Using Forum Play to Prevent Abuse in Health Care Organizations: A Qualitative Study Exploring Potentials and Limitations for Learning

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ABSTRACT

Background: Abuse in health care organizations is a pressing issue for caregivers. Forum play, a participatory theater model, has been used among health care staff to learn about and work against abuse. This small-scale qualitative study aims to explore how forum play participants experience the potentials and limitations of forum play as an educational model for continued professional learning at a hospital clinic.

Methods: Fifteen of 41 members of staff of a Swedish nephrology clinic, primarily nurses, voluntarily participated in either one or two forum play workshops, where they shared experiences and together practiced working against abuse in everyday health care situations. Interviews were conducted after the workshops with 14 of the participants, where they were asked to reflect on their own and others' participation or nonparticipation, and changes in their individual and collective understanding of abuse in health care.

Results: Before the workshops, the informants were either hesitant or very enthusiastic toward the drama-oriented form of learning. Afterward, they all agreed that forum play was a very effective way of individual as well as collective learning about abuse in health care. However, they saw little effect on their work at the clinic, primarily understood as a consequence of the fact that many of their colleagues did not take part in the workshops.

Discussion: This study, based on the analysis of forum play efforts at a single hospital clinic, suggests that forum play can be an innovative educational model that creates a space for reflection and learning in health care practices. It might be especially fruitful when a sensitive topic, such as abuse in health care, is the target of change. However, for the effects to reach beyond individual insights and a shared understanding among a small group of participants, strategies to include all members of staff need to be explored.

Keywords: Abuse in health care, continued education, forum play, medical ethics, professional learning

Background

This article explores forum play as a continuing educational model based on the participatory theater. More specifically, it concerns the use of forum play as a model for health care staff to learn about and work against abuse in health care at a single hospital clinic. Forum play, developed by Byréus[1] and based on Boal’s forum theater,[2] has been used and evaluated as a model for staff to practice ways of intervening against abuse.[3-5] Different from traditional role-play, forum play invites the participants to act out situations that they have experienced and adds an element of value clarification through exercises.[1,6] As in Boalian forum theater, participants are never mere spectators, but always spect-actors, acting spectators, that are urged to intervene in the scene that is played.[2] At any time, participants can pause the scene and themselves test different courses of action and see how other participants deal with a situation that they together have

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defined as problematic. Forum play is based on a pedagogy that is critical, performative, reflective, and collective. In the current small-scale qualitative study, we aim to explore how participants reason about the potentials and limitations for individual as well as collective learning when using forum play.

There is a growing body of studies on different forms of abuse in health care organizations. Abuse has been studied among specific patient groups including older people, children, and adolescents at a psychiatric hospital, children with disabilities living in institutions, as well as in clinical and population samples covering abuse in any health care setting. Even though there is a lack of consensus about a clear definition of abuse, it has been described as a form of patient harm or suffering, implying a loss of human value or dignity, experienced directly by the patient herself or perceived as such by staff, and can be unintentional. Examples of abuse described in the literature include nurses’ slapping of patients and a midwife answering a private call during a delivery, staff ridiculing a patient for his looks, or a doctor ignoring a woman’s pain when anesthesia was not working.

In a set of Swedish studies, forum play was found to increase staff’s awareness of abuse and their perceived ability to take action if they were to witness situations of abuse. One study also showed the potential of a forum play model to break the taboo status of abuse at a women’s clinic. It has also been concluded, however, that there could be limitations to the use of forum play as an educational model at the clinic. For example, its voluntary character attracts those who recognize abuse as a relevant problem to work on. The issue of exactly what limitations participants identify and how they affect the potential of forum play as a method to counteract abuse has not been studied before and is the topic of the present study.

The educational model
All staff at a nephrology clinic (n = 41) in the south of Sweden were invited to voluntarily participate in forum play workshops with a focus on abuse in health care. In August 2013, all staff were recommended to register for at least two out of six workshops that were scheduled between September 2013 and January 2014. The workshops were planned during work hours and took place in a hospital conference room. Ultimately, three workshops were cancelled since too few participants registered (<8) and another was cancelled for other reasons, so only two workshops were conducted. An additional workshop was offered in March 2014 but too few staff signed up. Ten staff members participated in the first workshop, eight in the second one (of which three staff members already had joined the first). In total, 15 staff (37% of all staff at the clinic) participated at least once.

The workshops were led by a professional drama instructor trained in forum theater and forum play. The workshops started off with drama exercises with all participants and collecting of situations of abuse that the participants had experienced or heard of. After that, the group selected the situations that they found most interesting and wanted to work with. Accordingly, each situation was shown in a short role-play by a few participants that clearly demonstrated the problem, usually seen from the perspective of being a bystander to abuse. Other participants were encouraged to stop the play and take the place of the protagonist in order to test another course of action, and the scene was re-played until all ideas had been tested.

Methods
Design
A qualitative research design based on a constructivist grounded theory methodology was employed. This methodology has developed from original grounded theory as developed by Glaser and Strauss but incorporates a constructivist epistemology that builds on situated knowledge.

Participants and material
The fifteen members of staff who participated in at least one forum play workshop were asked if they would consider being interviewed, and all but one agreed. All fourteen interviews were conducted during the spring of 2014 by the second author, who had not been involved in work with forum play before the time of the interviews. Twelve informants were nurses, one was a nutritionist, and one an auxiliary nurse, and all of them were women. They ranged in age from their early twenties to their sixties, and half had worked for 10 years or more at the studied clinic.

The semi-structured interviews were conducted during work hours at the clinic. They lasted between 20 and 70 minutes and were recorded and transcribed verbatim. The questions posed concerned the informants’ expectations before the forum play and how they discussed the workshops with colleagues and negotiated their own and others’ participation. Their experiences from the forum play day were the focus, as well as their thoughts on what happened in their work place after the workshops. Before each interview, the informant was informed about the aim of the study, that participation was voluntary, that she could choose to end it at any time, and that her identity would not be disclosed. All informants gave their written consent. The forum play research project was approved by the Regional Ethical Review Board (reg. no. 2013/242-31).

Analysis
Following the study design, we applied Charmaz’s guidelines for coding in grounded theory studies. Both authors individually performed an initial coding, while focused coding and theoretical coding were performed in joint discussions.
The entire analysis was comparative in its character in that both authors constantly compared codes to other codes, within and between interviews, and went back and forth between codes and the interview transcripts.

**Results**

The analysis resulted in three categories that each address the informants’ reasoning about participating in forum play and using it as a method to counteract abuse.

**Before forum play: Contrasting expectations**

This category captures the informants’ initial thoughts and feelings when deciding upon signing up for participation, and reflections upon others’ nonparticipation. Most informants were either very excited about the form of the educational model or felt uneasy at the thought of role-playing, exposing oneself, and being at the center of attention.

So, I cannot say anxiety, that’s too strong a word, but a little, yes I flinched a little when I heard about forum play and that we would be exposing ourselves and so on (Informant 2).

In contrast, the informants uniformly stressed that the topic was important, mainly because it is ethically relevant, it happens frequently, and concerns everyone. Nonetheless, some clearly negotiated with themselves as they did not see participation as the obvious choice. For them, other things such as personal development could be reasons to participate anyway.

First I did not plan to participate at all, because it was voluntary to sign up. But then there was someone who said that you should work on your (laughs a little) shortcomings in life, or something like that. So then I thought “Ah well, then perhaps I should join in” (Informant 2).

Many informants believed that their colleagues who did not participate had engaged in similar negotiations with themselves or others, but decided not to participate. Their assumption was that the drama part had scared many of their colleagues, but they also mentioned that the topic could have been problematic. Some noticed that “those who needed to be there were not there” (Informant 1) and that it might have been difficult to participate for those who felt they had been involved in situations where patients felt abused. Some informants also mentioned their colleagues’ time constraints and problems with their schedule. Informants principally based these explanations on assumptions, as very few had actually heard their colleagues’ stories. The informants stated that people had not talked much about the workshops during the time that people could sign up.

**During forum play: Active learning once beyond thresholds**

This category consists of stories that are connected to uneasiness felt by many of the informants before the workshop and how they actually experienced elements that frightened them. Many informants described their experiences of the workshop as a process of getting over thresholds, to get courage to actually expose themselves, play roles, and intervene.

Interviewer: How was the first round you did, the first part of role-play, how did it feel?

Well, it was still… I was a bit nervous. But that made me sort of let go of some inhibitions, it loosened me up a little, because everyone was showing off and no one could escape really. That was really good; it actually made us all dare a bit more (Informant 6).

During the break in the workshops, many agreed that “it wasn’t that bad” and described how quickly they felt safe and got used to the situation. Some informants gave explicit credit to the drama instructor for creating such an atmosphere. Whereas forum play initially separated the informants into drama lovers and sceptics, eventually, they were unanimously enthusiastic about the method and would recommend anyone to join if given the chance.

The informants also reflected upon active participation in forum play as opposed to passive listening in traditional education. One informant told that it was better than expected.

Partly because of this way of working, with theater and drama, so that you take along your feelings instead of someone saying “this is how it is”, rambling on and showing overhead images. To be a part and act (…) I thought it was a good way to work (Informant 3).

Playing roles was something that evoked different emotions, including enjoyment, discomfort, alienation, frustration, and astonishment. Informants emphasized that learning did not take place in isolation, and stressed the importance of ongoing interactions with colleagues.

I felt that was quite nice, the fact that we tested things and got an immediate response from the people around us. Like, what happens if I do this? Because when you say things, you really do not know, you can only guess how people will respond. Now you got that response immediately (Informant 10).

The presence of others was not only important in relation to how they learned, but also to what was learned. From sharing their experiences with one another, they became more aware...
of how common abuse in health care is. That every single participant in a forum play had either witnessed or themselves been exposed to some kind of abuse in a health care setting, as a patient or at work, was something they did not expect. The frequency of abusive situations in their work, and the differences in how people perceived the same situation, was important in their learning process.

After forum play: Individual changing of perspectives versus collective status-quo

The informants’ reflections about what they learned from the experience reveal an interesting paradox between the individual and the collective work place level. On an individual level, all informants agreed that they had learned a lot in the forum play experience, as they were given food for thought about the ways in which they interact with patients. The concept of “eye-opener” recurred in the interviews.

I think about abuse in a different way than I did before (...) my eyes have been opened to how common it actually is and that it happens (Informant 2).

This informant said that she now thought differently about everyday situations at the clinic, realizing that patients might perceive some situations as a form of abuse. This insight was expressed by several of the informants, who stated that they had learned that abuse in health care can occur in everyday situations, and may be perceived as quite plain and mundane by a medical practitioner, but found to be abusive by the patient. The biggest challenge for the staff, when it comes to putting what they learned in the forum play into practice at their clinic, was to step in when they saw a situation when a colleague was behaving badly toward a patient or a colleague. In spite of practicing these very situations in the forum play, none of them stated that they felt ready to step in if something happened, and they struggled with that insight. "I'm too much of a coward", one informant said about the time when a patient was crying in her office after being treated badly at the clinic, and she felt unable to confront her colleague about it. Another nurse reflected on why it was so difficult to step in.

I guess I don't want things to get tense, or have problems with a colleague that you can't sort out so I think it is a lot more difficult to put my foot down in these situations (than in private situations), you want to keep the group together and you shouldn't criticize one another (Informant 10).

Despite new insights, most of the informants could not see any change in their work after the workshops. A few of them mentioned that they changed minor aspects of their work, for example lowering their voice when talking to a patient about details of their treatment when others were present in a room. And although they did see collective gains among those who participated, such as a shared vocabulary and a joint understanding of what abuse in health care can be, most stated that nothing had really changed in their everyday work. This was mainly attributed to the fact that less than half of the staff at the clinic participated (and, which only one of them mentioned, none of the doctors or managerial staff).

I don't think we had ever really discussed abuse before at all. It's a shame then that everyone wasn't there because if everyone had been there, it would have been different (...). If everyone had joined we could have discussed this more (Informant 3).

From the informants’ accounts, it seems that the number of colleagues that took part was a crucial link between the individual insights and increased reflexivity on the topic on the one hand, and a change in everyday routines and the interaction with patients on the other. For the step to be taken from the eye-opening forum play experience to a different way of working, the informants found that it could not be limited to a group of colleagues who shared an understanding of the concept of abuse in health care.

Discussion

In line with previous research, the current study shows how participation in forum play can positively affect health care professionals and raise their awareness of abuse in health care.[2,3] Through active and collective learning, the informants found that this method opened their eyes to issues of abuse in ways that could help them in their daily work. This part of the results adds to studies that demonstrate how drama pedagogy can contribute to attitude changes in a medical context.[2,3,4] However, the present study suggests that staff’s nonparticipation problematizes and limits the learning effects of forum play as an educational method.

A key to forum play as a learning experience was that participants were active, or spect-actors in Boalian terminology,[5] rather than just passive listeners. The informants experienced the emotional as well as physical sensations connected to the situations they acted out together. Acting together was crucial for the understanding of abuse that they collectively constructed, based on their own individual experiences. The fact that they had all witnessed or been exposed to abuse in health care profoundly changed their understanding of the subject. By discussing and acting out the situations that they shared, they learned that abuse was something they had all experienced, that it happened at their clinic, and that their own actions could make a difference. Breaking the silence, through forum play or other methods, may be one of the most important steps in preventing abuse in health care.[5]

In the interviews, the informants reflected upon the participation as well as nonparticipation of their colleagues,
revealing some interesting tensions within the clinic. In the interviews, there were numerous accounts which mentioned “us.” The informants stated that those who chose to participate may have been slightly more aware of the kinds of issues that were addressed in forum play, that they reflected more, and were more focused on treating patients in a respectful manner. In addition to the demarcation constructed by the informants between participants and nonparticipants, other demarcations may be relevant for the potential and limitations of forum play in a clinical setting. Although only one informant mentioned this as a problem, it is interesting to note that neither doctors nor the manager was present during forum play, meaning that the “us” was formed around a collective of nurses. Health care organizations tend to be structured around occupational demarcations, for example between nurses and doctors, men and women, or between professional specialties.[26,27] Attempting to prevent abuse in health care does touch upon such occupational divisions, for example in terms of professional ethics, identity, and autonomy. Finding ways of including most of the staff at a clinic can be a way to avoid reinforcing such demarcations.

An important reason for not participating, according to the informants, has to do with the form of this educational model. They believed that many nonparticipants were partly intimidated by or sceptical toward the drama element of forum play. This can be mirrored by criticism of the medical humanities, an interdisciplinary field of teaching activities that aims to reconceptualize and humanize health care.[28] A common criticism against the methods of the medical humanities is that they are not clinically relevant and that it is hard to see how reading a poem, or acting in a play, can improve patient care. In addition, it can be argued that these methods may pose a threat to practitioners by asking them to expose their own vulnerability. Shapiro et al. hypothesize that underlying these and similar criticisms lies the dominance of a biomedical narrative, which risks downgrading any humanistic effort.[29] In such a narrative, the humanities are considered marginal, an enjoyable bonus rather than as a way of improving health care. Shapiro et al. suggest that one way out of the margin is to integrate the humanities in already existing required parts of medical training.[28] It would be worthwhile in future efforts to see how work with abuse in health care, e.g., through forum play, can be integrated in a clinic’s continued education. In order for such efforts to be fruitful, we argue that, first, the targeted issue needs to be framed as such that it concerns all occupational groups. Second, we argue that it is key that the management is involved in the educational process.

Finally, some methodological considerations need to be discussed. This is a small-scale study, analyzing learning processes at a single clinic with a single drama instructor. This should be taken into consideration when interpreting the findings. Furthermore, the interviews were conducted about 6 months after the forum play workshops. Most informants were worried that they would not remember much about the forum play (but as it turned out, they remembered quite a lot). Had the interviews been conducted shortly after the workshops, they might have given more detailed accounts of the experience. However, the time that had passed since the workshops was crucial for the results as they had more time to reflect on what they had learned, and that they could account for how the experience had affected their work in the longer run.

The analysis of how forum play was used at the clinic was in this study limited to forum play participants. Including nonparticipants, although both ethically and methodologically problematic, might provide another understanding of scepticism and resistance toward this kind of learning situation. In future studies on similar educational efforts, we therefore recommend that an element of ethnographic method is included. For example, situations where participation is discussed amongst colleagues can be studied using such an approach, providing a deeper insight into staff’s motivation and resistance. It would also be possible to observe how insights from the educational effort are (or are not) channeled into their work afterward. Moreover, expanding the current study, it would be valuable to analyze how these educational efforts are understood and implemented differently in multiple clinical settings.

**Conclusion**

The informants in the current study were unanimously positive about forum play as a method to learn about and work together on the issue of abuse in health care. In concordance with earlier studies, it was shown that forum play offered ways to actively explore this sensitive topic and gain a shared understanding. While the informants emphasized that collective learning could result from forum play, this did not reach beyond those who participated. For forum play to be a form of continued education, leading not only to shared insights and raised awareness among participants but also to practical changes at a clinic, strategies to include all members of staff seem crucial.

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**Conflicts of interest**

There are no conflicts of interest.

**References**