict

The concept of conflict can be defined in different ways but is usually described as a process in which two or more people are involved and perceive that there is opposition among them (Almost, 2006). Conflict can be defined as follows:

A conflict is a social situation in which at least two parties simultaneously seek to acquire the same set of scarce assets. (Wallensteen, 1994, p. 14).

Conflicts can arise among nurses as a group but also among nurses and other healthcare staff and among nurses and patients and their relatives. If these conflicts are not resolved or if they are handled incorrectly, they can have a negative impact on the organisation as well as on healthcare staff and patients (Johansen, 2012).

To analyse a conflict, it is important to know which parties are involved. These are the people who play leading roles in the conflict that is being played out. There are also those who play secondary or supporting roles. In the language of dramaturgy, these are the “extras” (Grünbaum & Lepp, 2005/2013). Regarding forms of power relationships, there may be a balance of power among the parties, in which case there is symmetry in the conflict. In that case, the parties have a better chance of resolving the conflict themselves than if the relationship is asymmetric. In an asymmetric conflict, the weaker party in the lower position risks being at a disadvantage. The negotiating situation can be improved by strengthening the weaker party’s status (Grünbaum & Lepp, 2005/2013).

The ABC theory

The ABC theory provides a model for how conflicts can be developed and managed. There are different levels in a conflict that can be regarded as steps. Galtung (1996) has developed the ABC theory illustrating the different levels. In an escalation of a conflict, the different levels usually come in the order C – A – B, and in the de-escalation, the order becomes B – A – C. The letters stand for:

- B = Behaviour
- A = Attitude
- C = Contradiction and content

A conflict often begins with a matter issue (C) and it is latent on step C. If there is an escalation to step A then the conflict is charged with emotions and the parties perceive each other as opponents. The conflict is escalating. If the conflict is stepped up then it is on step B. One negative behavior leads to the other and it is difficult to come to a solution. The conflict is fully developed and manifest. The parties can act threateningly and through their actions lock themselves in their positions (CAB). To handle and resolve the conflict, you go down the steps in reverse order (BAC). One stops threatening or violent behavior, improves the attitudes of and between the parties and finds a concrete solution to the main contradiction (Grünbaum & Lepp, 2005; Burton, Lepp, Morrison & O'Toole 2015). Nowadays the concept of transforming conflicts is used, which means: "To exert an influence on the dynamics of a conflict in transformation in order to lead it into a constructive phase; here by influencing attitudes, behavior and the dispute in question (Åkerlund, 2005, p. 193).

Conflict styles

Different conflict styles express behaviour in a conflict and how we relate to our Thomas and Kilmann (1979) describe different conflict styles and how we relate to our own and others' needs. These conflict styles are described with animals as symbols. The following animals symbolize each conflict style:

- Lion Fight
- Camel Adaptation
- Turtle Avoidance
- Fox Compromise
- Owl Collaboration

The lion symbolises the conflict style that revolves around one's own needs, and the style can easily become dominant in a conflict. The owl, on the other hand, symbolises collaboration so that everyone can speak and be heard before the parties begin to seek and find solutions to important issues and conflicts. When the owl's conflict style is used, the parties try to create a win-win solution, which means working together so that all parties can feel satisfied (Grünbaum & Lepp, 2005/2013). It is important to have knowledge of all conflict styles and to relate to these depending on the situation and conflict. If one or more people intervene in a conflict without being the main actors, they are called third parties. Third parties may have power or not power, as well as be impartial or biased. Examples of third parties are: mediator, supporter, official and ally. In terms of mediation, it is a method for voluntary constructive conflict management where one strives for a win - win solution. The mediator is impartial and the mediation is confidential (Grünbaum & Lepp, 2005/2013).

An important part of constructive conflict management is to seek understanding of the perspective of the other parties/persons in the conflict. The various parties quickly create their own understanding of the conflict and interpret the actions of others from their own perspectives. It is important to understand that all parties in a conflict have their own perspectives. A behaviour that seems completely irrational to one person often seems completely logical to the other person. To move forward in conflict management, the key is to become familiar with the other people's perspectives.

Forum Play

Forum Play is a pedagogical method used in supervising professional development, among other things (Lepp, 2017). The method

can be described as a form of interactive theatre with the opportunity to act in a group and reflect to learn together about one's own reality from nursing, for example. Previous research shows that drama-related methods, such as forum theatre, Forum Play, role-play, and various case scenarios, can be effective pedagogical methods for teaching nurses and nursing students about managing conflicts (Boal,1992; Johansen, 2012; Burton et al., 2015; Almost et al., 2016).

The content of the Forum Play is defined by the participants' own experience and context (Lepp, 2015, 2017). This content and the participant's approach can be related to evidence-based care and nursing in both the play phase and the reflection phase. Evidence-based care means using the best existing scientific knowledge as a basis for decision making (Willman, 2013).

Participants work in groups to create their own plays that are based on their experiences of conflict situations. This may be an explicit conflict, a dilemma, a difficulty or an uncertainty about something, and this is dramatized and enacted in the form of a short scenario. A conflict may arise when two or more people perceive themselves to have incompatible interests or opinions. When this is dramatized in the Forum Play, the thoughts, feelings and actions of both the participants and the spectators are important. The play is supposed to make it feel "as if " it is happening here and now. The objective is to then consider alternative ways of handling the situation that may be more constructive than has been enacted. In this way, individuals and the group learn to reflect upon professional dilemmas and conflicts (Byréus, 2010; Lepp 2015; Skott, Dellenborg, Nässén & Lepp, 2013).

The use of Forum Play in nursing education may be described as "care plays" for conflict management. These have three phases that alternate throughout the play (Lepp, 1998, 2015). The phases are:

- A. Initial phase* – the participants describe and select an event from a care situation they have experienced and that has affected them.
- B. Play phase* – consists of the Forum Play itself. The story is enacted twice, and after the second time, "the spectators" can replace the actors and intervene in order to act out the scenario in different ways.
- C. Reflection phase* – participants reflect upon the play and the interventions.

A drama programme

THIS DRAMA PROGRAMME is described in the form of a drama workshop containing four parts. A drama teacher (the leader) conducted the workshop together with a teacher involved in the specialist nursing programme with specialisation on health and medical care for children and adolescents. The full-day workshop (09:00–16:00) was held in the spring of 2019 with 19 students in a room intended for drama activities, having free floor space with only chairs and whiteboard/chalkboard or flipchart.

All students are expected to contribute to the mutual learning by participating in exercises and reflection over the work. The exercises are a starting point for further reflections and exchanges of experience. They are designed to create mutual experiences for members of the group so they can reflect on theories about conflicts and conflict management and their own experiences. Some drama exercises in this chapter also appear in the two previously published reports (Berg et al., 2019; Lepp et al., 2019). For more concrete proposals for drama exercises related to drama and conflict management, see Grünbaum and Lepp (2005/2013), Lepp (2019), Lepp and Leksell (2017, chapters 16-17), and O'Toole et al., (2019).

The programme also includes a lecture on conflicts and conflict management. The aim is to introduce participants to theories of conflict and conflict management mentioned in the theory chapter

of this report (see Chapter 8). We recommend to schedule the two-hour lecture 1–2 weeks before the drama workshop.

A drama workshop can be organised in different ways, but it commonly consists of an introductory part, a main part, and a concluding part. The introductory and concluding parts often use “rounds”, in which the participants sit in a circle where everyone can share some reflection before or based on the day’s programme. Among other things, the introduction can serve to bring the group together in the moment to create a sense of confidence and trust in the group by allowing everyone to feel they are seen, heard, and affirmed. It can also introduce the theme of the drama programme and begin physical and mental warm ups for the upcoming exercises. To specifically create a climate of trust, see Lepp and Zorn (2002). After the introduction and the warm-up exercises, participants start working with more complex and challenging exercises, such as role-play and Forum Play. Before ending the workshop, the whole group often gathers in a round where they share experiences, reflections, new understanding, and insights. This programme is set up with the following four parts:

- Part 1. Theme: Introduction and warm-up
- Part 2. Theme: Role-play
- Part 3. Theme: Forum Play
- Part 4. Theme: Conclusion

Drama consist of exercises and games as well as discussion and reflection. Reflection is an important part of a drama workshop and can take place individually, in pairs, in small groups, or in a larger group together with the leader and the teacher. This programme uses discussion and reflection exercises as well as games, role-play, and Forum Play. Interview and reflection exercises and games pri-

marily take place in the first and last part, while the second and third parts consist of role-play and Forum Play. Each exercise is presented with a description of the aim and implementation of the respective exercise and reflection. In the more complex exercises in part 2 (role-play) and part 3 (Forum Play), we have chosen to highlight the focus of the exercises in addition to the described aims. Each part ends with the leader and teachers reflections.

Part 1

Theme: Introduction and warm-up

Exercise 1:1

Discussion in pairs and expectations of the day

Aim: To make the students aware of and take individual responsibility for their own learning process. To become acquainted with each other in the group.

Implementation: In pairs, the participants discuss their hopes and reservations ahead of the workshop.

Exercise 1:2

Round with names and expectations

Aim: To become acquainted with each other. To create a sense of confidence and trust in the group by allowing everyone in the group to feel they are seen, heard, and affirmed.

Implementation: The participants, the leader, and the teacher sit in a circle. Participants take turns stating their name and expectations for the day. The others listen. No one interrupts or comments.

Exercise 2

Speed dating about conflicts

Aim: To introduce the subject of conflicts and conflict management. To become acquainted with each other and practice active listening. To get the participants active. To help establish an accepting atmosphere in the group. To create a sense of confidence and trust in the group by allowing everyone to feel they are being seen, heard, and affirmed.

Implementation: The participants sit on chairs in two circles, one inside the other. Those sitting in the inner circle turn their chairs to face outward and those in the outer circle turn their chairs to face inwards to form pairs in the inner ring and the outer ring facing each other. The leader provides instructions on a subject or issue that the participants are to talk about in pairs. Once the participants have been given a theme, one person in the pair is to talk about this while the other person listens actively. After a minute, they reverse roles so that the person who had been listening then talks about the subject and the other person listens. The leader might suggest different issues related to conflicts in healthcare. You can start from your own experiences, thoughts, or theories. When both individuals in the pair have finished their discussion, those in the outer ring stand up and move to the adjacent chair so that everyone has a new partner. The leader then gives the participants a new topic for discussion in the new pairing. To conclude, the participants discuss what it was like to do this exercise and then share their experiences with the whole group. The leaders link the participants' responses to the aim of the exercise.

Exercise 3

Eye contact

Aim: To establish contact and relationships with the other participants in the group. To experience the importance of eye contact in communication with other people. To get used to participate in drama exercises and in physical warm-ups.

Implementation: Everyone stands silently in a circle and is asked to establish eye contact with someone else in the ring. When two people have made eye contact with each other, they are to make a small jump in place and then swap places. Since everyone does the exercise at the same time, there will be a lot of people switching places. Everyone should change places with everyone else at least once.

Reflection: Reflection in pairs and then in the whole group over what emotions and thoughts the exercise triggered.

Exercise 4

Avoid-dance

Aim: Warm-up exercises before role-play. To increase the energy level in the group by moving around in the room more. To gain insight into how each person in a group affects the entire group. To introduce different conflict styles with a focus on the avoid-dance style.

Implementation: All participants stand in a circle in the middle of the floor. Everyone is to think of two people in the circle and pretend that one person (A) is someone they have a conflict with and that the other person (B) is someone with whom they feel comfortable with. When the exercise begins, everyone is to try to position themselves in the room so that the person with whom they are pretending to feel comfortable with ends up between themselves and the person they are pretending to have a conflict with. As soon as A or B moves, participants need to move to get B between themselves and A.

Reflection:

- Reflection in pairs on what it was like to do the exercise, how they experienced the exercise, and how they can link the exercise to theories of conflict management.
- Link the exercise to conflict styles – specifically to the conflict avoidance style – and reflect on what happens in a group if you consistently use a conflict avoidance style. How does it affect the participants and the activity?

Reflections by the leader and teacher about Part 1

If the students are not familiar with drama pedagogy as a method of working, an introduction to drama as a subject and method is needed, in addition to presenting the aim of the day's programme. Students unaccustomed to working with drama pedagogy often focus too much on performing the exercises in the right way and the fact that they need to be in front of others when

acting in the exercises. To make it easier for students to participate actively in the exercises, a leader needs to help establish an accepting atmosphere. The key is using drama as an exploratory method where we explore different themes, situations, and relationships together. To reduce the focus on performing and standing up in front others, in Part 1 and Part 2 of the workshop we primarily use exercises in which all students are active at the same time. This means that there is no audience, which makes it easier for the participants to focus on their own explorative work. It can also be good to point out that the exercises are designed so that there is no clear right and wrong way to do them. Throughout the workshop, the leader needs to help create an accepting atmosphere by the way they respond to the students' ideas. Rather than critique the interpretations and suggestions that emerge from the exercises and reflections, the leader should show interest and ask inquisitive and exploratory questions that move the discussion further. When the participants see that they are not being judged or valued, they will become more active in the exercises and the mutual reflections.

Part 2

Theme: Role-play

Exercise 5

Role-play in a family using the same conflict style

Aim: To clarify the different conflict styles. To experience how the different conflict styles can be expressed in a fictional family situation. To experience how a group is affected when each group member has the *same conflict style*. To prepare the group for Forum Play by beginning to role-play.

Focus: Creating an understanding of the different conflict styles and their impact on the group.

Implementation: A short theoretical review of the different conflict styles on a whiteboard/blackboard or flipchart:

- Lion Fight
- Camel Adaptation
- Turtle Avoidance
- Fox Compromise
- Owl Collaboration

Create groups of 4–6 participants. Each group represents a family, and the first group is to decide the roles in the family and assign these roles. Not all families look alike. During the role-play, the family will hold a family council about what will be their holiday destination. Everyone should think in advance, about where the character they are playing wants to travel. Once this has been determined, the leader distributes one conflict style per group, which the entire group is to base its actions on. When the leader gives permission to proceed, all groups are to play their roles at the same time, which means that there are no spectators. When the leader ends the role-play, the groups are told to choose a short sequence from their role-play that they think clearly illustrates the group’s assigned conflict style. They then enact the sequence for the participants in the other groups. In this way, the participants have an opportunity to see how the different styles can express themselves in a group.

Reflection: What was the atmosphere in the group like? Did you come to a mutual decision? What was it? Why? What were the strengths and weaknesses of the different conflict styles? How was the role-playing affected by the power relationships among the different roles in the family? How was the conflict managed? Whose holiday destination was chosen?

Exercise 6

Role-play in healthcare based on different conflict styles

Aim: To test how the different conflict styles are expressed in “everyday professional care situations” with pediatric nurses in

which the group participants encounter different conflict styles. To reflect on and evaluate the experiences from the exercises in relation to conflict management concepts and to their future professional role as a specialist nurse. To prepare the group for Forum Play by beginning to role-play.

Focus: To clarify strengths and weaknesses of the different conflict styles and their consequences regarding different situations in healthcare.

Implementation: Create groups of 4–6 participants. Each group forms a team in a care unit. Each participant in the group receives a note from the leader with an assigned conflict style to use; several of the above conflict styles are represented in each group. The participants in the group may not tell the others in the group what style of conflict they have been assigned. During the role-play, the team will hold a unit meeting about which procedures are to apply when parents participate in their child's care. Everyone should think in advance about which procedures their characters will want to use. When these circumstances have been determined, the leader gives all groups the go-ahead to play their roles at the same time, which means that there are no spectators. When the leader has finished the role-playing, the groups are to first guess which conflict style each participant in their group played. Then the groups are told to choose a short sequence from the role-play they have just enacted that they think clearly illustrates the style of conflict assigned to the group participants. They then enact the sequence for the other groups. In this way, the participants have an opportunity to see how the different styles can express themselves in a group.

Reflection:

1. What was the atmosphere in the group like?
2. Did the group come to a decision? What was it? Why?
3. What were the strengths and weaknesses of the different conflict styles?
4. What were the consequences?
5. How was the role-playing affected by the power relationships among the parties?
6. How was the conflict managed? Whose procedures won out?
7. What type of conflict management could help the team reach decisions that meet everyone's needs?
8. How did the different conflict styles affect each other?
9. What was the difference between this role-playing, when roles with different conflict styles interacted, and the previous role-playing, which involved roles with the same conflict style?
10. In what way did the different roles influence each other in terms of group dynamics, group development, and psychosocial work environment.
11. Did the situation seem realistic? Can you relate it to your own experiences?

Reflections by the leader and teacher about Part 2

From several different perspectives, it is rewarding to look at the dynamics in a family (Exercise 5). On one hand, it helps us understand our own conflict behaviour that we adopted during our socialisation as a child that can take different forms in different cultures. This is also important considering that paediatric nurses meet families and family members from different cultures in conflict-filled situations. In addition, it tends to create a more flexible climate in the group when you begin role-playing by portraying a family member rather than going directly to role-playing based on your occupation and profession. Family role-playing serves as a warm-up exercise for playing roles with one's "own" professions as a paediatric nurse (Exercise 6).

Part 3

Theme: Forum Play

Exercise 7:1

Narratives about perceived ethical dilemmas and conflicts

Aim: To share each other's experiences at work as a nurse with children and adolescents and through interaction with their families. To develop the ability to listen to others and to experience being listened to yourself. To describe and explain a situation with conflict involving the individual participant. To produce a basis for scenarios for Forum Play.

Focus: To highlight various conflict situations from pediatric healthcare.

Implementation: In groups of about five participants, each person relates a conflict experienced in work as a nurse with children or their families. Keep privacy in mind: use paraphrases and pseudonyms to protect people's identity.

Exercise 7:2

Creating scenarios for Forum Play

Aim: To create scenarios that can be used to conduct Forum Play. To reflect on, process, and evaluate various types of conflict situations in pediatric healthcare.

Focus: Escalation of a conflict.

Implementation: The group participants select one of the conflict narratives they have just heard and that they would like to examine in greater depth. The task is to create one or more short scenarios based on that narrative. The scenarios should portray a conflict that escalates and ends when the conflict climaxes. If the group has chosen Eva's narrative, for example, Eva is not to play herself but one of the other characters, preferably her counterpart. All characters are to choose a fictitious name. This should be neither the student's real name nor the name of the person in the original situation. One reason for this is to protect privacy. This also helps the actors avoid becoming too personal in the performance and gives them an opportunity to experience the situation from a different perspective. In addition to protecting the actors, it elevates the situation to a universal level. The group's performance is to run a total of 3–5 minutes, with a clear beginning, an escalation, and an end when the conflict, dilemma, or problem comes to a head.

Exercise 7:3

Playing out the scenarios

Aim: To allow all participants to watch the Forum Play and take part in the conflict material available to work with during the remaining workshop. To explain connections, analyse, and see different patterns in the material. In consultation with the leader, to prioritise the appropriate order and time required for upcoming Forum Play with intervention.

Focus: To gain an overview of the content of the scenarios and search for a pattern. To relate theory and practice to one another.

Implementation: One group at a time enacts its Forum Play.

Reflection: The leader and participants together list which conflicts the participants noted in each Forum Play. Participants are encouraged to reflect on the conflicts in relation to theories of conflict and conflict management presented in the lecture and content of the workshop. What kind of conflicts are there; what similarities and differences are noted among the various conflict situations?

Exercise 8:1–8:3

Three methods for working with Forum Play

Exercise 8:1

Forum Play with – Intervention

Aim: To test and develop the ability to reflect on and deal creatively with conflicts in a future role as a pediatric nurse. To develop an understanding of the dynamics of conflicts and the consequences of different ways of behaving and managing them. To develop the ability to understand the perspectives of different parties.

Focus: Conflict management and de-escalation of conflict. Integrating theory and practice.

Implementation: Together with the leader, the group chooses which Forum Play to enact first. Then the person causing the conflict, or who subjects someone to inappropriate or unethical behaviour is chosen. This person should not be replaced because the others need to learn to deal with this person so they can handle the conflict in a more constructive manner. The group then begins performing the scenario from the beginning again. The role of the spectators is to try various interventions to manage the conflict more constructively. As soon as the spectators think events in the scenario are developing negatively, they can yell “Stop” and can take over the role-played by one of the actors in the scenario to try out different ways of responding to and dealing with the conflict, the situation, and the person.

Reflection: Reflection takes place continuously during the Forum Play. After each intervention, the leader asks the spectators which strategy or strategies they perceived that the person intervening used to influence the situation. Then the leader asks the intervening person their thoughts on how it went? Did they manage to test their intentions? What happened and how did it feel? The leader then asks the counterpart to the person who intervened how they felt about the intervention. How did it affect the counterpart? The leader also asks the person acting as the victim in the conflict how the intervention affected them.

Exercise 8:2

Forum Play with – A Map of Thoughts and Feelings

Aim: To understand the perspectives of different characters and possible interpretations of the characters and the situation. To develop empathy and reflect on and discuss the meaning of empathy. This exercise is suitable for highlighting the character who is victim in the situation and getting to know his or her perspective.

Implementation: A group enacts its Forum Play. The leader stops events right when the intervention is about to happen, and all the characters freeze in the position they are in. All spectators move onto the floor and stand around one of the characters to immerse themselves in the thoughts and feelings that person might be having in that moment in the current situation. The spectators go to the character one by one, rest their hand on the person, and say a word or a sentence. The sentence should be expressed as a response in the first person, as if the spectator had been the charac-

ter, such as: “I can no longer stand it! I don’t want help! Why can’t the new ones just adapt. I have to do things my way if I am to cope with this job. I miss my old colleague. I guess that wasn’t so clever on my part. I can’t stand all the constant arguing!”

Focus: Between these comments, there is to be silence, a break. Only these thoughts are to be heard. One person can come forward several times and say different words or sentences. Once the spectators feel there is a sense of completion with the character, they move to another character and continue. Based on the situation, this exercise can be done with one or more of those playing roles.

Exercise 8:3

Forum Play with – The Hot Seat

Aim: To understand the perspective of a role character and become acquainted with the character a little better. To practice asking exploratory and constructive questions and showing interest in understanding the perspectives of others. This can also generate new ideas about avenues for interventions in Forum Play.

Implementation: The leader asks members of the audience if they would like to know a little more about any of the characters. The character selected is invited on stage to sit on a chair, “The Hot Seat”, and answer questions from the spectators while playing the role.

Exercise 9

Concluding Forum Play

Each Forum Play can conclude with those who participated in the play itself being asked what it was like to play the specific character and to be in that role. Having an opportunity to reflect on the character they played and what happened in the Forum Play is also a way to create distance from that character. In other words, a way to “leave” that role behind and “return to who you are” again. Another way to “leave” that role behind can be to physically shake off the character they played. This can be an important way of protect yourself if you have played a role perceived as an unsympathetic and “difficult” character. Everyone in the Forum Play and those who intervened are thanked for their contributions. For more about the leader’s basic educational approach, see Grünbaum and Lepp (2005/2013).

Reflections by the leader and teacher about Part 3

Forum Play

We mostly use Forum Play with intervention, but depending on the play’s content and dramaturgy and the content of the participants’ interventions, we can supplement this with other methods. For example, sometimes the participants do not come up with any interventions. Then the thoughts and feelings map or the Hot Seat can be used as an alternative or inspiration for interventions.

As a leader, it is important to remind yourself not to critique the performances and interventions that come up in Forum Play.

If the leader focuses on showing interest in what comes up and asking exploratory questions, the students will probably contribute with more and more interventions, replies, and questions, and with richer improvisations and reflections.

Forum Play with Intervention

Working with Forum Play can be challenging for the participants, both for those who are playing a role in the Forum Play themselves and those who summon the courage to shout “Stop” and intervene. In the Forum Play’s interventions, any ideas for actions can be tested, provided they do not lead to physically harming anyone or damaging property. Often some of the interventions in the play take the form of confrontations and challenging of the person subjecting another person to abuse or the like. All this involves a great deal of improvisation and allowing yourself to be vulnerable to others. Remember to identify with the perspective of the person subjected to abuse in the Forum Play. Often the intervention in Forum Play involves intensive interaction between the person intervening and the person subjecting someone to unethical behaviour. The person performing the role of victim often is not involved in that interaction and therefore runs the risk of being forgotten. Often, this is a patient who is sick and cannot have an impact on the situation as it unfolds. For that reason it is important to remember to provide space for the vulnerable person.

The following questions can be used during the Forum Play with intervention to help the participants in their learning process:

1. What is the Forum Play about?
2. What is the conflict?
3. Is it a symmetrical or asymmetrical conflict?
4. Who are the parties to the conflict?
5. What conflict management styles do the different parties have?
6. Who can be swapped out to try another style for managing the conflict in a more constructive way?
7. How can the ABC theory be related to the conflict situation?
8. What happens to the conflict in the various interventions?
9. Which conflict management strategy, which approach do you think is the most constructive?
10. What were the consequences for the parties in the various interventions?

Forum Play with A Map of Thoughts and Feelings

With the map of thoughts and feelings, the reason for going up and standing around the characters instead of sitting in spectator chairs is both to bond more closely with the characters and to minimise the resistance to appearing on stage. People feel less exposed standing with others around a character playing a role than when appearing before the group one at a time. In this exercise, it is important to find the right frame of mind. Make sure that everyone understands that they are to speak in the first person and not talk to the character. It is also important to not make any comments other than the thoughts expressed when a hand is placed on, for example, the character's arm. If body contact is to

be avoided for some reason, instead of placing a hand on the character, take a step forward and stand behind or next to the character to express an opinion. There is often an initial resistance to this exercise, but once the participants have begun to express their thoughts and feelings, it can contribute to an in-depth experience of the characters and the situation. The exercise can create a strong involvement and empathy for the characters, and often the spectators are moved by participating in it.

Forum Play with The Hot Seat

In this exercise, strong emotions can be expressed by both the character sitting in focus on a chair - the hot seat, and the spectators who ask questions. This means that the spectators need to be reminded that the aim of the exercise is to understand the character and not to hold the character accountable. To understand the perspectives of the various characters, the questions spectators ask the person on the hot seat should be of an investigative and inquisitive nature rather than being challenging. In this way the exercise gives the participants the opportunity to practice accommodating their negative feelings towards the person on the hot seat and to ask constructive, inquiring, and exploratory questions.

Another reason to avoid an overly challenging climate in this exercise is to protect the person sitting on the hot seat. That person makes himself or herself available to the whole group's questions by assuming a role and answering questions. The person on the hot seat needs to be prepared to improvise, and this can be challenging if it lasts for a long time. For this reason, it is important to thank the person for being willing to answer the group's questions and to contribute to their learning by sitting on the hot seat.

Part 4

Theme: Conclusion

Exercise 10:1

Review of the day

Aim: To give the participants an overview of the day's plan and content.

Implementation: The participants may bring up the day's exercises from memory and talk about the exercises they have done. The leader writes a list of them on a board or flipchart.

Exercise 10:2

Discussion in pairs about the day

Aim: To allow the students to reflect on the day and their own learning process.

Implementation: Everyone discusses in pairs about what they have experienced during the day. Examples of questions for the discussion: What has been rewarding or interesting for you? What has been difficult? What have you learned? Was the day the way you imagined it would be? Feedback on your own expectations of the day (Exercise 1).

Exercise 10:3

Concluding 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 may share something they have learned from the day.

Reflection from leaders and teachers regarding Part 4

It is important to share experiences from the day. The aim is to:

- Raise awareness, formulate, and take responsibility for your own learning process.
- Be able to relate your own learning process to that of the other participants.
- Allow the leader an opportunity to take part in the participants' learning process.

Four Forum Play

IN THIS REPORT, four Forum Play from the workshop with pediatric nursing students is presented with intervention, the map of thoughts and feelings, and the hot seat. The four Forum Plays are narratives about:

1. Unfair division of assignments among co-workers
2. Interpreting a situation based on one's preconceptions
3. Being the messenger and responding to accusations due to postponed operations
4. Being offended by co-workers

A narrative is a written or oral depiction of a course of events, which can depict both real events or fictional events or a mixture of both.

Like supervision, Forum Play is a method based on the participants' own experiences of different situations in the organisation where they work. This makes each situation unique, both based on the unique situation that is addressed and on who participates in the Forum Play and the exercises. With master' students who have professional experience the reflections are informative and clearly based on the organisation in which they are involved. They may look at things from several different perspectives or interpretations, but they may also happen to be mired in, or be exposed to,

ingrained preconceptions that have existed in the organisation for a long time. When bachelor's students work with Forum Play, they often get a glimpse of the complexity of the organisations and their knowledge gaps about different activities and guidelines. This raises a lot of questions and often motivates them to find out more about different areas. Both bachelor's and master's students can be overwhelmed by self-awareness of how they themselves relate to conflicts and become motivated to expand their repertoire of possible actions to take in a conflict. Students often highlight the importance of understanding that all parties to a conflict have their unique perspectives on the conflict and the importance of seeking understanding for these points of view.

A drama workshop with four Forum Plays was conducted in the spring of 2019 with 19 pediatric nursing students. Each Forum Play below concludes with several specific reflection questions to support the learning process about conflicts and conflict management. In addition to the specific reflection questions for each Forum Play, we also suggest the following questions.

These ten questions (as noted earlier) can be used for examination in connection with Forum Plays on learning about conflicts and conflict management:

1. What is the Forum Play about?
2. What is the conflict?
3. Is it a symmetrical or asymmetrical conflict?
4. Who are the parties in the conflict?
5. What conflict management styles do the different parties have?
6. Who can be exchange to try out another style for managing the conflict in a more constructive way?
7. How can the ABC model be related to the conflict situation?
8. What happens to the conflict in the various interventions?
9. Which conflict management strategy, which approach do you think is the most constructive?
10. What were the consequences for the parties in the various interventions?

Forum Play 1.

Unfair division of assignments among co-workers

Parties

Patient: Ali, age 6

Patient: Lina, age 6

Physician: Åsa

Nurse: Barbro has long work experience

Nurse: Ines is a new employee

Nurse: Nico works in the Post Operative Care Unit

Nurse: Robin works in the Intensive Care Unit

The narrative

The nurse Barbro, who is experienced, and Ines who is younger and recent graduated nurse, work together in a surgical child healthcare ward. Ines, who is handling the phone today, is obviously stressed. Calls constantly come in from other units. The calls concern picking up patients from, for example, the Post Operative Care Unit. While the phone is ringing, Ines is constantly on the run responding to calls from patients in the unit. Her colleague, Barbro, on the other hand, remains sitting at the desk in the nurse's office and refers all work tasks to Ines. Ines' patients call

from their rooms, and Ines asks Barbro for help responding to these calls because she is responsible for the phone.

Barbro believes they have a clear division of work in which everyone takes care of “their patients” and their tasks. She does not intend to relieve her colleague, although it is obvious that Ines is very stressed and that the patients clearly are affected because the staff cannot keep up. Nurse Nico calls from the Post Operative Care Unit and asks them to pick up the patient Ali who is very hungry and sad. He needs to get back to the ward as soon as possible so he can eat.

At the same time, nurse Robin calls from the Intensive Care Unit regarding another patient, Lina. Lina is uneasy and needs to come to the unit for some peace and quiet and pain relief and to join her parents. The Intensive Care Unit is crowded with patients, so they need Lina’s bed for another child.

One of Ines’ patients needs to be given an injection of antibiotics immediately, but the patient’s cannula is not working, so Ines needs to reposition it. At the same time, X-ray calls and reports that another of Ines’ patients needs to come to the X-ray department immediately. Ines needs to attend to transport to the department.

Barbro stubbornly continuously sits at the desk. Ines asks Barbro if she can make sure Ines’ patient goes for the X-ray. Barbro looks at the clock and says that she does not have time to do so because she has to administered antibiotics to her patient in a while, a time she has to keep. The physician Åsa enters the nursing station. Ines asks her if the patient who needs a new cannula to receive antibiotics really needs to have antibiotics intravenously. She is having a hard time keeping up with her tasks. Ines says that she asked Barbro for help but didn’t receive any. The

physician Åsa responds that Barbro no doubt is fully occupied with her tasks and that Ines can learn from Barbro to prioritise her work and work faster.

The intervener replaces Ines to influence Barbro in various ways.

Intervention 1: Ines asks Barbro for help and explains that it makes her sad when Barbro doesn't help her. Her patients are affected because she does not have time to do all her tasks. Ines would appreciate receiving Barbro's support since she is an experienced colleague.

Intervention 2: Ines asks Barbro for help, but when Barbro refuses to help Ines with her tasks, Ines says that she will submit a deviation report. She will report Barbro for endangering patients' health and safety.

The Hot Seat

The person who assumed the role of nurse Barbro had to sit on a chair – the hot seat as the Barbro character and to answer the spectators' questions in character. Examples of questions that came up were:

- What were you thinking when Ines asked you for help?
- How do you think the collaboration between you and Ines is working?
- What form would you like your collaboration to take?
- Why didn't you help Ines?

- Do you help your co-workers? If so, how?
- What would you like to say to Ines?

Reflection questions

1. How can Ines manage the situation?
2. Who can Ines turn to for support??
3. How can a newly employed nurse be introduced in the workplace?
4. How can an “expert” and a “novice” nurse form a team?
5. How can Ines prioritise her tasks?
6. How can Ines respond to the physician?
7. What responsibilities do Ines and Barbro’s head manager have in the situation?
8. Is culture “built-in” in the context? If so, what are the consequences?

Forum Play 2.

Interpreting a situation based on one's preconceptions

Parties

Daughter: Maryam, age 15

Mother: Sara

Play therapist: Kim

Nurse: Kerstin

Nurse: Monica

The narrative

Play therapist Kim enters the patient room occupied by 15-year-old Maryam and her mother, Sara. Sara and her family immigrated to Sweden from Syria four years ago. The play therapist shows the mother a drawing that her daughter made during play therapy. It depicts Maryam kissing her boyfriend. The mother turns to her daughter and begins speaking in Arabic in a loud, agitated voice. The play therapist leaves the room.

In the next scenario, we hear how the play therapist stands in the corridor and tells nurse Monica about what happened inside the patient room. They both assume that the mother, due to her cultural background, is upset with her daughter because she has kissed a boy. They also assume that the mother is especially up-

set because the boy, the daughter's boyfriend, is Swedish. Nurse Kerstin walks by and overhears their conversation.

Nurse Kerstin, who is in charge of nursing for Maryam, enters the patient room and talks to the mother. It turns out that the reason the mother became so upset about her daughter kissing her boyfriend was because of the risk of infection. The mother worries that the daughter will be infected by her boyfriend because the daughter has a weakened immune system.

The situation ends with nurse Kerstin going out into the corridor to play therapist Kim and nurse Monica. Kerstin scolds Kim and Monica. They have spoken ill of the mother based on their preconceptions and without having obtained information about the whole situation.

Intervention and results

In the intervention the person playing the role of nurse Kerstin asks play therapist Kim how she had arrived at her conclusions.

The Hot Seat

The person in the role of play therapist Kim had to sit on a chair – the hot seat and answer the spectators questions from Kim's point of view. Examples of questions that came up:

- What led you to interpret the situation as you did?
- Could it have something to do with preconceptions?
- Why did you tell nurse Monica about the incident?
- Why didn't you find out why the mother was upset when she saw the daughter's drawing?

Reflection questions

1. What is a preconception? Against who and when?
2. Where do our prejudices come from? Why do we have preconceptions?
3. What leads to the development of our preconceptions?
4. How can we prevent preconceptions from spreading and leading to conflicts?
5. How can preconceptions be managed in healthcare?
6. Is it always correct to ask a patient and relative if something is unclear?
7. In what way can questions be asked without escalating a possible conflict?

Forum Play 3.

Being the messenger and responding to accusations due to postponed operations

Parties

Patient: Sara, age 5

Mother: Laila

Father: Khalid

Nurse: Maria

The narrative

Sara, age 5, has not been allowed to eat since last night because she is awaiting a planned operation. It is afternoon when a nurse enters the patient room and announces that the operation has been cancelled again, postponed indefinitely. The parents, who immigrated to Sweden a year ago from a non-European country, become very upset. This is the fifth time their daughter's operation has been cancelled. This has caused the daughter a lot of suffering. The parents are very upset, and the conversation ends with the parents asking if they have been treated this way because they are not Swedish citizens. They accuse nurse Maria of being racist. The nurse denies this, saying the delay is due to priorities for acutely ill patients. Their daughter is not acutely ill! As a

nurse, she is a messenger for decisions made by others – in this case, a cancelled operation – so she has to respond to accusations from those directly effected, i.e., the parents and patient.

Intervention and results

This situation did not result in an intervention. Instead, it led to lively discussions about the incidence of racism in healthcare at both the individual and organisational levels. The group discussed the nurse's role as a messenger conveying the decisions and actions of others, in this case the priorities of operations set by physicians. In the situation presented, the physicians determined what operations have priority. Some in the group said: "We are not racists and neither is the health care system". Then others in the group protested, asserting that the system certainly included racism. Patients are treated differently, and healthcare professionals bring their prejudices and preconceived notions with them. This also applies to nurses.

Reflection questions

1. What does it feel like to be a minority in a society?
2. How is racism defined and what does it mean? What is the situation in Sweden and in the world?
3. What are the consequences of racism for human health and medical care?
4. How are minority groups treated in a professional way?
5. Do you have preconceptions against the patient group in question? If so, what are they?
6. Can the nurse treat the parents in some other way?
7. What is the responsibility of those who set priorities?
8. What is involved in being a messenger for things you are in charge for?
9. As a nurse and employee, can you say no? If you do say no, what happens? What are the rights and obligations of employees?
10. How do “being a messenger” and “power” relate to an organisation?
11. What does “personal responsibility” mean?
12. What prejudices or preconceptions do you have towards the patient group in question?

Forum Play 4.

Being offended by one's co-workers

Parties

Patient: Oscar, age 3

Mother: Louise

Father: Carl

Physicians: Anders

Nurse: Mika is a new employee

Nurse: Siv has long work experience

The narrative

The waiting room at an acute primary care centre is full of people. Two parents with their three-year-old son comes in and goes straight to the counter without taking a number tag and waiting for their place in the queue. The mother, Louise, demands to see a “doctor” immediately because they are taking the train to Stockholm later in the evening. Nurse Mika informs them that the family cannot be seen ahead of the others. The staff sets priorities for patients based on the patient’s condition, not how pressed they are for time to get home or catch a train. The father, Carl, says that in that case the staff will be held responsible if the child should die or be injured in any way. Three-year-old Oscar has a

rash on his body, but nothing that indicates his condition is acute at the moment.

Siv, the experienced nurse, enters the situation and takes over the conversation. She is nice and accommodating towards the family and says this is something “we will fix”. She will ask the physician, Anders, to examine Oscar right away and ushers the family into an examination room. The physician comes immediately, quickly examines Oscar, and the family leaves the acute primary care centre soon afterwards. As a result, Siv and Anders have undermined the authority and credibility of their colleague, Mika. In addition, they have disregarded an agreement at the acute primary care centre regarding regulations for triage and its consequences for other patients.

Intervention

Intervention in which newly employed nurse Mika communicates with experienced nurse Siv, explaining that she felt disregarded. Mika asked why Siv did not adhere to regulations on triage that she had been instructed apply in the acute primary care centre.

The Hot Seat

The participants interviewed and posed questions to those playing the roles of the nurses Mika, as a “novice”, and Siv, as an “expert”, on a chair - the hot seat. The questions dealt with how they experienced the situation of their characters.

Reflection questions

1. What does it mean to be a colleague?
2. What does an offending someone mean?
3. In a larger perspective, how do human rights relate to offending someone?
4. How can offending someone affect health?
5. How can the physician view the situation and act to defuse the conflict?
6. As the events unfold, what causes the conflict to escalate?
7. Have they, Siv and Anders, disregarded regulations for triage?
Can this have consequences?

Specialist nursing students experiences of learning through drama

WITHIN THE FRAMEWORK of a doctoral thesis at the Institute of Health and Care Sciences, Sahlgrenska Academy at the University of Gothenburg, a total of four studies concerning learning through drama in nursing education were conducted (Höglund Arveklef, 2017). Three of the studies were conducted at the bachelor's level and the fourth study at the master's level in the specialist nursing programme with specialisation in paediatric care. The study aimed to investigate how learning through drama is experienced by students in the specialist nursing programme in paediatric care (Arveklef, Wigert, Berg & Lepp, 2020).

During the second semester (out of a total of four) a 3-h drama workshop similar to the drama workshop that is described in this report was implemented in the specialist nursing education program in pediatric care (60 credits). The workshop took place in the spring of 2016, with 27 students divided into two groups. Fifteen of these students were then interviewed individually, and the interviews were analysed with a qualitative phenomenographic approach (Sjöström & Dahlgren, 2002).

Two categories with their attendant subcategories emerged in the analysis. These represented various conceptions of how the students experienced learning through drama during their specialist nursing education in pediatric care (Arveklef et al., 2020).

Category: Conceptions in relation to the process of learning

- Subcategory: Preparedness to be involved
- Subcategory: Engaging in acting and observing
- Subcategory: Sharing experiences

Category: Conceptions in relation to the development of knowledge

- Subcategory: To gain understanding of child and family perspectives
- Subcategory: To gain insight of drama in practice

Below a summary of the study is presented, based on the two main categories and are illustrated with quotes from the students.

Category: Conceptions in relation to the process of learning

In the first category, conceptions of how participating in the drama workshop affected the students' learning process is presented. All participating students stated that drama provided a good opportunity to get closer to and get to know each other in a way that would not have been possible through more traditional teaching. In addition to this consensus, the statements clearly showed that students' perceptions of learning through drama take two different directions, depending on their preconceived notions about themselves and about drama. For example, several students stated that even before the workshop they considered drama to be an enjoyable way to learn. This approach suited them as individuals because they appreciated being active and exploring roles and situations with others.

At least I learn well that way, I am a person who learns by doing, acting, and trying out, I mean, bringing in some physical activity and not just listening makes it (learning) more visual and alive, in a way. (5)

Students perceived drama as an effective way to vary teaching. They stated that being physically active and simultaneously reflecting on their own actions could help them maintain concentration. This provided the opportunity for the knowledge to “be integrated into the body”. Drama facilitated the learning process by offering students the opportunity to be engaged, become more involved in their own learning, and have fun together.

I feel you can learn better when you are active ... otherwise you can easily start thinking about something else, even if you're focused on the lecture. But you can't really do that when you're part of your own learning. So I think it (drama) is good learning, a good way to learn, where you're active in the learning itself. (9)

Conversely, other students stated that even before participating in the workshop, they were nervous about performing in front of their peers. They stated that they felt self-pressure to perform. They found it difficult to relax and enter into the situations because they did not feel comfortable being the focus of everyone's attention.

I have always thought it is a bit awkward with theatre, acting out something when others are going to watch and judge ... or they don't really judge me individually, but you still get a bit anxious about performing, or something like that (3)

These students indicated that they learned more by observing the other students acting in dramatized situations, compared to when they themselves were active and performing. By participating more passively, they felt safe and could get an overview of the conflict situation without having to be in role and act in front of others:

It is easier to reflect and learn when you are observing someone, rather than when you are doing something yourself, because then it is all about having to perform something, or show something. (4)

All students stated that drama provided good opportunities for learning by giving them the opportunity to reflect on scenarios based on their own and others' experiences of paediatric care. They stated that basing the scenarios on the students' own experiences from their clinical practice was a positive aspect because it made the scenarios realistic and relevant. In addition, the person who had the first-hand experience of the situation was always present and could, if necessary, answer questions to provide in-depth information, which facilitated managing the conflict situation.

Acting out, exploring, and reflecting on reality-based situations together with fellow students were regarded as having a certain therapeutic and affirmative effect. Many students emphasized their relief when they realised that many others had experienced similar situations. They were not alone in having experienced ethical dilemmas in the role of paediatric nurse.

It felt a little bit therapeutic, that I am not the only one who experiences these, like, really tough situations. That it can be really hard to handle certain situations, and that you can recognize many situations. (6)

Participating in the workshop with others who had worked in paediatric care provided new ideas and strategies that could be used in clinical care. This provided an opportunity to gain new perspectives, process and prepare for future complex situations. Several students pointed out that drama could contribute to assimilating new, deeper knowledge that could support them in the process of learning to become a specialist nurse.

Most of us already work with children, so we have a lot of experience within the group, and to go back and reflect on these experiences ... you learn a lot from that. And to dramatize them, it's partly like reliving them, and then you can process them a bit more step by step and understand what really happened. (5)

Category: Conceptions in relation to the development of knowledge

The second category presents views of how participating in the drama workshop affected how students developed knowledge. The majority of the students stated that after the workshop they developed a new perspective on paediatric nursing. By having the opportunity to explore the child and family perspective through role play, they felt that they gained more knowledge and understanding of what it can be like to be a child or family member in different care situations. For example, they stated that exploring the perspectives of children and their families makes it easier for students to understand and really grasp the meaning of the theoretical concept of family-centred paediatric care.

I think it made me see the family more like a whole, even if I ... know that, I understand the theory of family-centred care and so on

... but it (drama) made it easier to feel it, and then you can see, that this child has a problem, but that problem can only be solved by seeing the whole family ... (2)

The students stated that many situations with ethical dilemmas became clearer and easier to understand during the workshop. This was exemplified in several situations where it became clear that nurses and families may unknowingly have completely different goals and expectations.

The workshop pointed out the importance of highlighting and taking into consideration the family perspective as well as the nurse's competence and experience. Many students stated that through practice and experience gained in the workshop, they learned strategies for providing care to children in many different age groups. The statements also show the importance of learning to act quickly in situations when time is short. The workshop clarified how much a nurse can actually achieve in a short time. Some students stated that the workshop gave them strength and made them feel more confident in their nursing role and more determined and able to set boundaries for the children, their families, and co-workers.

There was a lot about limits, not just in my scenario, setting limits, how to do it ... and that we are allowed to do it as nurses. (2)

The majority of the students stated that after the workshop, they reflected on how drama as an educational method can be useful when working in clinical care. In addition, they also perceived a need to explore the perspectives of others working in paediatric care to promote the development of the profession and the professional role and to prevent stagnation.

Many students indicated that drama can be a way for staff working to become acquainted with their co-workers better, to practice and process difficult situations, and to gain insight into the child- and family perspectives. According to the students, acting out difficult situations with co-workers could facilitate processing situations and enable the team to learn from each other's experiences. One student suggested that learning how to use drama as an educational method in clinical work could be included in the specialist training for paediatric nurses. Drama could then serve as a tool that paediatric nurses can use, for example in clarifying how to work according to family-centred paediatric care for co-workers and students.

It is also important for pediatric nurses to be able to supervise and consider the child perspective all the time.... And to be able to work with these (drama) exercises with your colleagues ... would be an important or fun thing to use ... because since we work in a family-oriented, focused way, there is a need for a special type of supervision, because working with families is different. (8)

Summary reflections of the study

The study presented above shows that specialist nursing students either preferred to be active and act in a role or to participate as spectators. The students who advocated learning by “being in role” stated that they became more involved in their own learning process. They could then focus in the moment and felt that this helped them assimilate the knowledge. Some students experienced self-pressure to perform in relation to their classmates because they were afraid that their professional role as nurses could come

into question. Consequently, participants in the workshop have a dual role as a student and as a representative of an occupation and a profession. The majority of the students, even those who stated that they hesitated about participating actively in the role-playing, indicated that drama added positive aspects of learning. Learning by observing when other students acted in role provided an overview of the different processes involved in the conflict situations portrayed. They described observing in combination with learning from each other's experiences through group reflection as a way to gain new experiences from authentic conflict situations. This helped students feel more prepared to manage future nursing situations. It is interesting that several students suggested using drama as an educational method for clinical work by paediatric nurses. For example, healthcare staff together can explore and learn from difficult conflict situations, and drama and Forum Play can clarify children and family-centred care.

Final reflections

THIS DRAMA PROGRAMME has been developed and used within the University of Gothenburg's specialist nursing programme with specialisation on health and medical care for children and adolescents. Content in the programme is based on research results related to drama, learning, conflict management, and nursing. This drama programme can support students learning about conflict management in health and medical care for children and adolescents and thereby increases the conflict management competence of future specialist nurses.

Drama pedagogy and Forum Play offer a creative and active form of teaching and learning. This form of learning is well suited for student-centred learning. The starting point is to integrate the participants' experiences and knowledge with new experiences and knowledge. With the help of drama, we can create and re-enact care situations, ethical dilemmas, problems, and conflicts related to health and medical care for children and adolescents. These care situations allow the participants to practice, experience, reflect, discuss, and learn about conflict management.

Teacher participation in this programme requires competence in the following areas: conflict management, drama pedagogy, nursing, health care education, healthcare sciences, and the healthcare context related to working as a specialist nurse with specialisation on healthcare for children and adolescents.

Examination at the bachelor's and master's levels regarding conflict management

The reflection questions mentioned in the report – both the general and specific ones that follow the Forum Play – can serve as the basis for examination. The questions can be used for examination individually or in groups, orally or in writing.

Supervision in nursing

This programme can be used to develop and strengthen the nurse's professional role to provide the patient with good and safe care.

“Supervision in nursing is a pedagogical model that assumes that each person has the inherent ability to reflect on thoughts, feelings, and actions based on personal experiences to lead to increased self-insight. The aim of the supervision is to strengthen and develop the professional role through increased self-awareness. The supervision is based on the participants' narratives and theoretical perspectives such as nursing, ethics, group dynamics, and leadership.”
(HiO Supervision in Nursing).

This programme is based on the participants' narratives about conflicts within pediatric care they have experienced. Participants are specialist nursing students at the master's level. The narratives have been processed using drama and were based on different perspectives. The report, including a drama programme can support students learning about conflict management at the master's level.

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Suggestions for further reading about conflict management

Conflict:

http://socav.gu.se/digitalAssets/1421/1421368_22konfliktabc.pdf

Conflict styles:

<http://www.hanterakonflikter.se/konfliktskolan/konfliktstilar/>

Conflicts and conflict management:

<http://socav.gu.se/Samverkan/arbetsplatskonflikt/konfliktakademien>

Lära för fred. Från våldskultur till fredskultur [Learn for peace. From culture of violence to culture of peace.] www.laraforfred.se

Authors' presentation

Margret Lepp is registered nurse (RN), nursing teacher (RNT), drama teacher (rad), nursing supervisor, PhD in pedagogy. She is professor at the Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden, and Østfold University College, Haldén, Norway. Her research focuses on learning through drama, health and wellbeing, nursing competency, professional supervision, internationalization and conflict management. She is an adjunct visiting professor at Griffith University, Gold Coast Queensland, Australia.

Helena Wigert is registered nurse (RN), pediatric nurse, nursing supervisor, and associate professor in health care sciences with a PhD in nursing. She is senior lecturer at the Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, with a combination position in the neonatal unit at the Queen Silvia Children's Hospital. Her research focuses mainly on nursing in neonatal intensive care.

Susanna Höglund Arveklev is registered nurse (RN) with a master's degree in nursing and PhD in health care sciences. She works as senior lecturer at the University West, Trollhättan. Susanna currently holds a position as scientific leader at the Clinical Learning Centre (CLC) and is head of the Center for Salutogenesis at Uni-

versity West. Her research focuses on health promotion, social justice, teaching and learning in higher education, with a special focus on norm critical-pedagogy and Work Integrated Learning (WIL).

Stina Larsson is drama teacher (RAD) and holds a BA degree in drama education. She is lecturer at the Department of Sociology and Work Science and the Institute of Health and Care Sciences, University of Gothenburg. She teaches in both the nursing programme, teacher programmes and in supervisor courses in health care and schools. She teaches mainly in the areas of conflict management, group dynamics, leadership, social relations and inequality, and communication and conversation.

Linda Berg is registered nurse (RN), nursing teacher (RNT), and nursing supervisor. She holds a master's degree in nursing and PhD in health care sciences and she is associate professor in health care sciences. She is senior lecturer at the Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg. Her research focuses on patients' experiences of daily care, palliative care, and ethical problems in the care setting, with a special focus on the care environment. She is also interested in pedagogical development in nursing education and integrating theory and practice.

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Institute of Health and Care Sciences
The Sahlgrenska Academy
University of Gothenburg
Box 457, 405 30 Göteborg, Sweden

Phone: 031-786 00 00

E-mail: ckh.gu.se

Website: <http://www.ckh.gu.se>



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Knowledge of conflict management is necessary to avoid the negative impact conflicts can have on patients, relatives, students, healthcare staff, and healthcare organisations. This report examines the use of drama pedagogy to support student learning about conflict management in the specialist nursing programme with specialisation on health and medical care for children and adolescents. It integrates drama pedagogy, nursing, healthcare education, and healthcare sciences into the teaching to support student learning about conflict management.

The report illustrates a teaching module on conflict management with drama pedagogy in the course Advanced assessment and nursing interventions in relation to illness in children and adolescents, (OM5510), 15 credits. This module is based on policy documents, research results involving drama exercises, Forum Play, and theories of conflict management from the international DRACON project (DRAMA and CONflict resolution). The DRACON project has been developed and implemented in Australia, Malaysia, and Sweden. The course is offered in the specialist nursing programme once a year at the Institute of Health and Care Sciences at Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden.

The report has been prepared for drama teachers and other teachers looking for knowledge about how drama pedagogy can be used at the master's level, such as in specialist nursing education.

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