

Drama and Learning in Nursing Education

A study in first and second cycle

Susanna Höglund Arvelev

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Institute of Health and Care Sciences
Sahlgrenska Academy at University of Gothenburg



UNIVERSITY OF GOTHENBURG

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susanna.hoglund.arveklev@gu.se

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“All our knowledge has its origins in our perceptions”

– Leonardo da Vinci

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ABSTRACT

Aim: The overall aim of this thesis was to explore and describe the nature of students learning through drama in nursing education, in first and second cycle.

Methods: Study I was conducted as an integrative review of the literature. Study II was performed as a qualitative phenomenographic study where 16 nursing students was interviewed. In study III 43 group assignment by nursing students in first cycle were analyzed using Qualitative content Analysis. Study IV was conducted as a qualitative phenomenographic study where 15 nursing students in second cycle was individually interviewed.

Results: The findings in study I showed that drama can be used effectively in nursing education to enhance students' learning. The summarized results of the empirical studies (II–IV) showed that drama enabled the students to learn about themselves and develop a higher self-awareness. Learning through drama also gave the students opportunities to learn about others by exploring the perspectives of colleagues, patients, and patients' next of kin in fictive nursing situations. The findings showed in addition that drama could make the theoretical course content more concrete and easier to grasp. Learning through drama activated the students' learning by offering them the possibility to be active and explore various roles and scenarios, and by promoting reflection in which they could share experiences with their peers. By participating in drama, the students reached an evolving identification with the profession of a nurse (II–III) and of a specialist nurse in paediatric care (IV).

Conclusion: Drama in nursing education has the unique potential to prepare nursing students in both first and second cycle for their future nursing role. Through drama, students are given the opportunity to explore and gain knowledge about how to use theoretical knowledge in practice, about their inner selves, and about other person's perspectives.

Keywords: Drama, Learning, Nursing, Nursing Education, Teaching

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SAMMANFATTNING PÅ SVENSKA

Bakgrund: Att utbildas till sjuksköterska innebär förberedelse för ett yrkesliv med krav på professionellt förhållningssätt i möte med patienter, närstående, kollegor och studenter. Dessa möten kan ofta vara komplexa och innehålla såväl konflikter som etiska ställningstaganden. Det krävs därför att sjuksköterskestudenter utvecklar förmågan att använda teoretisk kunskap i praktiska situationer, samt når en personlig mognad att i dessa möten utgå från en helhetssyn och en etisk medvetenhet där patienten sätts i centrum. Att omvandla teoretiska kunskaper till meningsfulla verktyg i praktiska situationer upplevs dock ofta som svårt av sjuksköterskestudenter, vilket medför ett behov av undervisningsformer som kan underlätta denna process. Erfarenhetsbaserat lärande som exempelvis drama, integrerar tanke-känsla-handling och tydliggör sambanden mellan teoretisk kunskap och praktisk handling. Drama ger studenterna möjlighet att i en trygg miljö agera, pröva och öva i fiktiva omvårdnadssituationer. Genom tydliga roll- och perspektivbyten ges möjlighet att träna inför yrkeslivet och under tiden reflektera tillsammans med kurskamrater och lärare

Syfte: Det övergripande syftet med denna avhandling var att utforska och beskriva studenters lärande genom drama inom sjuksköterskeutbildningen, på grund och avancerad nivå. I delstudie I var syftet att granska empiriska och teoretiska artiklar om användande och tillämpning av drama inom sjuksköterskeutbildning. Delstudie II syftade till att utforska och beskriva sjuksköterskestudenters erfarenheter av att lära sig om omvårdnad genom drama. Delstudie III hade syftet att belysa sjuksköterskestudenters erfarenheter i relation till att lära sig om konflikter och konflikthantering genom drama. I studie IV var syftet att undersöka hur lärande genom drama upplevs av eleverna i specialistsjuksköterskeutbildningen inom pediatrik vård

Metod: Studie I genomfördes som en integrerad litteraturoversikt. Studie II utfördes som en kvalitativ fenomenografisk studie, bestående av fyra fokusgruppintervjuer med totalt 16 sjuksköterskestudenter från grundutbildningen. I studie III analyserades, med hjälp av kvalitativ innehållsanalys, 43 gruppexaminationer utförda av sjuksköterskestudenter i grundutbildningen. Studie IV utfördes som en kvalitativ fenomenografisk studie där 15 studenter från

specialistsjuksköterskeutbildningen inom pediatrik vård intervjuades individuellt.

Resultat: Resultaten i studie I visade att drama effektivt kan användas i sjuksköterskeutbildningen för att underlätta studenternas lärande. Det framkom även ett behov av ytterligare forskning kring att erbjuda sjuksköterskestudenter möjlighet att utforska rollen som patienter, inte som vårdpersonal. Dessutom framkom en brist forskning om tillämpning av drama inom specialistsjuksköterskeutbildningen. Resultaten i studie I bildade en grund och relevans för de följande tre studierna i denna avhandling. De sammanfattande resultaten av de empiriska studierna (II-IV) visar att genom drama lär sig studenterna om sig själva genom att de utvecklar en högre självmedvetenhet. Dessutom ger lärande genom drama studenterna möjlighet att lära sig utifrån andras perspektiv genom att de i fiktiva omvårdnadssituationer får möjlighet att utforska roller så som kollegor, patienter och patientens anhöriga. Resultaten visar även att drama kan göra det teoretiska kursinnehållet mer konkret och lättare att förstå för studenterna. Att lära genom drama aktiverar studenternas lärande genom att erbjuda möjligheten att vara aktiv, utforska olika roller och scenarier samt genom att främja reflektion där studenterna kan uppnå och dela erfarenheter med sina kurskamrater. Genom att delta i drama kunde studenterna börja identifiera sig med yrkesrollen som blivande sjuksköterska eller som specialist sjuksköterska inom hälso- och sjukvård för barn och ungdomar.

Slutsatser: Drama inom sjuksköterskeutbildningen har en unik potential att förbereda studenter på såväl grund som avancerad nivå för sin framtida yrkesroll. Genom drama får studenterna möjlighet i interaktion med andra studenter utforska sig själva och härigenom upptäcka sina egna styrkor och svårigheter, samt sina känslor och reaktioner i olika omvårdnadssituationer. Att aktivt interagera med andra studenter för att sedan genom reflektioner lyfta fram och bearbeta sina erfarenheter, ger studenterna dessutom en också inblick och förståelse för andras perspektiv. Dessa två faktorer, att förstå sig själv och andra, i kombination med att det teoretiska kursinnehållet blir lättare att förstå och relatera till, bidrar till en beredskap och mognad som är nödvändig för förmågan att utveckla den kompetens och professionalism som är nödvändig i yrket som sjuksköterska och specialist sjuksköterska.

LIST OF PAPERS

This thesis is based on the following studies, referred to in the text by their Roman numerals.

- I. Arveklev, S.H., Wigert, H., Berg, L., Burton, B., & Lepp, M. (2015). The use and application of drama in nursing education – An integrative review of the literature. *Nurse education Today*, 35 (7), 12-17.
- II. Arveklev, S.H., Berg, L., Wigert, H., Morrison-Helme, M., & Lepp, M. (2018). Nursing students experiences of learning about nursing through drama. *Nurse Education in Practice*, 28, 60 -65.
- III. Arveklev, S.H., Berg, L., Wigert, H., Morrison-Helme, M., & Lepp, M. (2017). Learning about conflict and conflict management through drama in nursing education. Accepted for publication in *Journal of Nursing Education*, 2017.
- IV. Arveklev, S.H., Wigert, H., Berg, L., & Lepp, M. (2017). Specialist nursing students experiences of learning about paediatric care through drama. In manuscript.

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PREFACE

I was first introduced to drama for educational purposes as a student in a postgraduate nursing program, studying to become a specialist in psychiatric care. I remember thinking that it was a fun way to interact with my fellow students, and that it felt good to vary the theoretical lectures by being active and experimenting with various theoretical concepts.

After graduation, I worked for several years as a nurse in psychiatric care and became more and more interested in the pedagogical aspects of being a nurse. I focused my work on patient education, and enjoyed the chances I was given as a supervisor to educate nursing students. However, it was not until I started to work as a lecturer at University West in Trollhättan, that I started to use drama as a pedagogical method.

My colleges and I taught nursing students about psychiatric care in a course that included three weeks of clinical practice in the mental health field. Many of the students had no prior experience of meeting patients with psychiatric problems, and some of them were very nervous about how they should approach and act towards the patients. As a way to prepare the students and hopefully relieve some of their worries, my colleagues and I let the students improvise in short role plays. Most of the students were positive about this approach, so we decided to use drama in other courses as well. We tried using Forum Play workshops to prepare students to manage complex situations in psychiatric care. I really believed in drama as a pedagogical approach, since it gave me the chance to come close to and interact with the students in a way that was hard to achieve through more traditional lectures. In addition, many of the students were really engaged, and stated that they were not only learning a lot but also having fun.

However, the more I used drama in my teaching, the more I became aware that I lacked both theoretical knowledge and experience. I felt that I would really like to know more about drama and how it contributes to nursing students' learning in order to be able to use it to its full potential. When I was given the chance to take up the position of a PhD student, this felt like a fantastic opportunity to explore nursing students' learning through drama and at the same time have the opportunity to contribute to the development of nursing education.

1 INTRODUCTION

The nursing profession entails a great responsibility, and so nursing students must be prepared for various encounters in different contexts, as they will be responsible for patients' safety and wellbeing in many ways. If they are to be able to manage this responsibility, it is crucial for them not only to understand the theoretical foundation of nursing but also to be able to use it in practice.

Nursing students must be prepared to encounter and communicate with patients and their next of kin as well as colleagues and other health professionals. These encounters can involve complex situations including conflicts and ethical dilemmas, all of which registered nurses and specialized nurses need to be able to manage in their everyday work. Learning how to interact with, communicate with, and care for other human beings requires students to grow both personally and professionally. Acting professionally as a nurse entails the ability to adjust one's own approach, attitude, and actions in relation to the current situation, as well as the ability to alternate between closeness and distance, and to integrate theoretical knowledge with practical experiences (Benner, Tanner & Chesla, 1999; Ekebergh, Lepp & Dahlberg, 2004). This kind of knowledge and growth cannot come simply from amassing facts via books or theoretical lectures, but must be learned by experience, from learning by doing, by trial and error, and by active experimentation where the theoretical course content can be adapted in practice. This thesis is concerned with drama as a pedagogical method to provide nursing students with the possibility to explore the theoretical foundation of nursing and ways of using it in practice as they learn how to become and work as professional nurses. The thesis focuses on students' experiences of learning through drama in nursing education.

2 BACKGROUND

2.1 Nursing education in Sweden

Regulation of the nursing profession varies around the world. Moreover, in some countries nursing has not yet been accepted as an autonomous profession (Råholm, Hedegaard, Lofmark & Slettebo, 2010). Nursing education in Western Europe has undergone recurring reforms aimed at professional development). The latest one, the Bologna Process, aimed to ensure conformity in higher education within Europe. In 1997, the Bologna Process introduced a new educational structure in three cycles: the first cycle corresponds to undergraduate level, the second cycle to master's level and the third cycle to doctoral level. However, nursing education in Western Europe still has numerous differences in existing structures, level of education, duration of studies, and titles (Collins & Hewer, 2014).

As the studies in this thesis were conducted in a Swedish context, the Swedish nursing programme will be presented. The first cycle in this nursing programme consists of a three-year programme which leads to both a professional qualification and a bachelor's degree. During these three years, students receive theoretical education as well as clinical practice at different healthcare units. Only registered nurses who have obtained their bachelor's degree are accepted into the specialist nurse programme in the second cycle.

First cycle

In Sweden the nursing program can be given at a university or at a university college. The programme is nationally regulated by formal goals for higher education and specific goals for nursing education formulated by the Higher Education Ordinance (SFS1992:1434; SFS1993:100). However, every university and university college is free to design and organize their own local curricula (Råholm et al., 2010).

The specific learning outcomes defined in the Higher Education Ordinance are divided into three categories: knowledge and understanding, competence and skills, and judgement and approach (SFS1993:100).

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- *Knowledge and understanding:* It is important for students to demonstrate knowledge of nursing theory and research in order to identify and understand best practice. Other topics that students must gain knowledge about are leadership, planning, organization, laws, and societal factors that affect care and people's health.
 - *Competence and skills:* Students must show various abilities in order to work collaboratively and individually with their patients in nursing care, including being able to identify needs, to plan and perform adequate care, to inform and educate patients and their next of kin, to collaborate with other professionals, and to review information critically.
 - *Judgement and approach:* Students must d ethical ability, self-knowledge, and ability in order to identify their own need for knowledge. The patients should be seen from a holistic perspective, and students should be able to act professionally towards patients and their next of kin. Nursing care should be planned according to human rights in relation to scientific, social, and ethical aspects (SFS1993:100).

Second cycle

To enter the specialist second-cycle nursing programme, the student must first have completed their first-cycle nursing education and received the professional certificate to be a registered nurse, issued by the National Board of Health and Welfare. Many universities and university colleges also require at least one year of working experience as a registered nurse. The specialist nursing programme in Sweden has eleven different specializations (Högskoleverket, 2010).

According to the formal goals stated by the Higher Education Ordinance, education in the second cycle should build on the knowledge that students acquire from their first-cycle education, and deepen their knowledge, skills, and abilities. Students should develop the ability to independently integrate and use knowledge and to deal with complex phenomena, issues, and situations, and gain the potential for professional activities that demand considerable independence and/or for research and development (SFS1992:1434).

The specific learning goals defined by the Higher Education Ordinance for the specialist nursing programme are divided into the same

categories as for the first cycle: knowledge and understanding, competence and skills, and judgement and approach (SFS1993:100).

- *Knowledge and understanding:* Students should be able to demonstrate knowledge of the scientific grounds, insight into current research and development, knowledge of the connection between science and proven experience and its significance for professional practice. In addition, they should demonstrate advanced knowledge of planning, leading and coordinating health work.
- *Competence and skills:* Students should demonstrate an advanced ability to identify health needs, set up care plans, and lead and evaluate nursing actions, both independently and in collaboration with the patient and family. They should have developed a deeper ability to initiate, implement, and evaluate health promotion and prevention, and should be able to integrate knowledge, analyse, assess, and deal with complex issues and situations, and participate in and independently perform examinations and treatment. The ability to demonstrate a pedagogical skills is also emphasized.
- *Judgement and approach:* The second-cycle learning goals in this category are identical to those in the corresponding first-cycle category (SFS1993:100).

3 THEORETICAL FRAMEWORK

This thesis is based in caring science, but the phenomenon explored and described is that of nursing students learning through drama. The thesis thus leans on three theoretical foundations: nursing, learning, and drama as presented in the following section.

3.1 Nursing

The regulatory documents governing nursing education in Sweden state that it is crucial for students to have theoretical knowledge of the main subject, as well as related research. If nursing students have difficulty learning and understanding the theoretical grounds of nursing, there is a risk that they will perform nursing as a technical task; a series of actions with no deeper meaning (Watson, 2007). In Sweden, the different universities and university colleges have not reached a joint agreement on what to call the main subject of the nursing program. As a result, nursing students graduating from different institutions can gain their bachelor degree's in different subjects: nursing, nursing science, caring science, or health science (Flensner, 2014).

In this thesis, caring science is seen as the overarching academic major subject. Caring is the core of all caring professions, not just nursing. Nursing is seen as nurses' specific professional practice and profession (Bergbom, 2012).

The definition of nursing stated by the International Council of Nurses (ICN) is in accordance with the understanding of nursing as presented in this thesis:

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

There are numerous theories taking many different approaches to explaining the core of caring and nursing. As an organizing framework to reach consensus about which phenomena are central to the discipline of nursing, Fawcett (1984) presented four metaparadigm concepts: person (later changed to human beings), nursing (practice), environment, and health. These concepts have guided the global development of nursing theory (Thorne, Canam, Dahinten, Hall, Henderson & Kirkham, 1998). The four metaparadigm concepts guide the disciplinary focus of the nursing profession and form the basis for nursing knowledge, theory, and practice (Bender & Feldman, 2015).

- *Human beings*: The concept of a human being refers to a person who is individual and human (Bergbom, 2012). Every human is a unique, irreplaceable individual, both like and unlike every other person in the world (Travelbee, 1971). Humans are a whole of body, soul, and spirit. The spiritual dimension refers to humans' existential and/or religious beliefs (Eriksson, 1994; Watson, 2012). According to Eriksson (1994), the concept of a patient means a suffering person, and human dignity means freedom as well as responsibility for one's own life and that of others. Nurses should care for patients by trying to see and confirm them as whole persons, and should respect that each patient is a unique, individual human being.
- *Nursing practice*: Nursing practice is grounded in caring and is performed by nurses. Nursing practice can be seen as a process comprising the determination, labelling, planning, intervention, and evaluation of nursing actions (Bergbom, 2012). Eriksson (1994) pointed out that caring is the core of nursing. Caring is based on the caritas motive, which can be explained as an expression of compassion and human love. Caritas is the motive for nurses to care for others with the purpose of striving to alleviate their suffering. The caring communion between the patient and the nurse is the structure for all kinds of nursing, and the source of nurses' power to do good for the patients. The relationship is an invitation to the patient, and requires that the nurse provides an absolute presence and quality time. The caring communion creates a trust between nurses and patients that enables caring by purging, playing, and learning, which according to Eriksson (2015a) are important components in patient care. Purging means caring for the patient's body, soul and spirit by helping, supporting, and assisting with activities such as personal

hygiene, dealing with feelings of guilt or shame, and thoughts about existential issues. Play gives an opportunity for nurses and patients to be creative, to try and learn new ways to improve health. Learning can be achieved through play, and gives patients the opportunity for development, change, and understanding; for example, learning to accept and live with a specific diagnosis.

According to Watson (1999; 2012), caring is the moral idea of nursing and consists of transpersonal human-to-human contact in which the nurse aims to protect, enhance, and preserve the patient's dignity, integrity, and wholeness. Watson states that a caring moment occurs when the nurse and another person come together. The moment becomes transpersonal if it allows for the presence of both persons' "geist" and spirit, which increases time and space and becomes a shared part of the past life history and new future opportunities for both persons. In transpersonal human caring moments, the nurse can enter into sharing the experience of another and vice versa.

Environment: The importance of creating an environment that could promote patients own natural resources for healing was emphasized by Nightingale (1980[1859]). Eriksson (2015a) refers to environment as the patient's "life space" that can be divided in to three categories: the spiritual environment, the psychosocial environment and the physical environment. Watson (2007) divides environment in to four categories: mental, physical, societal, and spiritual environment. It is the nurses' obligation to provide the patient with a supportive, protective, and/or corrective environment to assure qualitative care that can support patients to heal and become whole.

Health: The goal of professional nursing is to help an individual to prevent illness or suffering and to maintain the highest level of health possible (Travelbee, 1971). Eriksson (1994) states that health means experiencing oneself as whole in terms of body, soul and spirit. Health and suffering belong together as natural parts of life, but health presupposes a suffering that is enduring. Watson (2012) also refers to health as the subjective experience of harmony in body, -mind, -and spirit. Health is associated with the degree of congruence between how a person's self is perceived and experienced.

In addition to the four metaparadigm concepts mentioned above, the concept of suffering is important in nursing. Suffering is an inevitable part of human life, and also the basic reason for caring (Eriksson, 1994; 2015b). Meeting the patient's *suffering* is central in caring, and the nurse's task is to relieve this suffering and prevent any additional suffering. Eriksson (1994; 2015b) describes a model of suffering in caring called "the drama of suffering". The drama is formed from three different "acts": *confirming*, *being in suffering*, and *becoming in suffering*, all of which depend on how the nurse responds to the patient's suffering. The first act is shaped by the nurse's response to the patient's suffering; whether it is confirmed and met, or whether the nurse instead, due to lack of courage or knowledge, ignores or trivializes the patient's suffering. The second act consists of the nurse's ability to permit suffering by letting the patient continue suffering, and to suffer together with the patient and share their suffering. The third act can either lead to reconciliation, where the suffering becomes meaningful and a part of a new wholeness, or, if the suffering has not been received and confirmed, to non-reconciliation. In non-reconciliation, the patient feels let down, and the suffering can become rigid and seen as something strange and frightening instead of something natural

To practice nursing

In order for nurses to practice high-quality, safe, effective, and patient-centred care, the Institute of Medicine of the National Academies (2003) and the Quality and Safety Education for Nurses (2012) have identified six core competencies that are crucial for nursing students to develop: quality improvement, safety, teamwork and collaboration, patient-centred care, evidence-based practice, and informatics.

The competencies are defined as follows (Quality and Safety Education for Nurses, 2012, p 4):

- **Quality Improvement (QI):** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.
- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

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- **Teamwork and Collaboration:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
 - **Patient-centered Care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
 - **Evidence-Based Practice (EBP):** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
 - **Informatics:** Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

The Swedish Society of Nursing has changed the concept of *patient-centred* care to *person-centred* care, but otherwise adopted all these core concepts as a strategy that nursing education in Sweden should relate to. It is proposed that the six competencies should be integrated in the nursing education with a clear progression throughout the education system (Svensk sjuksköterskeförening, 2010). Since 2017, the six core competences have also been the foundation of the Swedish Competence Description for registered nurses. This Competence Description was developed by the Swedish Society of Nursing to clarify the competences and provide support for registered nurses by describing their independent nursing responsibility for patients (Svensk sjuksköterskeförening, 2017).

During first-cycle nursing education, students need to develop knowledge, skills, and attitudes relating to each of the six competences. The competence of *quality improvement* prepares students to use and participate in improvement efforts as part of their daily work. The competence of *safety* prepares them to understand human factors and the importance of error reporting and safety cultures. Important aspects of *teamwork and collaboration* include knowledge of one's self, team communication processes, and conflict resolution that can support the inter-professional team function. *Patient-centred care* emphasizes the patient perspective and values, and advocates for the patient as a partner. Other important issues include conflict management, and an understanding that shared decision-making can pose legal and ethical

dilemmas. The competence of *evidence-based practice* requires students to differentiate between clinical opinion and scientific evidence, but also to understand that this type of practice is about more than evidence. The patient's preferences should always be considered, and a patient-centred care delivered. The competence of *informatics* is essential for developing the other five competences, as students become prepared to navigate and communicate a safe care through information technologies (Cronenwett et al., 2007).

A gap between theory and practice

As caring is the core in all nursing activities, nurses must be able to name, claim, and act upon the phenomenon of caring in order to ensure the profession's continued existence and development (Watson, 1985; 2007). As mentioned earlier, it is important that nurses understand the theoretical grounds of caring in order to be able to practice professional nursing, or else there is a risk that nursing will be performed as a technical task or a series of actions with no deeper meaning (Watson, 2007).

Knowledge of how to communicate, understand, and empathize with other individuals' life situations are important components in nursing education (Benner, Suthpen, Leonard & Day, 2010). Nursing students therefore need to be able to assimilate theoretical knowledge into meaningful tools when encountering patients in various nursing situations (Ekebergh, 2009). However, nursing students often find it difficult to link nursing theory and practice together (Benner et al., 2010; Crookes, Crookes & Walsh, 2013; Riksaasen Hatlevik, 2012). This creates a tension between theory and practice, and nurse educators struggle to find a balance that enables their students to learn and understand the connection between the theoretical course content and its practical application. The need for teaching methods that can facilitate nursing students' learning and allow them to connect their theoretical knowledge to practical applications has been discussed among nursing educators around the world (Crookes et al., 2013).

3.2 Learning

There are many different theories and perspectives concerning what learning is and how we learn. Benner et al. (2010) stresses the importance of enabling nursing students to integrate theoretical knowledge, skilled know-how, and ethical components, and calls for a

change in nursing education from traditional classroom teaching towards a more integrative and experiential learning.

This thesis is about adult learning in higher education. It focuses on learning through experience, and therefore relates to experiential learning theories. Recent research shows that learning to empathize with and understand other human beings is connected to the mirror neurons in human brains.

Integrative learning

Undergraduate students can experience their education as fragmentary, with an overload of information from many different courses. One of the great goals and challenges in higher education is therefore to help students integrate their learning across contexts, across courses, between academic, personal, and community life, and over time (Huber & Hutchings, 2004; Carnegie foundation, 2015). Through integrative learning, students can learn to put the different pieces together and transfer their knowledge into a whole. This allows them to make connections between knowledge and skills from many different sources and use theory in practice, which prepares them for complex situations in their personal and professional lives (Huber & Hutchings, 2004).

According to Huber and Hutchings (2004) a key to integrative learning is that the students evolve as intentional learners, in the sense that they become aware of their own learning. Through self-awareness and an understanding of their own processes and goals as learners, students can reach connections and depth of understanding that leads to lifelong learning.

Nursing education often makes a distinction between the theoretical classroom teaching and the clinical teaching, but this does not support the complex integrated knowledge and skills that a registered nurse must possess. As mentioned earlier, there is a need for a transformation of nursing education from the traditional classroom teaching towards more integrative and experiential learning. By integrating classroom and clinical teaching, nursing students can prepare to function in clinical situations and thus connect knowledge acquisition, knowledge use, clinical imagination, and ethical comportment (Benner et al., 2010).

Experiential learning

Experiential learning has its origin in the “progressive education” movement founded by Dewey (Fowler, 2008). Dewey was against traditional teaching, where knowledge is gained solely by reading facts in books and attending classroom lectures. He thought that this kind of education created a gap between students’ theoretical knowledge and their daily life experiences, which inhibited their personal development and socialization as citizens in a society. Dewey advocated a system in which students should be active and interact with each other rather than sitting still and listening to lectures, and in which all education should be connected to the students’ own life experiences (Dewey, 1938).

Dewey’s thoughts on learning processes were further developed by Kolb (2012). Kolb was also inspired by Lewin’s research on group dynamics, which emphasizes the experiential learning process as the key to team development, and by the cognitive constructivist theory of Piaget, which states that people construct new knowledge and understanding from what they already know and believe, based on their previous experience. Kolb combined the characteristics of these three ideas and theories and presented the result as experiential learning, a holistic integrative perspective on learning that combines experience, perception, cognition, and behaviour (Kolb, 2012). According to Kolb, experiential learning is characterized by the following propositions:

- Learning is best conceived as a process, not in terms of outcomes.
- Learning is a continuous process grounded in experiences.
- The process of learning requires resolution between dialectically opposed modes of adaption to the world.
- Learning is a holistic process of adaption to the world.
- Learning involves transactions between the person and the environment.
- Learning is the process of creating knowledge.

Kolb defines learning as “the process whereby knowledge is created through the transformation of experience” (Kolb, 2012, p.76). Knowledge results from the combination of grasping and transforming experience, where the grasping refers to taking in information, and transforming is about how individuals interpret and act on that information. This is illustrated by Kolb (2012) through the experiential learning cycle (Figure 1).

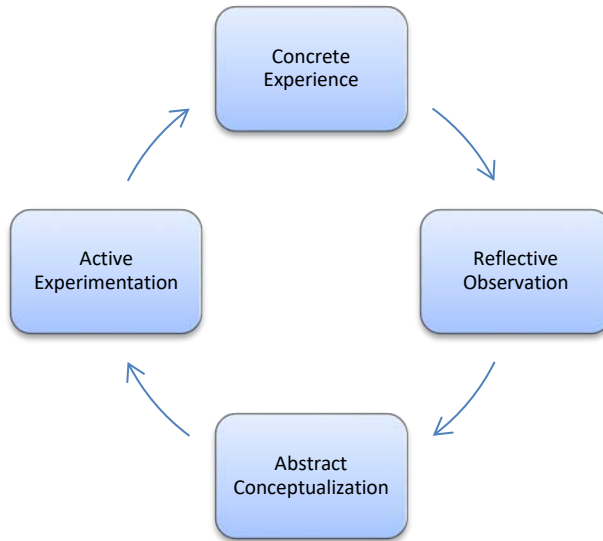


Figure 1. Kolb’s experiential learning cycle, author’s own illustration inspired by Kolb (2012).

The cycle presents two dialectically-related modes for grasping experience: concrete experience and abstract conceptualization, together with two dialectically-related modes for transforming experience: reflective observation and active experimentation. In an ideal learning situation, knowledge is constructed by a creative tension between the four learning modes, where the learner is able to learn by experiencing, reflecting, thinking, and acting. The concrete experience works as a basis for observations, and reflection allows abstract concepts to form new implications. These concepts and implications are then tested and new experiences are created (Kolb, 2012).

Reflective learning

Since the 1980s, the term “reflective learning” has been increasingly mentioned in the higher education literature (Ryan, 2013). However, the importance to learners of reflecting in order to achieve new personal and intellectual growth was highlighted by Dewey nearly half a century earlier (1938). His work inspired other experiential learning theorists such as Kolb (2012) and Schön (1983), who both described reflection as being the primary source for the transformation of experience that leads to new knowledge (Fullana, Pallisera, Colomer, Fernández Peña & Pérez-Burriel, 2016). Schön (1983) introduced the concepts of reflection in action and reflection on action as key concepts in

professional learning, and these have now been widely adopted in nursing education and nursing care.

Reflective learning can be seen as a process by which students develop the capacity to reflect on all sources of knowledge, including personal sources and experience, and transform their experiences into learning. Students can thus be prepared for their future professional practice by learning how to understand and manage uncertain and/or complex situations (Fullana et al., 2016).

Mirror neurons and learning

In the early 1990s, the Italian researchers Rizzolatti, Fogassi and Gallese discovered the existence of mirror neurons in the brains of primates. It was later shown that these neurons also exist in the human brain (Gallese, 2009). According to Zull (2011), this neurobiological discovery has implications for experiential learning.

Mirror neurons are the neural basis of a mechanism that creates a direct link between the sender and the receiver of a message. In other words, actions performed by one individual becomes a message that the observer understand without processing it cognitively (Rizzolatti & Craighero, 2004). Mirror neurons play an important role when it comes to learning, as they are directly involved in the imitation of simple movements, in imitation learning of complex skills, in the perception of communicative actions and in the detection of action intentions. In addition, the mirror neurons are believed to be involved with the human capacity to share emotions and sensations with others. They are therefore important when it comes to developing the capacity to empathize with and understand other human beings. For example, when another person expresses a basic emotion such as happiness, anger, or fear mirror neurons activate the same brain areas as if we had subjectively experienced the same emotion (Bauer, 2007; Gallese, 2009).

When we perceive other humans' actions, our mirror neurons react to these actions by spontaneously, unintentionally, and without any prior reflection executing a predetermined action program in our body. Common situations reflecting this phenomenon include when we return another person's smile unconsciously, when we see someone yawn and react by yawning ourselves, and when an adult opens their own mouth when feeding a small child. This mirror resonance phenomenon is essential for all interactions between humans. It is the neurobiological

base for our intuition, and helps us understand other people's thoughts, feelings, and actions (Bauer, 2007; Gallese, 2009).

Interpersonal relations are crucial for learning, since the mirror neurons only respond to actions performed by a biological creature — an active living performer. Virtual experiences with robots, machines, or other technical devices cannot reach or activate the mirror neurons. Depictions of living persons' actions through, for example, movies and some advanced video games can affect the mirror neurons to some degree, but not at all to the same extent as interaction with real human beings (Bauer, 2007).

Mirror neurons react to humans' perceived actions, emotions, and intentions. Within education, the use of drama usually mirrors aspects of the human condition. To illustrate this, one can imagine holding a mirror up to another mirror. The reflection allows one to discover sides of oneself that are not usually seen, as it provides a wider range of perception. In other words, the power of the mirror neurons, with the ability of imitation and re-enactment to gain understanding of self and others, can be strongly increased when combined with drama and theatre (Chasen, 2014). Kelley, Lepo, and Frinzi (2011) made the connection that it is important to consider the mirror neurons in nursing education, since they affect the human ability to form an emotional connection to other persons and hence establish a neurological basis for the experience of empathy.

3.3 Drama

Drama can be found in formal educational environments under many different names, including educational drama, creative drama, drama-in-education, or process drama. The term "theatre" can also be used to describe dramatic elements in educational contexts, including the terms "theatre in education" and "theatre of the oppressed" (O'Toole & Lepp, 2000). "Applied drama/theatre" and "performance" are other terms that are used to describe theatre practices applied to educational contexts (Nicholson, 2005). In this thesis the concept is referred to as just drama, leaning on O'Toole (1992) who concludes that since the 1970-ties the various terms can be consolidated into the common term drama.

Drama in theory and practice

The core of drama used for educational purposes can be summarized as an activity with pedagogical goals where people co-create fictive

situations with the support of a drama teacher. Drama can be seen as both a theoretical and a practical subject, focused on a process that helps individuals to act out their feelings, thoughts, and actions (Lepp, 1998, 2015).

As a theoretical foundation Rasmussen (1991) and Sternudd (2000) have studied drama related to different paradigms and perspectives. Rasmussen highlights four different paradigms for drama in education: the epistemological-, the socio-pedagogical-, the artistic-, and the holistic paradigm. The holistic paradigm has been the most dominant. Sternudd (2000) states that drama for educational purposes can be divided into the four perspectives: the artistically oriented perspective, the personal development perspective, the critically liberating perspective, and the holistic learning perspective.

- In the artistically oriented perspective, the goals are for the participants to interact with others and through dramatic acting develop their personality, social skills, and ability to express themselves creatively and together form a joint product in the form of a performance.
- In the personal development perspective, the participants explore everyday situations to learn about patterns in human communication and gain knowledge about themselves in interaction with others in dynamic processes at the individual, group, and community levels.
- In the critically liberating perspective, fictive situations are explored with the purpose for the participants to develop an awareness of themselves in relation to power structures in our society.
- In the holistic learning perspective, the participants are expected to gain tools to study their own experiences on the subjective, emotional, and cognitive levels in order to achieve an insight and understanding of the human dimension in various disciplines.

In addition to the four perspectives, Sternudd (2000) points out the importance of the concept of acting when trying to describe the core of drama for educational purposes. The acting in drama happens when the participants co-create fictive situations that enable them to explore different roles, with the support of a drama teacher. Different situations are created through each individual's imagination, and are nourished

by the collective interaction with the other participants. Concepts, thoughts and feelings are brought to life, which promotes both verbal and nonverbal communication, as well as the use of artistic symbols. The participants are thereby able to reflect and learn about human reactions and context as the artistic elements interact to create meaning. Bolton (1992) underlines the importance of the artistic underpinnings and that drama is in fact an art form. He stresses that the kind of role play or simulations performed mainly for skills training have nothing to do with the dramatic art. The dramatic context is therefore crucial. Drama for educational purposes should always include: content, theme, substance, subject matter and curriculum. The purpose of using the art of drama is to illuminate some truth about the world, not just to retrieve facts or practical skills.

According to Burton, Lepp, Morrison and O'Toole (2015), human relationships and interactions that often contain both conflict and power constitute the content of drama. The participants are able to develop both cognitive understanding and emotional empathy by imitating life through improvised fictional contexts, situations, and roles. Drama thereby enables the participants to integrate their thoughts, actions, and feelings. Drama can be applied through different strategies and techniques, such as improvisation, role play, and Forum Theatre. It is important to include reflection in the drama session or workshop, as this helps enhance the participants' learning related to drama activities.

Improvisation

Improvisation, which is an important component in many different drama techniques (Burton et al., 2015), is a natural activity that can be seen as an extension of the way children play. By improvising and imagining being someone else, experiencing a specific situation or imaginary environment, participants are able to explore human experiences that they have no prior experience of. Every improvisation offers a new unique experience that lets the participants learn something new about themselves or other people (Burton, 2011).

Role play

When improvising in a fictional role, participants are able to explore unfamiliar experiences and thus extend their imaginative range and understanding of the world. Role playing also gives an opportunity to explore lived experiences, and correct mistakes made in the past or prepare for future experiences (Burton, 2011).

Role playing can help students to gain knowledge about themselves and their relationship with others. By improvising in reversed roles, opposite from their usual perspective (for example a parent playing a child or a teacher playing a student), participants are able to see the world from another perspective which can promote their empathic ability (Burton, 2011).

Forum Theatre and Forum Play

Forum Theatre has its origins in Boal's (1979) Theatre of the Oppressed (TO) and his inspiration in Freire's pedagogy. In TO, Boal (1979) translated the ideas of learning in interaction, as a form of overcoming oppressive structures, into various form of interactive theatre.

In Sweden, Boals methods have become known and applied in educational contexts, especially in the form of Forum Play (Swedish Forumspel) by Byreus (2010). The play is acted out for the audience at least two times. When it is played the second time the audience are encouraged to call out – Stop! And then change places with some of the actors in the play and try to stop or modify the situation (Burton, 2011; Falk Lundqvist, 2006; Österlind, 2011).

Reflection and the space between

Self-reflection as well as reflection in group, is an essential element in drama. Drama as an art form depends on the participants' engagement in both the real and fictional contexts at the same time, seeing the situation from two worlds at the same time (Bolton, 1992; O'Toole, 1992). This double perspective of existing in the middle, "the space between", adds an essential reflective dimension to the use of drama and has been described by many drama theorists under different names (Östern & Heikkinen, 2001). Turner (1982) refers to the ability to play "between and betwixt", while Boal (1995) and Bolton (1992) use the term "metaxis". In the Nordic countries, Östern and Heikinen (2001) refers to the concept of "aesthetic doubling," inspired by (among others) O'Toole (1992), who talks about a "double tension". In this thesis "the space between" will be referred to as metaxis and lean on Boals (1995) definition:

... the state of belonging simultaneously to two different autonomous worlds... (p.43).

When students act in role, they are given the opportunity to reach a fictional world where they can grasp both past and future and be present in the fictional and real world at the same time. They can

explore fictional characters and situations, but at the same time they are fully aware of the real world and bring their own personal background, experiences and attitudes. It is important to be aware of this ability, as it is emphasized by many drama theorists as essential for learning and is the site of the dramatic tension and the meaning and value in drama (Bolton, 1992; DICE Consortium, 2010; Silus Ahonen & Gustafsson, 2011).

In the international DICE project (Drama Improves Lisbon Key Competences in Education), a definition of drama that emphasizes many of the factors mentioned above is included:

Drama is a framed activity where role-taking allows the participants to think or/and behave as if they were in a different context and to respond as if they were involved in a different set of historical, social and interpersonal relationships. This is the source of dramatic tension. In drama we imagine the real in order to explore the human condition. Acting a role in a play, or taking a role in a drama, is a mental attitude, a way of holding two worlds in mind simultaneously: the real world and the world of the dramatic fiction. The meaning and value of the drama lies in the dialogue between these two worlds and the human subjects behind its representations: the real and the enacted; the spectator and the participant; the actor and the audience. Even in performance we are not simply showing to others but also seeing ourselves, and because of this, drama is an act of 'self' creation (DICE Consortium, 2010, p. 15).

Drama in nursing education and health care

Drama in nursing education in Sweden, has been explored in a previous dissertation by Lepp (1998). The overall aim of the dissertation was to describe how drama in training is experienced by student nurses and nurse tutors. Lepp analyzed a questionnaire as well as diaries (292) that the students wrote in conjunction with their participation in drama during their education.

Lepp found that the students' experiences of drama during their education could be divided into four different themes: development of the group, development of knowledge, personal development, and ambivalent development. The pedagogical implications that one can

find as a result of this study are for example: Drama can be a powerful way of promoting the growth of the student's professional competence.

In another dissertation, Zbikowski (2014) explored drama in the form of Forum Play as a way to educate all health care staff within obstetrics and gynecology at a woman's clinic in Sweden. The overall aim was to approach abuse of patients by health care staff (AHC) from the perspective of health care staff in order to develop and test a model for enabling health care staff to recognize and take action in situations where AHC is about to happen and to handle it professionally once it has happened. The conclusion of the dissertation was that enables the staff participants to adapt the patient's perspective and develop an understanding of their own power as well as their responsibility to take action in abuse of patients by health care staff situations.

4 RATIONALE

Nursing students need to develop competence and professionalism in order to be prepared for daily encounters with patients, colleagues, and patients' next of kin. The ability to communicate, understand, and empathize with other people's life situations are important components in nursing education. Human-to-human interaction is the art and artistry of nursing, where the nurse perceives another person's feelings, shares them, and then retransmits them back to the person through movements, touch, sounds, words, colours, and forms. This kind of knowledge cannot be gained only by reading or studying the theoretical aspects of nursing, it takes personal experience to fully understand (Watson, 2012).

A change from traditional teaching methods towards a more experiential learning that can help students develop the ability to reach an integrative learning is therefore suggested (Benner et al, 2010). Drama is a form of experiential learning that enables students to explore and experience fictional actions, emotions, and intensions. However, there is a need for further research into how drama in nursing education can enhance nursing students' learning and support their growth in becoming professional nurses, in both first and second cycle. Exploring nursing students' experiences of learning through drama is a key element in obtaining information on this issue.

5 AIM

The overall aim of this thesis was to explore and describe the nature of students learning through drama in nursing education, in first and second cycle.

5.1 Specific aims of the studies

Study I

The aim was to review empirical and theoretical articles on the use and application of drama in nursing education.

Study II

The aim was to explore and describe nursing students experiences of learning about nursing through drama.

Study III

The aim was to illuminate nursing students experiences related to learning about conflict and conflict management through drama.

Study IV

The aim was to investigate how learning through drama is experienced by students in the specialist nursing programme in paediatric care.

6 METHODS AND DESIGN

To capture the complexity of the overall aim, different scientific methods were used in the four studies. Study I was conducted as an integrative review of the literature. This formed a foundation and motivation for the other studies, which were conducted as qualitative studies exploring students' experiences of learning through drama in first-cycle (II and III) and second-cycle (IV) nursing education. An overview is presented in Table 1.

Table 1. Research overview: studies I-IV

Study	Aim	Materials and participants	Data collection	Analysis of data
I	To review empirical and theoretical articles on the use and application of drama in nursing education	20 empirical and theoretical articles	Literature search	Integrative review of the literature
II	To explore and describe nursing students experiences of learning about nursing through drama	16 nursing students in first cycle	Focus group interviews	Phenomenographic approach, 4 steps
III	To illuminate nursing students experiences related to learning about conflict and conflict management through drama	43 group assignment by nursing students in first cycle	Collection of written assignments	Qualitative content Analysis
IV	To investigate how learning through drama is experienced by students in the specialist nursing programme in paediatric care	15 nursing students in second cycle	Individual interviews	Phenomenographic approach, 7 steps

6.1 Study I

Materials

The materials in study I comprised 20 peer-reviewed articles with a focus on drama in nursing education, published in English between 2003 and 2013.

Data collection

A systematic search of the literature was conducted in CINAHL, PubMed, ProQuest, and Academic Search Elite from September 2013 to March 2014. The following search terms were used in various combinations: drama, applied drama, drama education*, nurse*, education*, student*, “forum theatre”, “forum play”, theater*, applied theatre and theater education*. The literature searches resulted in 352 hits. After screening through titles and abstracts, sorting out duplicates, and including some hand-searched papers, 64 articles were read in whole. This reading revealed that 20 articles matched the inclusion criteria; all were included in the study.

Analysis of data

Study I was performed as an integrative review of the literature. This is considered to be the broadest type of research review, since it allows the inclusion of studies with diverse methodological approaches such as experimental and non-experimental approaches as well as qualitative and quantitative designs (Whittemore & Knafl, 2005; Kirkevold, 1997). The analytical process was inspired by Whittemore and Knafl (2005), and consisted of five steps: data reduction, data display, data comparison, conclusion drawing, and verification. The data reduction started by forming a logical system aimed to sort the data in terms of contexts, purposes, and actual uses of drama from the primary sources. This allowed the data from the primary sources to be sorted into more manageable subgroups. The relevant data concerning the three areas were integrated on a spreadsheet in order to systematically organize the findings from the diverse primary sources, and then converted into a matrix which made the patterns and relationships clear. This then led to the starting point of the data comparison and conclusion drawing. By returning to each of the main sources, it could be verified that the new conceptualization was congruent with the primary sources.

6.2 Study II

Participants

The participants in study II were recruited from the nursing education programme at a university in western Sweden. All had participated in a mandatory one-day drama workshop in the third semester (autumn 2013/spring 2014) of their six-semester nursing education. During the semester following this workshop, the students were introduced to the study both orally and in writing, and invited to participate in voluntary focus group interviews. The inclusion criterion was that they had attended the drama workshop in semester three. In all, 16 nursing students (13 women, 3 men) aged 24–30 were recruited as participants in the study. The participants received oral and written information about the study, and signed a written consent. They were informed that their participation was voluntary and could be discontinued on their own demand at any time, that all personal information was treated confidentially, and that all personal data would be coded to ensure anonymity. All participants gave permission for the interviews to be recorded.

The drama workshop

The workshop was intended to support the students' learning with a focus on nursing competency, actions, and central concepts in nursing. Its content included communication, active listening, empathy, compassion, commitment, creativity, and integration of theory in health care encounters. Each workshop included a maximum of 22 students, and a total of approximately 80-100 students participated per semester. The drama activities were facilitated by a drama teacher and a lecturer in nursing and included role play and improvisations, where the students alternated between acting as nurses and as patients, followed by reflection sessions.

Data collection

Four focus group interviews were conducted from March to September 2014. In the first focus group interview, ML was the moderator and LB the assistant moderator, while in the rest of the interviews SHA was the moderator and ML the assistant moderator. The aim of a focus group interview is to elicit different views and opinions on a specific topic. The topic should be introduced to the participants through open questions, and the atmosphere should be open and tolerant so that the participants feel it is safe to be active in the discussion. The discussion between the

informants should produce a variety of experiences, and not lead to any consensus or solution (Kvale & Brinkmann, 2009). The interviews were held immediately after the last lecture of the day in a small room at the university campus, and were conducted in a semi-structured fashion. The informants were initially asked to describe their experiences of learning about nursing through drama. No other main questions were asked, only follow-up questions to deepen the answers, keep the discussion going, and ensure that there were no unnecessary digressions from the topic. The interviews were recorded and lasted for 50–82 minutes

Analysis of data

All interviews were transcribed verbatim by SHA. The text was analyzed using a phenomenographic approach. Phenomenography was first described by Marton (1981) as a research approach that aims to describe the variation in how people make sense of, experience, and understand various phenomena. This approach has often been used in research in higher education focusing on students' learning experiences (Tight, 2016), and is suitable to enhance the quality of nursing education by highlighting the differences and variation in nursing students' conceptions of learning (Sjöström & Dahlgren, 2002).

The specific phenomenographic approach in this study was inspired by the four steps described by Alexandersson (1994). In the first step, SHA read through all the interviews several times in order to get to know the material and establish an overall impression. In the second step, the text was processed more systematically to detect the similarities and differences in the material. In the third step, the statements were grouped into descriptive categories of conceptions. In the fourth step, the underlying structure of the categories was reflected on and the themes emerged.

6.3 Study III

Participants

The participants in study III were recruited from the nursing education programme at a university in western Sweden. All had participated in a mandatory one-day drama workshop in the fifth semester (autumn 2013 to spring 2015) of their six-semester nursing education. The students were introduced to the study both orally and in writing, and asked for permission to use their written assignments as data in the research

study. The students who signed the written consent were informed that their participation was voluntary and could be discontinued on their own demand at any time, that all personal information was treated confidentially, and that all personal data would be coded to ensure anonymity.

The drama workshop

The workshop was intended to support the students' learning about conflict and conflict management through drama in the form of Forum Play. Before the workshop, the students received a short theoretical lecture about conflict and conflict management based on the ABC-Theory (Galtung, 1996) and the five conflict management styles (Kilman & Thomas, 1978). The students were divided into groups of four to six and asked to share a conflict situation that they had experienced during their clinical practice. Each group then decided on one situation to be presented to the rest of the students as a scenario in a Forum Play.

Data collection

After attending the drama workshop, the students were asked to complete a mandatory written group assignment in which they reflected on their own learning related to the conflict situations that were dramatized during the forum play workshop. A total of 68 group assignments were handed in by the nursing students in semester five from autumn 2013 to spring 2015. After excluding the assignments where one or more group members had not agreed to have their work included, 43 group assignments remained for the analysis.

Analysis of data

The 43 written group assignments, all related to learning about conflict and conflict management, were analyzed with qualitative content analysis. Qualitative content analysis was originally developed in order to analyse extensive data material, and has often been used in nursing and educational research (Baxter 1991; Elo & Kyngnäs 2008; Graneheim & Lundman, 2008). It can be performed in either a manifest or latent form, depending on the research objective (Baxter, 1991). Latent content analysis, which is more interpretive and complex, is suitable when searching for a deeper understanding of the meaning of the material (Baxter, 2011). This study used a latent qualitative content analysis inspired by the procedure described by Graneheim and Lundman (2004).

The analysis started by reading through all the assignments in order to get to know the material. Next, all the text including reflections related to the students' learning through the workshop and how this affected their conflict management competence was extracted and brought together in a new document that constituted the unit of analysis. The text in this unit of analysis was divided into meaning units in a spreadsheet, and the meaning units were then condensed and abstracted into codes that described their content. The codes were compared according to differences and similarities, and sorted into categories and sub-categories. During this manifest analysis process, the underlying meaning – the latent content of the categories – became more and more visible until it was formulated as an overall theme.

6.4 Study IV

Participants

The participants in study **IV** were recruited from a specialist post-graduate nursing education programme in paediatric care at a university in western Sweden. All had participated in a three-hour drama workshop in the second semester of their four-semester specialist nursing education. In autumn 2016, the students who had participated in this workshop were introduced to the study both orally and in writing, and were invited to participate in voluntary individual interviews. The inclusion criterion was that they had attended the drama workshop. In all, 15 specialist nursing students (14 women and 1 man) aged 27–53 years old were recruited as participants in the study. They were informed that their participation was voluntary and could be discontinued on their own demand at any time, that all personal information would be treated confidentially, and that all personal data would be coded to ensure anonymity. All signed a written consent, and all gave permission for the interviews to be recorded.

The drama workshop

The workshop was designed to support the students' learning through drama, with a focus on encounters with nurses, patients, and patients' families in paediatric care. Each workshop included a maximum of 14 students, and a total of 27 students participated. The drama activities were facilitated by a drama teacher and a lecturer in nursing. Included in the workshop was a short theoretical presentation about conflict management related to ABC Theory (Galtung, 1996) and the five conflict management styles (Kilman & Thomas, 1978). After some

warm-up exercises to enhance the students' trust and promote collaboration, the students were divided into groups of four to five and asked to share a situation they had experienced concerning encounters with nurses, patients, and families. Each small group then decided on one situation to be presented to the rest of the students as a scenario in a Forum Play.

Data collection

Fifteen individual semi-structured interviews were conducted between autumn 2016 and spring 2017. Semi-structured interviews are often used in phenomenographic studies, since they allow participants to reflect on their experiences of the phenomenon at hand (Barnard, McCosker & Gerber, 1999; Sjöström & Dahlgren, 2002; Marton & Booth, 2009). The informants were asked to describe their experiences of learning through drama in the specialist nursing program in paediatric care through a few predetermined entry questions. No other main questions were asked, only prompting questions to deepen the answers and clarify any uncertainties in the informants' statements. The interviews were recorded and lasted for 23–36 minutes.

Analysis of data

All interviews were transcribed verbatim. The text was analyzed using a phenomenographic approach as described above for study II. The analyse process was inspired by the seven steps described by Sjöström and Dahlgren (2002). The first step was familiarization, where the text was read through several times in order to get to know the material. The second step consisted of compilation, where all the statements related to the aim of the current study were identified. The third step, condensation, involved a reduction of the individual statements. In the fourth step, grouping, a preliminary classification of similar statements into categories was made. The fifth step was comparison, where a preliminary classification of similar statements in to categories was conducted. The sixth step was naming, where the categories were named according to their essence. Finally, the seventh step was contrastive comparison, where each category was tested for uniqueness by comparing similarities as well as differences between all categories.

6.5 Ethical considerations

Permission to conduct the four studies was obtained from the Ethics Committee in Gothenburg, Sweden (Dnr: 774-13).

Study I was conducted as a literature review. Ethical considerations when conducting the study was to make sure that the included articles that had clear ethical considerations. All the analyzed articles are presented in the article and the results are presented even if it doesn't support own opinions.

Studies II, III, and IV involved human respondents; specifically, nursing students. According to the Swedish Research Council there are two ethical demands that scientists must consider before any study involving humans (or animals). The first demand, the research demand, requires the research to be useful to society and to contribute, improve, develop, and deepen useful knowledge and/or methods. The other demand, the individual protection, means that the risk for the respondents must be minimized. Individuals must not be exposed to any mental or physical injury, humiliation, or abuse. This is the starting point for research ethical considerations. The benefits of the research must always outweigh the risks for the individuals, and the respondents' welfare is more important than the needs of society and science. The respondents must be informed about the study; they must be assured that their participation is voluntary and may be discontinued on their own demand at any time, and that all personal information is treated confidentially; and they must sign an informed consent (World Medical Association, 2004). In all three studies, all personal data was coded to avoid the risk that any participants might be exposed or recognized.

All students who participated in studies **II, III, and IV** received both oral and written information about the study and signed a personal informed consent. The information was provided by the PhD student (SHA), and the students were actively encouraged to ask questions. They were also informed that they could withdraw their participation at any time. These research studies are important for society since they are designed to search for didactic methods that can enhance nursing students' learning, which in the long run can produce skilled nursing and thus increase the health and wellbeing of patients.

The data in study **II** was collected through focus group interviews with nursing students. This carried the ethical risk that the informants might feel pressure from their peers during the focus group interviews that could force them to expose more of themselves than they felt comfortable with. In study **IV**, the data was collected through individual interviews with specialist nursing students in paediatric care. As all participated voluntarily, the level of ethical risk can be estimated to be very low. One risk that could occur when conducting interviews is that

some of the respondents could have unprocessed memories that could be evoked during the interviews and make them feel distressed. The researchers (ML and LB) and the PhD student (SHA) who led and performed the interviews (in study II: ML, LB and SHA. In study IV: SHA) all had substantial experience of the interview procedure. In addition, ML and SHA are psychiatric nurses with experience of meeting people in crisis, and so could be receptive towards the respondents' feelings and reactions. The respondents could also be guided to contact the school counsellor if necessary.

Study III involved the analysis of a written, mandatory group assignment. The assignments were performed by a group of students so there was no risk that any persons could be exposed or recognized in the study. No personal or sensitive data were presented in the article. Personal sensitive data are defined by the Central Ethical Review Board (Centrala etikprövningsnämnden, 2013) as data that reveal racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, or data concerning health, sex life, or personal information concerning offences against the law that could lead to any ethical problems.

7 FINDINGS

7.1 Study I

The analyse process resulted in three main themes, each with its own subthemes: *The Framing*, *The Objectivities*, and *The Embodiment*.

The first theme, *The Framing*, revealed the context and the underlying frame factors related to when and where drama was used. Drama was used in various courses all over the curriculum. All but one study was conducted during the first cycle. The drama activities were held at a range of different locations; mostly at the university campuses, but also at external locations such as at theatres, at the hospital in an emergency care setting, and at an educational ward.

The second theme, *The Objectives*, covered the purposes and desired outcomes for using drama in nursing education. There were several different reasons for why drama was implemented. In some of the articles, drama was used to support the students' learning by helping them to apply theoretical knowledge in practice, and to enhance the classroom experience by making the students more involved in their own learning and helping them to discover their own knowledge gaps. Another reason for using drama was for the students to learn specific skills in, for example, communication, and to prepare them for specific situations such as mass casualty disasters. Drama was also used with the intention of contributing to the students' lifelong learning and enhancing their personal and professional development.

The last theme, *The Embodiment*, included the different ways that drama was implemented in the nursing programs. In several of the articles, the students participated in role play. The nursing students mainly acted the roles of healthcare personnel, while the patients' roles were performed by others such as teachers, drama/theatre students, and actors. In most of the articles, drama was implemented as different kinds of theatre plays, both where the students participated actively (for example in forum theatre) and where the students participated as audience. Drama was also implemented as one of several pedagogies, for example: together with a mass casualty full scale exercise, together with other arts-based learning strategies, in combination with problem-based learning (PBL), and as part of an examination.

7.2 Study II

The following themes emerged through the analyse process: *To explore the future professional self*, *To develop an understanding of the patient perspective* and *To reflect on the nature of learning*. Along with their attendant categories, these represented different conceptions of learning about nursing through drama.

The first theme, *To explore the future professional self*, covered student conceptions of developing self-awareness. These included statements about getting to know your own reactions, but also about becoming aware of how you can be perceived by others. Many stated that this awareness could only be learned through experience. Several of the conceptions concerned the students' experiences of an evolving identification with the profession of a nurse.

The second theme, *To develop an understanding of the patient perspective*, revealed the students' conceptions about starting to realize the patient perspective and how to communicate with patients. The students stated that acting in the role of a patient was important, as it made them experience feelings of respect or disregard depending on how they were treated by the "nurse". Many stated that the subsequent group reflections were important since they highlighted the diversity in how different individuals perceived the same situations. It was also stated that the students had learned how to use communication strategies in order to develop good dialogues with patients, even in situations with time pressure.

The third theme, *To reflect on the nature of learning*, showed how the students experienced that drama activated their learning. Many of their statements illustrated how drama facilitated learning in a positive way by inviting them to actively participate and activating all their senses. This meant that the knowledge became embodied and the theoretical course content more concrete. Several students expressed the importance of being prepared and fully engaged in order to use the full potential of drama. Many stated that participants who for various reasons did not engage not only compromised their own experience, but were also considered to have a negative impact on the drama which affected other participants. All of the students expressed a desire for more drama workshops throughout their education, to more fully prepare them to take advantage of the learning potential of this form.

7.3 Study III

The following categories emerged through the manifest analysis process: *To approach and integrate with the theoretical content*, *To step back and get an overview*, and *To concretize and practice*. Along with their attendant subcategories, these represented the nursing students' experiences of learning about conflict and conflict management through drama. The latent content of all the categories was illustrated by one overall theme: *To learn by oscillating between closeness and distance*.

The first category, *To approach and integrate with the theoretical content*, made it clear that by exploring the theoretical content in a relevant context and integrating it with prior experiences, the students could come closer to, and create their own understanding of, the theoretical concept of conflict and conflict management. Testing and observing the dramatized scenarios allowed them to visualize how conflict management styles can affect conflicts, and enabled self-reflection and a growing awareness of their own personal management styles.

The second category, *To step back and get an overview*, highlighted how participating in the drama workshop provided an opportunity to take a step back, distance oneself from one's immediate reactions, and reach a meta perspective on the conflict situation. The importance of being sensitive to one's own and others' needs in conflict situations became clear. The students also came to understand the importance of getting an overview – a broader perspective – of every conflict situation.

The third category, *To concretize and practice*, revealed that the ability to test conversations and try out strategies together with peers was seen as a way to gain experience of conflict and conflict handling in a safe environment. Hereby the students could develop strategies and tools to predict, prevent, and manage conflicts in their future profession as nurses.

The overall theme, *To learn by oscillating between closeness and distance*, showed how drama provided the students with the possibility to alternate between coming close to experience the conflict situation and then taking a step back to reflect and get an overview. This fluid movement, oscillating between closeness and distance, enabled the students to feel the preparedness to once again come close and “step in” to concretize and apply their knowledge in real-life conflict situations.

7.4 Study IV

Two categories emerged through the analyzing process: *Conceptions in relation to the process of learning* and *Conceptions in relation to the development of knowledge*. Along with their attendant subcategories, these represented various conceptions of how learning through drama during the specialist nursing education in paediatric care was experienced.

The first category, *Conceptions in relation to the process of learning*, showed the variation in the students' prejudices and preconceptions about themselves and drama. Some stated that drama was a fun way to learn and that they saw themselves as "a drama person", while others stated that participating in drama was scary and "just not my thing". There was also variation in the conceptions regarding participating actively in a role or participating more passively as an observer. Some stated that they learned best by being in role, exploring the scenarios from within, while others felt they learned more by observing, since this let them get an overview of the conflict situation without having to feel insecure about being in role and acting in front of others. Several of the statements highlighted that drama facilitated students learning through their own and each other's experiences. Learning through each other's experiences followed by group reflection both had a confirmatory effect and worked as preparation for future care situations.

The second category, *Conceptions in relation to the development of knowledge*, covered the students' conceptions of the knowledge that they gained by participating in the drama workshop. After the workshop, many experienced an increased understanding of the child and family perspective. This made it easier for the students to understand and relate to the theoretical concept of family-centred care (FCC), and ethical dilemmas became clearer. Through drama, students could learn strategies to facilitate future nursing situations in paediatric care and feel more secure in their professional role. Many of the statements highlighted that drama as a pedagogical method could be useful for nurses working in clinical paediatric care.

7.5 Summary of main findings in studies I – IV

The findings in study I showed that drama can be used effectively in nursing education to enhance students' learning, though future research is needed into giving nursing students the option of playing the role of a patient as well as the role of a health care worker. In

addition, it became clear that there is a lack of research regarding the application of drama in nursing education at the postgraduate level. These results formed the foundation and motivation for the three other studies included in this thesis. The summarized results of studies **II–IV** are presented below in relation to the overall aim of exploring and describing the nature of students' learning through drama in first- and second-cycle nursing education, divided in terms of the didactic questions of what, how, and why students learn.

What students learn

Knowledge about oneself

The students learned about themselves, as drama enabled them to reach a higher self-awareness (**II, III, IV**). Having self-awareness was stated as a core capacity when learning about nursing, giving insights into the students' own strengths and difficulties as well as how others could perceive them (**II**). Drama could also illuminate the importance of having self-awareness in order to be sensitive to one's own and others' needs in conflict situations. This knowledge clarified the importance of being aware of one's personal feelings and having the ability to set them aside in order to perceive the overall picture in a conflict situation (**III**). Through drama, the students became aware of their own prejudices and preconceptions about themselves as learners (**IV**).

Knowledge about others

Learning through drama provided the students with the possibility to learn about others by exploring the perspectives of their colleagues (**III**), patients (**II, IV**), and patients' next of kin (**IV**). This helped them learn to consider individual differences since it became clear that people can have diverse perspectives and different reactions in the same situation (**II, III, IV**). By exploring the patient perspective, the students learned the importance of offering the patients their full attention, as well as how to communicate and plan dialogues with patients (**II**). They learned how asymmetry and power structures can affect their collaboration with colleagues in conflicts (**III**), and gained an increased knowledge of how it could feel to be the child or next of kin in paediatric care (**IV**).

Theoretical knowledge

The findings made it clear that drama can enhance student learning by making the theoretical course content more concrete and easier to grasp (**II, III, IV**). For example, the students reached a deeper understanding of the theoretical caring concepts and learned how to

use communication strategies (II), gained knowledge about the theoretical concepts of conflict and conflict management (III), and found the theoretical concept of family-centred care easier to understand and relate to (IV).

How students learn

Exploring roles and scenarios actively or by observing

The students learned through drama by being active and exploring various roles and scenarios (II, III, IV). The use of drama meant they were invited to participate actively, and most of their senses were activated, making the knowledge embodied (II). Drama gave them the possibility to explore the theoretical content in a relevant context and a safe environment (II, III, IV). Some students felt unsecure and unprepared to enter a role and perform in front of others, and preferred to observe the scenarios instead of participating actively (II, IV). It was suggested that more drama workshops throughout the education would help prepare these students to become more secure and used to drama, and thus able to realise the full learning potential of this form (II).

Experiences and reflections

The students emphasized that learning through their own and others' experiences followed by group reflection had contributed to their learning (II, III, IV). The group reflections could illustrate diverse perceptions of the same situations (II, III). Drama enabled the students to integrate theoretical knowledge with their own and others' experiences, which made them create their own understanding and provided them with a deeper knowledge (III, IV). Reflecting together with their peers on the situations they had experienced could form a meta perspective (III), but also provide a therapeutic and confirmatory effect (IV). Learning by oscillating between closeness and distance contributed to a feeling of preparedness to use their new knowledge in future nursing situations (III).

Why students learn

Preparing for the professional role

By participating in drama, the students reached an evolving identification with the profession of a nurse (II, III) and of a specialist nurse in paediatric care (IV). They started to identify themselves as future nurses as they reached a deeper understanding of the nursing role that led to a growing confidence in how to handle future nursing

situations (II). In addition, the students felt prepared to apply their knowledge in order to predict, prevent, and manage future conflict situations (III), and learned strategies for providing nursing care for children that made them feel stronger and more secure in their role as a specialist nurse in paediatric care (IV).

8 DISCUSSION

8.1 Discussion of methods

To achieve the aim of exploring and describing the nature of students learning through drama in nursing education, it is crucial to search for the nursing students' own experiences. This thesis is therefore comprised of four studies with varying designs and methods. It is important to note that the author of this thesis attended several drama workshops as an observer in order to achieve a preunderstanding of the context of the study, but was not in any way involved in teaching or examining the students. The context of nursing and nursing education was already known, as the author is a registered nurse specializing in psychiatric care, and has experience of working as a lecturer in nursing education.

Study I was conducted as an integrative review of the literature. One methodological consideration concerning this study is the selection of the 20 articles and the evaluation of their quality. Many of the articles had less-than-detailed methods sections. Whitemore and Knafel (2005) advocated using a 2-point scale (high or low) to determine the theoretical rigor and data relevance in the articles selected for a review. After conducting this evaluation, it was clear that even though many of the articles scored low for methodology or rigor, all articles scored high for data relevance and informational value in relation to the aim of the study.

Studies II and IV were conducted as qualitative studies with a phenomenographic approach. In the phenomenographic field, it is emphasized that the credibility of a phenomenographic study is based on a detailed description of each part of the research process, including the interview questions, the analytical process, and the conclusions. The interview context and the questions asked during the interview were described in close detail in both study II and study IV. In addition, study II included a detailed description of the four steps of Alexanderson's analytical method (1994), and study IV included a detailed description of the seven steps inspired by Sjöström and Dahlgren (2002).

The credibility of a study is also enhanced by presenting a clear view of the relationship between the empirical data and the findings. This was

ensured in both studies by including quotations from the analysed interviews in every subcategory. In order to achieve trustworthiness in a phenomenographic study, the preliminary results should be tested by a relevant research community (Åkerlind 2012; Stenfors-Hayes, Hult & Dahlgren, 2013), and so the results in both studies were formed in a process including recurrent discussions with the co-authors and a group of PhD students and researchers working in the field of phenomenography.

In study **II**, focus group interviews were chosen for collection of data. This seems to have been a suitable method for this study, as the focus groups engaged the participants and helped them interact, recall, discuss, and express their experiences of participating in a drama workshop. In study **IV**, the data collection instead took place via individual interviews. This again seems to have been a suitable method, since it allowed the participants to reveal their thoughts without the risk of being exposed or judged by their peers. One limitation that could perhaps have been avoided if the data had been collected earlier, or through focus groups, is that the interviews were held six months after the drama workshop, and some of the students initially expressed difficulties in remembering all elements of the workshop. In both study **II** and study **IV**, the use of a phenomenographic approach can be considered beneficial because it ensured that many variations in the students' conceptions became clear in the findings.

Study **III** used a qualitative content analysis approach inspired by Graneheim and Lundman (2004). When conducting a qualitative study using qualitative content analysis, trustworthiness can be ensured by considering credibility in the process of deciding the focus and context of the study, the selection of context and participants, and the approach to gathering data. These decisions were made according to both the overall aim of the thesis and the aim of this particular study. The analyse process is another issue that according to Graneheim and Lundman (2004) is critical for achieving credibility. By illustrating the relation between the meaning units, condensations, and abstractions, one can strengthen the credibility of the findings. The analytical process in this study was illustrated in a table, allowing the reader to gain insight into the analysis. Together with the inclusion of many quotations from the written statements in the findings, this can strengthen the credibility and the transferability of the study. However, in the end, a study's transferability can only be judged by its readers.

8.2 Discussion of findings

The overall aim of this thesis was to explore and describe the nature of students' learning through drama in first- and second-cycle nursing education. The summarized results of the four studies can be presented in terms of the didactic questions of what, how, and why students learn. In this section, the results will be discussed in relation to the theoretical framework of nursing, learning, and drama.

Understanding theory, oneself, and others

Possession of theoretical knowledge about nursing theory and related scientific knowledge in order to perform evidence-based care is highlighted in the specific learning goals formed by the Higher Education Ordinance (SFS1993:100) as well as in as in the core competences (Quality and Safety Education for Nurses, 2012) that form the foundation of the Swedish Competence Description for registered nurses (Svensk sjuksköterske-förening, 2017). In order to ensure nursing is not performed solely as a series of technical tasks or actions without any deeper meaning, it is important for nurses to understand the theoretical grounds of nursing (Watson, 2007). The findings in this thesis show that drama can be used to help nursing students understand and relate to the theoretical knowledge.

Study I showed that drama can be implemented in nursing education with the purpose of integrating theoretical knowledge and practice. In study II, it became clear that the students felt that drama worked as a tool to refine their theoretical knowledge by tying theory and practice together, and thus making the theoretical caring concepts less abstract and easier to grasp.

In study III, drama provided the students with a possibility to test their theoretical knowledge of conflict and conflict management styles. This gave them the experience of forming their own understanding of conflict and conflict management. Through this understanding, the students felt prepared to use theoretical knowledge as a tool in order to predict, prevent, and manage future conflicts situations. The students in study IV stated that exploring the family perspective through drama made the theoretical concept of family-centred care easier to understand and relate to.

The findings in all four studies revealed that drama can be used in various ways to enhance students' ability to self-reflect and thus gain a deeper knowledge of themselves. Study I showed that drama could be used with the purpose of reaching a personal and professional development through an increased self-awareness. This was confirmed in study II, where the students stated that self-awareness was the core of learning about nursing, as it was the key to refining their own work as a future nurse. Through drama, the students discovered their own strengths and difficulties in relation to fictive patients, and became aware of how others could perceive them. For many, it was the first time that they had been given the chance to take charge of situations independently as if they were registered nurses in a clinical nursing situation.

In study III, the students stated that drama enabled a self-reflection that made them more aware of their own reactions in conflict situations, how they thought and acted in conflicts, and what kind of conflict management style they tended to use. In study IV, drama made the students aware of their own prejudices and preconceptions about themselves as learners.

These findings are in line with the specific learning goals stated in the Higher Education Ordinance (SFS1993:100), where it is stressed that nursing students in both first and second cycle should develop self-knowledge and the ability to identify their own need for knowledge during their education. To develop your self-awareness and become aware of your own learning processes, is the key to reach an integrative learning. An integrative learning can support students to use theory in practice promote a lifelong learning and prepare them for complex situations in their personal and professional life (Huber & Hutchings, 2004).

Being able to reflect on one's own thoughts, feelings, and actions is important for nurses, as it can lead to self-acceptance and psychological growth. In addition, it brings increasing self-awareness, which is a prerequisite for being able to understand the patient's feelings (Watson, 2007). Developing self-awareness and the ability to reflect on one's own behaviour is a key factor for nurses' ability to understand the perspectives of others and develop professional relationships (Almost, Doran, Almost, McGillis Hall & Laschinger Spence, 2010). The findings in study I highlighted the need for more research into using drama as a way for nursing students to explore roles other than that of a health care provider. In studies II–IV, the students

could explore the perspectives of patients, colleagues, and patients' next of kin. In study II the students acted both in role as nurses and patients and they were strongly affected by how they were treated by their peer acting in role as nurses. This experience highlighted the importance for them as future nurses to be "present" in the moment in order to form a caring relationship and that patients are unique and can have diverse experiences of the same situation.

Having the competence and skills to collaborate with patients is emphasized in the specific learning goals in the Higher Education Ordinance (SFS1993:100), the definition of nursing from the International Council of Nurses (ICN, 2015), and the six core competencies (Quality and Safety Education for Nurses, 2012) that form the foundation of the Swedish Competence Description for registered nurses (Svensk sjuksköterskeförening, 2017). Eriksson (1994) stressed the importance of seeing, respecting, and caring for every patient as a unique human being in relation to the metaparadigm of human beings. In the metaparadigm of nursing practice, the importance of nurses' forming a caring relation with the patient is emphasized (Eriksson, 2015a, 1994; Watson, 1999; 2012).

In study III, the students' focus was less on the patient perspective and more on exploring the perspective of colleagues. According to the students, drama enabled an increased self-awareness that clarified the importance of seeing beyond one's own feelings in order to understand the feelings of colleagues in various conflict situations. This knowledge made them feel able to get an overview of and manage future conflict situations.

In the core competency of teamwork and collaboration, it is important to have the ability to communicate openly, to collaborate in nursing and inter-professional teams with mutual respect, and to participate in shared decision-making, in order to provide patients with high-quality care (Quality and Safety Education for Nurses, 2012). To gain this ability, nursing students need to develop a self-awareness and knowledge about team communication, processes, and conflict resolution (Cronenwett et al., 2007). Being able to collaborate with other professionals is also stressed as important for nurses in both the specific learning goals formed by the Higher Education Ordinance (SFS1993:100) and the definition of nursing stated by the International Council of Nurses (ICN, 2015).

In study **IV**, the students were able to explore the perspectives of patients and colleagues, but the main focus was on exploring the perspective of the patient's next of kin. This allowed them to feel what it might be like to be a child or a family member in complex care situations. The students stated that this made many ethical problems become clearer and easier to understand.

The importance of nurses including and collaborating with the patient's next of kin is stressed in the specific learning goals for both first and second cycle (SFS1993:100) as well as in the definition of nursing from the International Council of Nurses (ICN, 2015). The patients' closest family and relatives are also considered in relation to the metaparadigm concept of environment, as they are part of the patient's psychosocial environment. It is emphasized that nurses are responsible for providing the patient with a supportive and protective environment (Watson, 2012). In many cases, understanding and collaborating with the patient's next of kin is a prerequisite to help the patient to reach an increased health.

This thesis has shown that through drama the students learned to integrate their theoretical knowledge of nursing theory and related scientific and theoretical concepts. In addition, drama provided them with a deeper knowledge about themselves and others, such as patients, colleagues, and patients' next of kin. It is thus clear that drama can help nursing students to gain the knowledge that is considered crucial for becoming a nurse, according to national guidelines, international guidelines, and nursing theory. All three empirical studies (**II–IV**) showed that drama can prepare nursing students for their future professional role as nurses. In study **II**, the students described how drama gave them a way to explore their future nursing role. By gaining a deeper understanding of how they could evolve towards the nursing role, they became more secure in themselves, described a growing confidence in handling future nursing situations, and started to realize what kind of nurse they would like to become.

The students in study **III** stated that through drama they developed an awareness and knowledge that made them feel ready to collaborate with colleagues and predict, prevent, and manage future conflicts. Study **IV** was conducted at the postgraduate level, and the students were registered nurses. This meant that they already had experience of adopting the professional role of a nurse, and instead they were moving towards the professional role of a nurse specializing in paediatric care.

The students stated that drama gave them the opportunity to explore complex situations through the child and family perspective that affected the process of becoming a nurse specializing in paediatric care. In addition, they found that drama as a pedagogical method could be used as a tool together with future colleagues to facilitate and refine their future work in paediatric care.

It was clear in all three studies (**I, II, IV**) that the students were eager to learn and gain knowledge that could make them feel prepared to adopt the professional role of a nurse or specialist nurse. The theoretical course content was often perceived as difficult to grasp, and the students were not really sure what it meant, or when or how to transform it in practical nursing situations together with colleagues, patients, and patients' next of kin. They revealed an insecurity regarding their own knowledge, their personal strengths and limitations in relation to others, and whether they as persons had what it took to independently work as a nurse or a specialist nurse in clinical care. However, drama gave them the opportunity to work through and rehearse all these areas in a safe environment together with their peers. Somehow it can be seen as what motivates the students to learn, why they learn is in fact also what they learn through drama.

Learning actively from experiences through drama

The findings revealed that nursing students' learning *how* to learn through drama was facilitated by exploring roles and scenarios actively or as a spectator and by sharing and gaining experiences through reflections. This can be related to experiential learning.

Study **I** made it clear that drama can be used in nursing education as a way for students to become more involved in their own learning process as they explore different roles and situations together. Studies **II–IV** covered drama workshops of different designs, although in all cases the students' active involvement was focused on exploring scenarios related to nursing. Study **II** used role-play exercises, while studies **III–IV** used Forum Play.

Studies **II–IV** it revealed that the students learning through drama could be seen as experiential learning since the students learned by being active and interact with each other through role plays and scenarios that were closely connected to their own life experiences, as stressed by Dewey (1938). In all three studies, drama enabled the students to learn by experiencing, reflecting, thinking, and acting, as in the experiential

learning cycle described by Kolb (2012) and illustrated in Figure 1, p 13. Drama can also enable students to reflect in and on action, which Schön (1983) has stressed as being important for professional learning.

Study II showed that drama had the positive effect of forcing the students to be active. Being in role facilitated their learning by activating their senses and allowing them to embody knowledge in a way that facilitated a deeper learning. Playing the role of a patient gave them a chance to experience the impact of professional actions, which gave insight into the patient perspective and into what kind of nurse they wanted to become, as well as making the theoretical course content easier to understand.

In study III, being in role gave the students an opportunity to explore various perspectives of the theoretical concepts of conflict and conflict management, together with their peers in a safe environment. Experiencing and exploring fictional conflict situations in role enabled self-reflection and a growing self-awareness as well as an understanding of other people's needs and reactions. Testing different strategies prepared the students to manage conflicts in their future profession as nurses. Learning through drama was facilitated by reflection, as this allowed the students to combine the active experience of getting close to and exploring theoretical concepts and various perspectives in the scenarios with the retrospective group reflections that created a meta perspective. Drama could thus facilitate learning by introducing a fluid movement in which students oscillated between closeness and distance.

In study IV, the students' conceptions regarding learning through drama could be divided into two different directions, concerning whether it was best to learn by being active in a role or by participating as a spectator. The students who advocated learning by being in role stated that this made them more involved in their own learning since they could stay focused, and they felt that the knowledge could settle in their body. Exploring the roles of the child and family led to an increased understanding of others' perspectives, and the theoretical knowledge of family-centred care and ethical dilemmas became easier to understand. The students who favoured learning by observing stated that they learned most by observing their peers in the scenarios, as this gave them a highly valuable overview of the situations covered. Through drama, the students could learn through their own and others' experiences. Learning from each other's experience through group reflection was described as a way to gain new experiences from

authentic conflict situations that made the students feel more prepared to manage future care situations.

If the findings in studies **II–IV** are viewed in relation to Kolb’s experiential learning cycle (Kolb, 2012; see also Figure 1, p. 13), being in role can be seen as the concrete experience as well as the active experimentation. Observing others acting in the scenarios, combined with the group reflections, enabled a reflective observation that facilitated an abstract conceptualization. All three studies made it clear that reflection was an important aspect of learning through drama.

Reflection is in all three studies stated as being an important aspect when learning through drama. In relation to Reflective learning according to Schön (1983), studies **II–IV** revealed that drama provided an opportunity to reflect both in action (while in role) and on action (in the subsequent group reflections). This is an interesting finding since, according to Rolfe (2014), Schön’s original ideas about reflection have been greatly misinterpreted in nursing care.

Rolfe points out that Schön hardly mentions reflection on action as a key factor. However, this way of reflecting, namely reflecting retrospectively after situations and actions, has come to dominate many models of reflective practice in nursing and other health care disciplines. Rolfe states that according to Schön’s original ideas, it is by developing the ability to reflect in action — when in the midst of an active and often complex care situation — that a nurse can become a reflective practitioner. Rolfe leans on Dewey’s thoughts about “learning by doing”, and stresses that the only way nursing students can learn to be reflective practitioners is by starting in practice and actively interacting with their environment by trying things out and seeing what happens. Rolfe emphasizes that it is important that the:

...student feels safe to speculate, theorise and hypothesise about care and to test out hypotheses in practice under closely supervised conditions (pp. 1182).

It is not until after the students have had this possibility to reflect in action that they should be offered a chance to retrospectively explore and investigate their on-the-spot experimenting, that is, to reflect on action (Rolfe, 2014).

Critical aspects of drama in nursing education

A weakness of learning through drama that became clear in studies **II** and **IV** was that for various reasons some students initially felt insecure about participating actively in drama. Students who were shy, embarrassed, or not used to working with drama, and thus not fully engaged in the exercises, could have a negative impact on other participants. Some of the students preferred to observe instead of participating actively, explaining that they felt so nervous and uncomfortable about acting in role in front of others that they felt blocked and their learning was hampered.

In study **IV**, where the students were registered nurses with experience of working in clinical care, it became clear that some of the students experienced inner performance requirements in relation to their peers, indicating that they were afraid to be questioned in their professional role as nurses. Although the students stated that they could gain many positive learning aspects simply by observing others perform in the dramatized scenarios, for example getting an overview of situations and participating shared group reflections, they missed out on the opportunity to develop their ability to reflect in action. In these cases, drama was not used to its full potential, and the students did not gain the same preparedness to become reflective practitioners ready to tackle future complex care situations. If students merely observe instead of participating actively, the learning activity cannot be called experiential learning, and since the students do not integrate a concrete experience in the learning process, Kolb's experiential learning cycle (2012) does not manifest. The importance of active learning in higher education is also stressed in current research (Christie & de Graaff, 2017).

This can also be related to mirror neurons, because if students just observe when other students interact with each other in the dramatized scenarios, their mirror neurons are not activated to the same extent as if they had interacted with others themselves. Since mirror neurons affect humans' ability to develop empathy and form emotional connections to others, they are important to consider in nursing education (Kelley et al., 2011). This is another reason why nursing students should be motivated to participate actively in drama.

Most importantly, students who do not participate actively in the drama workshop miss out on experiencing the full potential of drama. According to Sternudd (2000), the concept of acting, when the

participants interact with each other as they explore fictive scenarios in role, is the core of drama. It is the verbal and nonverbal communication between the participants as they interact with each other and with the artistic elements that brings concepts, thoughts, and feelings to life. This enables reflection in which the students can create meaning and learn about human reactions.

Burton et al. (2015) underlined the importance of human interaction and relationships in drama. By exploring roles in various fictional contexts and situations, followed by reflection, the participants are given the opportunity to integrate their thoughts, actions, and feelings. If the students do not participate actively, they are not able to reach the double perspective of metaxis, where they are able to learn by being engaged in both the fictional and the real world at the same time. This way of learning, which became clear in study III, is considered by many drama theorists to be where the dramatic tension, meaning, and value of drama lie (Bolton, 1992; DICE Consortium, 2010; Silus Ahonen & Gustafsson, 2011).

It is therefore important to find a way to prepare or strengthen students who feel insecure about participating actively in drama, so that they feel ready to participate in all the drama elements. Otherwise, these students will not be able to assimilate the whole concept of drama, and their learning might be incomplete. In addition, students who are not ready to engage fully in drama can also have a negative impact on their peers in the drama workshops, as seen in study II. However, study II also revealed that the students believed that providing more information about the drama workshop in advance and giving recurrent drama workshops throughout their education could make students more prepared to engage in drama activities.

9 CONCLUSIONS

Drama in nursing education has a unique potential to prepare nursing students on both first and second cycle for their future nursing role. The nature of students learning through drama in nursing education is about oscillating between closeness and distance; giving the students a possibility to be active and interact with others, in combination with reflections where they can highlight and process their experiences. Hereby the students are able to explore their inner selves and discover their own strengths and difficulties in various nursing situations. In addition, they can also gain insight and understanding of other person's perspectives. These two elements, knowing oneself and understanding others, in combination with the fact that drama can make the theoretical course content easier to understand, gives the students a preparedness and a growth that is essential for the ability to develop the competency needed when working as a registered nurse or a specialized nurse.

10 FUTURE RESEARCH

In the future, it would be interesting to transfer the findings in this thesis to develop the nursing education curriculum in both first and second cycle in order to promote drama as a way to achieve various learning outcomes and develop students' self-awareness and professional identity. It would also be of interest to explore how students adapt to drama in nursing education if drama workshops are a compulsory and recurrent element throughout their education. Would students feel better prepared to engage actively in for example role plays and Forum Plays if they become use to participate and learn in drama on a regularly basis?

Another aspect that could be further investigated is students' ability to reflect in action through drama. It is possible to design the drama workshops to make students aware of the importance of developing this ability in order to become reflective practitioners and thus prepared to manage future nursing situations.

Finally, in a wider perspective, it would be interesting to investigate whether drama can be used in joint projects with students from different health care sectors in order to develop inter professional collaboration and promote teamwork.

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REFERENCES

- Alexandersson, M. (1994). Den fenomenografiska forskningsansatsens focus (The phenomenographic research approach in focus). In B. Starrin & P-G, Svensson (Eds), *Kvalitativ metod och vetenskapsteori* (Qualitative method and scientific theory) (pp. 128-131). Lund: Studentlitteratur.
- Almost, J., Doran, M.D., McGillis Hall, L., & Laschinger Spence, K.H. (2010). Antecedents and consequences of intra-group conflict among nurses. *Journal of Nursing Management*, 18 (8), 981–992.
- Baxter, L.A. (1991). Content analysis. In B.M. Montgomery, & S. Duck (Eds), *Studying Interpersonal Interaction* (pp. 239-234). New York: The Guilford Press.
- Barnard, A., Mc Cosker, H., & Gerber, R. (1999). Phenomenography: A Qualitative Research Approach for Exploring Understanding in Health Care. *Qualitative Health Research*, 9 (2), 212-226.
- Bauer, J. (2007). *Varför jag känner som du känner: intuitiv kommunikation och hemligheten med spegelneuronerna* (Why I feel like you feel: intuitive communication and the secret about the mirror neurons). Stockholm: Natur & Kultur.
- Bender, M., & Feldman, M. (2015). A Practice Theory Approach to Understanding the Interdependency of Nursing Practice and the Environment, Implications for Nurse-Led Care Delivery Models. *Advances in Nursing Science*, 38 (2), 96–109.
- Benner, P., Tanner, C., & Chesla, C. (1999). *Expertkunnande i omvårdnad. Omsorg, klinisk bedömning och etik* (Expert knowledge in nursing. Care, clinical assessment and ethics). Lund: Studentlitteratur.
- Benner, P., Suthpen, M., Leonard, V., & Day, L. (2010). *Educating nurses: a call for radical transformation*. San Francisco: Jossey-Bass.
- Bergbom, I. (2012). Konsensusbegrepp som epistemologiska begrepp (Consensus concepts as epistemological concept). In Wiklund Gustin, L., & Bergbom, I. (Eds), *Vårdvetenskapliga begrepp i teori och praktik* (Concepts of caring science in theory and practice) (pp. 47-64). Lund: Studentlitteratur.

- Boal, A. (1979). *De förtrycktas teater* (Theatre of the oppressed). Stockholm: Gidlund.
- Boal, A. (1995). *The rainbow of desire. The Boal method of Theatre and Therapy*. London: Routledge.
- Bolton, G. (1992). *New Perspectives on classroom drama*. Hemel Hempstead: Simon & Schuster education.
- Burton, B. (2011). *Living Drama*. (4 Ed). Pout Melbourne, Victoria: Pearson.
- Burton, B., Lepp, M., Morrison, M., & O'Toole, J. (2015). *Acting to Manage Conflict and Bullying Through Evidence-Based Strategies*. Springer International Publishing [Elektonical source].
- Byréus, K. (2010). Du har huvudrollen i ditt liv. Om forumspel som pedagogisk metod för frigörelse och förändring (You have the leading role in your life. Forum Play as an educational method for liberation and change). Stockholm: Utbildningsförlaget Liber.
- Carnegie foundation (2015). What is Integrative Learning? Retrieved 2015-09-11, from: <http://gallery.carnegiefoundation.org/ilp/what-is-ILP.htm>.
- Chasen, L. R. (2014). *Engaging Mirror Neurons to Inspire Connection and Social Emotional Development in Children and Teens on the Autism Spectrum: Theory into Practice through Drama Therapy*. London and Philadelphia: Jessica Kingsley Publishers.
- Christie, M., & de Graaff, E. (2017). The philosophical and pedagogical underpinnings of Active Learning in Engineering Education. *European Journal of Engineering Education*, 42 (1), 5–16.
- Centrala etikprövningsnämnden (2013). Personuppgifter i forskningen- vilka regler gäller? (Personal data in research-what rules apply?). Retrieved 2015-08-23, from: http://www.epn.se/media/1102/personuppgifter_i_forskningen.pdf.
- Collins, S., & Hewer, I. (2014). The impact of the Bologna process on nursing higher education in Europe: A review. *International Journal of Nursing Studies*, 51 (1), 150-156.

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Johnson, J., Taylor Sullivan, D., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55 (3), 122-131.

Crookes, K., Crookes, P., & Walsh, K. (2013). Meaningful and engaging teaching techniques for student nurses: A literature review. *Nurse Education in Practice*, 13 (4), 239-243.

Dewey, J. (1938). *Experience and Education*. Kappa Delta PI Lecture Series. New York: Touchstone.

DICE Consortium (2010). *The DICE has been cast. A DICE resource - Research findings and recommendations on educational theatre and drama*. Budapest: DICE Consortium.

Ekebergh, M. (2009). Att lära sig vårda: med hjälp av handledning (Learning to Care: With the help of supervision). Lund: Studentlitteratur.

Ekebergh, M., Lepp, M., & Dahlberg, K. (2004). Reflekterande handledning med dramapedagogik: En metod för integrering av vårdvetenskap i teori med vårdpraxis (Reflective tutoring with drama pedagogy: A method for integrating care science in theory with nursing practice). Forskningsrapport, 1: 2004, Institutionen för vårdvetenskap, Högskolan i Borås.

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing*, 62 (1), 107-115.

Eriksson, K. (1994). Theories of Caring as Health. In D.A. Gaut & A. Boykin (Eds), *Caring as healing: renewal through hope*. New York: National League for Nursing.

Eriksson, K. (2015a). *Vårdandets idé (The idea of caring)* (2nd ed.). Stockholm: Liber.

Eriksson, K. (2015b). *Den lidande människan (The suffering human being)* (2nd ed.). Stockholm: Liber.

Falk Lundqvist, Å. (2006). Forumspel i lärande (Forum Play in learning). In M Erhardsson (Ed). *Gestaltande metoder i universitetspedagogik, bildskapande och forumspel* (Creative methods

in university education, image creation and Forum Play) (pp. 30-41). Skriftserie från Universitetspedagogiskt centrum 2006:1, Umeå Universitet.

Fawcett J. (1984). The metaparadigm of nursing: present status and future refinements. *Image*, 16(3), 84–87.

Flensner, G. (2014). Det vetenskapliga ämnet (The scientific subject). In E. Dahlborg Lyckhage (Ed.), *Att bli sjuksköterska: en introduktion till yrke och ämne* (To become a nurse: an introduction to the profession and subject) (pp. 85-106) (2nd ed.). Lund: Studentlitteratur.

Fowler, J. (2008). Experiential learning and its facilitation. *Nurse Education Today*, 28 (4), 427–433.

Fullana, J., Palliser, M., Colomer, J., Fernández Peñac, R., & Pérez-Burrield, M. (2016). Reflective learning in higher education: a qualitative study on students' perceptions. *Studies in Higher Education*, 41 (6), 1008–1022.

Gallese, V. (2009). Mirror Neurons, Embodied Simulation, and the Neural Basis of Social Identification. *Psychoanalytic Dialogues*, 19 (5), 519-536.

Galtung, J. (1996). *Peace by peaceful means. Peace and conflict, development and civilization*. London: Sage Publications.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24 (2), 105-112.

Graneheim, U. H., & Lundman, B. (2008). Kvalitativ innehållsanalys (Qualitative content analysis). In M. Granskär & B. Höglund-Nielsen (Eds), *Tillämpad kvalitativ forskning inom hälso- och sjukvård* (Applied qualitative research in health-care) (pp. 159-172). Lund: Studentlitteratur.

Huber, M. T., & Hutchings, P. (2004). *Integrative learning: Mapping the terrain*. Washington, DC: Association of American Colleges and Universities.

Högskoleverket (2010). Sjuksköterskestudenters specialistutbildning- vilket slags examen? (Nursing students' specialist education, what kind of degree). Rapport 2010:5 R. Jönköping: Rydheims Tryckeri AB.

ICN (2015). Definition of nursing. Retrieved 2015-08-23 from, <http://www.icn.ch/who-we-are/icn-definition-of-nursing/>

Institute of Medicine of the National Academies (2003). *A bridge to quality*. Washington DC: National Academies Press

Kelley, J.K., Lepo, W.L., & Frinzi, C. (2011). Empathy and Nursing Education From Mirror Neurons to the Experience of Empathy: 21st Century Nursing Education. *International Journal for Human Caring*, 15 (4), 22-28.

Kilman, R., H., & Thomas, K., W. (1978). Four Perspectives on Conflict Management: An Attributional Framework for Organizing Descriptive and Normative Theory. *The Academy of Management Review*, 3 (1), 59-68.

Kirkevoid, M. (1997). Integrative nursing research – an important strategy to further the development of nursing science and nursing practice. *Journal of Advanced Nursing*, 25, 977-984.

Kolb, D. (2012). *Experiential Learning: Experience as the Source of Learning and Development* (2nd ed.). Prentice Hall: New Jersey.

Kvale, S., & Brinkmann, S. (2009). *Den kvalitativa forskningsintervjun* (The qualitative research interview)(2nd ed.).Lund: Studentlitteratur.

Lepp, M. (1998). Pedagogiskt drama med fokus på personlig utveckling och yrkesmässig växt: En studie inom sjuksköterske- och vårdlärarutbildningen (Educational drama focusing on personal development and occupational growth: A study in nursing education and nursing tutor education) (Doctoral dissertation, Lund, Studia psychologica et paedagogica, 133). Stockholm: Almqvist & Wiksell International.

Lepp, M. (2015). Drama som levandegör och fördjupar kunskaper om vårdande (Drama to deepen and bring knowledge of caring to life). In M. Berglund & M. Ekeberg (Eds). *Reflektion i lärande och vård – en*

utmaning för sjuksköterskan (Reflection in learning and care – a challenge for the nurse). Lund: Studentlitteratur.

Marton, F. (1981). Phenomenography – describing conceptions of the world around us. *Instructional Science*, 10, 177-200.

Marton, F., & Booth, S. (2009). *Learning and awareness*. Abingdon, Oxon: Routledge.

Nicholson, H. (2005). *Applied drama: The gift of theatre Basingstoke*. Basingstoke, U.K: Palgrave Macmillan.

Nightingale, F. (1980[1859]). *Notes on nursing*. Edinburgh: Churchill Livingstone.

O'Toole, J. (1992). *The process of drama: negotiating art and meaning*. London: Routledge.

O'Toole, J., & Lepp, M. (2000). *Drama for life: stories of adult learning & empowerment*. Brisbane: Playlab Press.

Quality and Safety Education for Nurses (2012). *Graduate-Level QSEN Competencies. Knowledge, Skills and Attitudes*. Retrieved 2015-08-23 from, <http://qsen.org/publications/related-links/>.

Rasmussen, B. (1991). "Å vaere eller late som om..." Förståelse av dramatisk spill i det tyvende århundre – Et dramapedagogisk utredningsarbeid ("To be or to pretend..." Understanding dramatic play in the twentieth century - A drama-educational investigation) (Doctoral dissertation, Trondheim). Universitetet i Trondheim.

Ryan, M. (2013). The pedagogical balancing act: teaching reflection in higher education. *Teaching in Higher Education*, 18 (2), 144-155.

Riksaasen Hatlevik, I-K. (2012). The theory-practice relationship: reflective skills and theoretical knowledge as key factors in bridging the gap between theory and practice in initial nursing education. *Journal of Advanced Nursing*, 68 (4), 868-877.

Rizzolatti, G., & Craighero, L. (2004). The mirror-neuron system. *Annual Review of Neuroscience*, 27, 169–192.

Rolfe, G. (2014). Rethinking reflective education: What would Dewey have done? *Nurse Education Today*, 34, 1179–1183.

Råholm, M-B., Hedegaard, B-L., Lofmark, A., & Slettebo, Å. (2010). Nursing education in Denmark, Finland, Norway and Sweden – from Bachelor’s degree to PhD. *Journal Of Advanced Nursing*, 66 (9), 2126-2137.

Schön, D. (1983). *The Reflective Practitioner*. New York: Basic Books.

SFS 1992:1434. (1992). Högskolelagen (The Higher Education Act). Utbildningsdepartementet. Stockholm. Retrieved 2014-05-11 from, www.notisum.se/rnp/sls/lag/19921434.htm.

SFS 1993:100. (1993). Högskoleförordningen (The Higher Education Ordinance). Utbildningsdepartementet. Stockholm. Retrieved 2014-05-11 from, www.notisum.se/rnp/sls/lag/19930100.htm.

Silius-Ahonen, E., & Gustavsson, M. (2011). To learn and not to learn – that is the question. *Procedia - Social and Behavioral Sciences*, 29, 809-818.

Sjöström, B., & Dahlgren, L-O. (2002). Applying phenomenography in nursing research. *Journal of Advanced Nursing*, 40 (3), 339-345.

Stenfors-Hayes, T., Hult, H., & Dahlgren, M. (2013). A phenomenographic approach to research in medical education. *Medical Education*, 47 (3), 261-270.

Sternudd, M. (2000). Dramapedagogik som demokratisk fostran?: Fyra dramapedagogiska perspektiv: dramapedagogik i fyra läroplaner (Educational drama as democratic education: Four educational Drama Perspectives: Educational drama in four curricula)(Doctoral dissertation, Uppsala). Uppsala: Acta Universitatis Upsaliensis.

Svensk Sjuksköterskeförening (2010). *Svensk Sjuksköterskeförenings strategi för utbildningsfrågor* (Swedish Nursing Association's strategy for education issues). Bromma. SFS.

Svensk sjuksköterskeförening, (2017). *Kompetensbeskrivning för legitimerad sjuksköterska* (Competence description for the registered nurse). Järfälla: Åtta.45 Tryckeri AB.

Thorne, S., Canam, C., Dahinten, S., Hall, W., Henderson, A., & Kirkham, S. R. (1998). Nursing's metaparadigm concepts: disimpacting the debates. *Journal of Advanced Nursing*, 27(6), 1257-1268.

Tight, M. (2016). Phenomenography: the development and application of an innovative research design in higher education research. *International Journal of Social Research Methodology*, 19:3, 319-338.

Travelbee, J. (1971). *Interpersonal aspects of nursing* (2nd ed.). Philadelphia: Davis.

Turner, V. (1982). *From ritual to theatre: the human seriousness of play*. New York: Performing Arts Journal Publications.

Watson, J. (1985). *Nursing: the philosophy and science of caring* (New ed). Boulder: Colorado university press.

Watson, J. (1999). *Nursing: human science and human care a theory of nursing* (New pr.). Boston: Jones and Bartlett.

Watson, J. (2007). Watson's theory of human caring and subjective living experiences: caritative factors/caritas processes as a disciplinary guide to the professional nursing practice. *Texto Contexto Enferm*, 16 (1), 129–135.

Watson, J. (2012). *Human caring science: a theory of nursing* (2nd ed.). Sudbury: Jones & Bartlett Learning.

Whittemore, R., & Knaf, K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52 (5), 546–553.

World Medical Association (2004). World Medical Association's Helsinki Declaration. Retrieved 2013-12-10 from, <https://www.wma.net/news-post/wma-declaration-of-helsinki-meeting/>.

Zbikowski, A. (2014). *Counteracting abuse in health care from a staff perspective: ethical aspects and practical Implications* (Doctoral dissertation, Linköping). Linköpings universitet.

Zull, J.E. (2011). *From Brain to Mind: Using Neuroscience to Guide Change in Education*. Sterling, Va: Stylus Publishing.

Åkerlind, G. (2012). Variation and commonality in phenomenographic research methods. *Higher Education Research & Development*, 31 (1), 115-127.

Österlind, E. (2011). Forum Play: A Swedish Mixture for Consciousness and Change. In S. Schonmann (Ed), *Key Concepts in Theatre/Drama Education* (pp. 247-253). Rotterdam: Sense Publishers.

Östern, A.L., & Heikkinen, H. (2001). The aesthetic doubling. In B. Rasmussen, T. Kjolner, V. Rasmusson & H. Heikkinen (Eds), *Nordic Voices in Drama, Theatre and Education* (pp. 110-123). Oslo: Idea Publications.