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Planning of knowledge dissemination in health and social sciences through research-based theatre under the Covid-19 pandemic

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Page 1-6



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INTRODUCTION

As a researcher, I am obliged to spread scientific knowledge to a broader audience, including to those outside the research community. To disseminate research in an effective and engaging way, I plan to adopt art-based knowledge translation (ABKT), a process that uses diverse art categories to communicate research with the goal of enhancing dialogue, awareness, engagement, and advocacy to provide a foundation for social change (Kukkonen & Cooper, 2019).

One of the strategies of ABKT that I am particularly passionate about is research-based theatre (RBT). RBT can reach audiences in a way that journal publications or academic lectures cannot. It offers a multi-disciplinary platform that allows the impact of research to extend its reach beyond academic publications and presentations (Hundt et al., 2019). It is apparent that theatrical performances for dissemination of results from health and social sciences have a wide spectrum. Evidence is found in different clinical specialties, in particular: neurodegenerative diseases (Argyle & Schneider, 2016; Gjengedal et al., 2018), cancer (Gray et al., 2003), contagious diseases (Bosompra, 2007), and (traumat-

ic) injuries (Colantonio et al., 2008). Furthermore, patients' stories of receiving health care (Rosenbaum et al., 2005) can also be communicated through this medium. Therefore, the results from my PhD research project will be disseminated in a short, original, and interactive theatrical performance that targets the wider audience of healthcare students, practitioners and leaders with an aim to enhance recognition and understanding of the concept of telemedicine (video consultation) self-efficacy among practitioners. This topic needs attention because, due to the Covid-19 pandemic, practitioners in Norway have significantly increased the use of video consultations; however, there is still little known about self-efficacy in providing such services to patients.

This theatrical performance will be created with participation from a local international amateur theatre group in Stavanger and is intended to be presented at the University of Stavanger in 2023/24. The planning process is taking place now, in the middle of the Covid-19 pandemic, and will therefore revolve around this topic. As a result, many central questions have arisen concerning the conditions of organizing this performance.

What if the pandemic is not over

at the time of production and the actual performance? Is it a good idea to arrange such an event for medical practitioners and gather them together in one place? How might the artistic process of script writing be influenced by the pandemic? What solutions will I possibly need to implement during lockdown restrictions, such as physical distancing? How might this affect the artists and audience? Undoubtedly, planning for RBT in a time of crisis (pandemic) may be challenging and demanding. In this paper, I first intend to present some of the benefits of RBT in health and social sciences to justify my choice of artistic dissemination. Second, I intend to present selected predicted challenges due to the Covid-19 pandemic, which may affect my plans for RBT.

“**Research-based theatre can reach audiences in a way that journal publications or academic lectures cannot**”

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What solutions will I possibly need to implement during lockdown?



Foto: Tord F Paulsen.

THEORETICAL FRAMEWORK

My interest in knowledge dissemination through RBT was initiated and guided by a selected theory and its concepts. The present chapter presents theoretical considerations to explain why experiencing a theatrical performance may be valuable. It might even, in some cases, have therapeutical potential for the audience. Decisions about how and the extent to which practitioners will be involved in the process of creation and in the interactive part (discussion after performance) of this theatrical performance have yet to be conducted; therefore, the following chapter applies to practitioners as audience members only.

The essence of the theatrical performance will be influenced and based on the research results (and created after collecting results) from my PhD project, which is inspired by the self-efficacy theory of Albert Bandura (1997). Self-efficacy refers to individuals' beliefs about their capabilities and capacity to execute courses of behaviours necessary to attain designated performances (Bandura, 1977, 1986, 1997). In other words, it is a belief that they can successfully perform the required behaviour (under different circumstances). In the present project, telemedicine (video consultation) self-efficacy will be related to perceived capacity among practitioners to execute behaviours required to perform video consultations with patients.

It is intended that the theatrical performance will play a dual role.

First, it may encourage learning and increase knowledge about video consultation self-efficacy in practitioners among the audience. Second, it might also work as a medium for increasing video consultation self-efficacy itself among the wider audience. But how would it work? Two sources and ways of increasing self-efficacy: vicarious experience and verbal persuasion (Bandura, 1977) captured my interest. Vicarious experience describes where individuals who see the actions of other individuals may learn a behaviour and generate expectations that they will improve

if they intensify and persist in their efforts (Bandura, 1977). By watching the performance and observing the actors on the stage, audience members (practitioners) may learn about different behaviours, scenarios, and potential solutions to challenges related to video consultations. This may especially have an impact as the audience watches the individuals (actors on stage) who may look familiar. Perceived identification and comparison to actors and situations (life events) on stage may therefore activate a whole spectrum of emotions (also unconscious) among the audience. After all, the theatrical performance is not a real-life (situation), and the audience will recognize that. Stimulated emotions might then vanish shortly after the performance and the discussion planned afterwards, releasing a potential build-up of tension.

The second concept (which may be a source of self-efficacy) is verbal persuasion. Verbal persuasion is where individuals are persuaded to believe they can cope successfully with what has previously been challenging by getting verbal encouragement from others (Bandura, 1977). Therefore, words (dialogues and monologues) spoken in this theatrical performance might be remembered and recognized as verbal encouragement. This might prompt audience members to reflect on their own performances, and then, as a result, improve their behaviour patterns and skills.

Summarizing the above, I will keep in mind these two concepts (vicarious experience and verbal persuasion) while writing the script for theatrical performance. Watching the theatrical performance may have a positive impact on the audience and may have the potential to promote improvement of video consultation self-efficacy, thereby reducing stress and improving the well-being of the audience members. I hope, therefore, that the audience will gain a whole spectrum of positive outcomes in the form of new perceptions and both personal and professional development.

PERCEIVED BENEFITS

In health and social sciences, RBT is still an innovative choice, even

though formal ties between theatre and research dissemination were developed some time ago. In the literature, I found examples of successful theatrical dissemination from previous research. Argyle and Schneider (2016), who disseminated knowledge about dementia, reported that a performance like this was well received by attendees, who demonstrated high degrees of cognitive and emotional engagement, and that these positive reactions were sustained over time among the audience. Similarly, results from Gjengedal et al.'s (2018) project, which yielded insights into what it is like living close to persons with dementia (also using theatrical production), also provide evidence on the positive impact of theatre. The conclusion from their study is that drama creates engagement that enables people to transcend their personal experiences and gain new knowledge. Gray et al. (2003) described their work in translating findings about the experiences of men with prostate cancer and their spouses in a dramatic production. Many participants indicated that after attending the performance, they gained awareness about the issues when facing prostate cancer patients and that the production reinforced their positive attitudes toward patients. The authors concluded that dramatic forms offer a viable means to communicate information about how professionals can be helpful to patients. Furthermore, the findings from Bosompra's (2007) paper confirm that watching a drama about AIDS-related topics does increase knowledge about AIDS, and that it could also lead to changes in sexual behaviour. Colantonio et al. (2008), who transferred knowledge about traumatic brain injury to health care professionals, managers, and decision makers in a dramatic play, indicated that theatrical performance is an efficient and engaging method of knowledge transfer, especially when it uses complex material that deals with emotions and relationships. Their results support the effectiveness of

dramatic performances as a knowledge translation dissemination strategy and demonstrate that the production may have positively impacted the practices of audience members. Similarly, Rosenbaum et al. (2005), who described the development of a theatrical performance based on patients' stories of interacting with health care providers and performed by medical students, also reported positive findings. Theatrical performance, in that project, is an effective instrument for increasing these students' awareness of patients' experiences and perspectives of illness.

A theatrical lens provides creative insight into planning and carrying out dissemination of ideas. It stimulates engagement of emotions and more empathic participation, encourages creative responses, prompts audience engagement, inspires new forms of public dialogue, and may advocate for social changes. RBT raises our awareness of important health and social issues and offers a starting point for further inquiry and action. The presented examples of successful theatrical disseminations from previous authors highlight just a part of the evidence available in the literature. Evidence about the effective use of theatrical productions for the dissemination of health and social sciences research knowledge is still growing.

PERCEIVED CHALLENGES

The Covid-19 pandemic has influenced the whole world. In fact, the Covid-19 pandemic is the reason why my project will be conducted in the first place. The theatrical performance is expected to rely on focus group interviews with professionals who started using or increased their use of video consultations as an alternative to face-to-face (physical) meetings with patients, with the aim of decreasing the spread of SARS-CoV-2 among patients and hospital employees. Although the Covid-19 pandemic itself was an initiator for the content of the theatrical performance, it may also influence the feasibility and form of my artistic endeavours as I plan and produce this performance. In this part of the paper, I will present selected

preliminary challenges I have identified and divided into three categories: challenges related to data collecting for script content, challenges related to ethics, and challenges connected to performance conditions.

Challenges related to data collection for script content

Script writing will be a creative process that is based on results and conclusions after the research has been conducted; therefore, it is essential for me to complete the background research effectively. The theatrical performance will rely on and contain stories, dialogue, perceptions, and experiences, and this indicates a significant need to obtain sufficient data for analysis. A good portion of the content of the script is expected to come from a qualitative study that forms part of my PhD. Gathering data for a qualitative study means interviewing study participants, which, in my case, presents a need for focus group interviews with doctors, nurses, and psychologists at the hospital.

What if I will not be allowed to conduct such focus groups because of Covid-19 restrictions? The plan is to start working on this research project at the end of 2021 or the beginning of 2022. This is soon, and with yet another increase in the horizon, uncertainties arise around whether there is enough capacity, if there are suitable platforms or solutions in place, and what kind of adjustments the chosen method will need to guarantee feasibility.

Challenges related to ethics

Ethical issues may also arise during the Covid-19 crisis. Whether it is an acceptable idea to arrange a gathering of practitioners and hold a party afterwards – meaning to gather crowds in one place – must be thoughtfully answered. As we know, medical practitioners and healthcare students play an

important role in fighting the pandemic, and attendance at such a gathering involves a higher risk of being infected or of spreading the virus to others. Similarly, there are other questions: should the actors have close interactions during the rehearsals? During the actual performance, should they interact with the healthcare providers? Perhaps there will still be a need for social distancing, meaning a minimum distance (one to/or two metres) – if so, I will need to prepare the script according to situation, possibly adapting to various conditions.

Challenges connected to theatrical performance conditions

The theatrical performance is preliminarily scheduled to be held in 2023/2024. I intend to hold both the rehearsals and the final performance at the University of Stavanger.

“ In fact, the Covid-19 pandemic is the reason why my project will be conducted in the first place

The location has been purposely chosen, as I want future practitioners (nurses, paramedical) and other health care practitioners to see this play as well. There is

also a big venue/stage/auditorium available at the university in the Faculty of Health Sciences. However, because of the changing nature of restrictions in connection to Covid-19 that have been introduced by the government, it is difficult to say what restrictions will apply at the time of production and the actual performance. I have, myself, witnessed plenty of times when productions of the theatre group I belong to have been postponed or impacted in one way or another, which has generally been due to limitations about how many people can be together in the same place and time. As the theatre group runs a rather tight schedule that involves other projects, plays, and arrangements, there is a chance that the above-mentioned changes may overlap with other engagements and thus the availability of the actors. There are hybrid solutions that I may need to consider. For example, the performance of the theatrical group, held in January



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2021, was acted out on the stage by the actors, but streamed on the internet for the audience. This situation worked as a stimulant to creativeness, as streaming online of theatrical performance has never been done before in our group. Another possible solution is to combine theatre and film; thus, to make a video of the performance, without the audience, which offers another productive opportunity. These alternatives, which maintain the main principle of theatre, severely impair the possibilities of close interaction between the spectators and the actors.

The consequences of the challenges presented above can be diverse

and vary in severity. The effect might be that the outcome will not fully correspond with my original artistic vision. Still, the essence of knowledge dissemination will be maintained. I still, however, expect that my working situation and the actual work on the performance will change only marginally, and that it will be affected by the current pandemic in only a moderate way.

At the same time, I am positive that some of these challenges may introduce new perceptions and understandings, thus creating new and better solutions for future RBT projects.

CONCLUSIONS

RBT has the potential to be a powerful tool for communicating research knowledge.

It raises understanding and awareness, and thus may be a great opportunity for dissemination purposes for health and social sciences researchers. In particular, when research findings are about perceptions, experiences, self-beliefs, and emotions, RBT does seem to be an interesting option to make all these things visible on a stage and in a spotlight, with actors who not only transmit raw information and facts, but also the feelings that come with them. Turning a formal lecture or journal publication into a rather informal and interactive theatrical experience may not only make the information more memorable, but it may also encourage the audience

to spread the word, thus promoting and advocating the work's deeper message among wider circles.

On the other hand, unfortunately, the production of theatrical performances may also pose a potential challenge in crisis times, such as during the current pandemic. Automatically, implementation of certain solutions and measures will likely be needed in order to comply with possible lockdown restrictions. This might affect both the artists and the audience. Although Covid-19 itself may impact or inspire new artistic projects, researchers and artists need to be aware that restrictions might change the way they work and may influence the process of production and the result. The challenges relating to the Covid-19 pandemic that my research project will face have yet to be identified in detail and/or dealt with. Surely the responsible and creative side of me will find suitable solutions, which I cannot wait to share when the right time comes. More on this matter will follow.

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