



Short report

A short report on knowledge exchange through research-based theatre: 'Inside out of mind'



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ABSTRACT

The short report describes the development from page to stage of a work of theatre based on an ethnographic study. The originating research focused on the work of health care assistants (nurse's aides) whose direct impact on the quality of life of highly dependent people is often overlooked. The research followed hospital personnel on wards specialising in the 'challenging behaviour' associated with dementia in central England. Conventional research outputs failed to engage the health care assistants themselves, so we turned to theatre to remedy this. The development of the field notes into theatre was characterised by the artistic freedom given to the playwright, in contrast to more data-led approaches to theatre making. The account of the process of creating the play, *Inside Out of Mind*, is followed a description of how the work was received by specialist and general audiences totalling 2000+. The discussion seeks to locate the whole enterprise in relation to the field of research-based theatre and explores how the production and its associated learning events relate to definitions of research-based theatre in the light of recent attempts to encapsulate this broad and diverse methodology.

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1. Background

Research in health care seeks improvements overall but changing minds is not enough: research needs to act on how people feel about things as well as what they think, and in a complex health care environment this is particularly difficult because of the need to influence groups and organisational cultures as well as individuals. This report describes a project which aimed to influence health care workers caring for people with dementia by creating a piece of theatre, based on field notes gathered in the course of commissioned, qualitative research on dementia wards. Alzheimer's Disease and related disorders (which we refer to here as dementia) pose a major challenge with implications for how developed societies prioritise their health care budgets. The focus of the initial study was the work of health care assistants (HCAs) in England, called 'nursing aides' in some other countries (Schneider et al., 2010). These people typically have no professional

registration but they often make up the majority of hands-on carers for people with dementia. HCAs have not been studied much except from a management perspective (Bach et al., 2008) but they are an area of growing concern (RCN, 2012). In England the job requires no formal qualifications, the working conditions can be stressful and there is seldom time for training or supervision. The initial study's purpose was to inform central UK policy and planning for that workforce (see disclaimer). The project presented here was conceived post-hoc and evolved incrementally as resources became available. The project was driven by the research team's conviction that the findings should be disseminated effectively to the workforce we had observed. We also believed that the working lives of these carers would be of interest to a wider audience, including the health service and the general public. We saw dramatization as a means to open up our findings and to embody them, complementing the formal publications and enabling new interpretations of the data.

1.1. Originating research

The research, designed as a multi-site mixed-methods study using participant observation, interviews and focus groups, recruited two Master's-level and one postdoc researcher, authors

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KS, JM and SB, who worked as participant observers while also working as health care assistants on dementia wards. The aim of the study was to explore the stresses, coping strategies and rewards of caring for people with advanced dementia. Formal ethical approval was granted by Derby local research ethics committee on behalf of the national committee, COREC. Staff members were briefed by the chief investigator about the study and visitors were notified that the research was ongoing through posters on the wards. Staff could choose if they wished to have their data excluded from the analysis (none did so). It is important to note that direct observations of patients were not part of the study, so no consent was sought from them and the ethnographers observed staff, rather than patients or visitors to the wards. Obtaining informed consent from those who lack capacity and their carers is, like many aspects of dementia care, an ethically grey area. Our approach, approved by the ethics committee, enabled us to overcome this potential obstacle whilst still representing the reality of life for both patients and staff on the wards.

The researchers collected field notes at three sites over a total of four months' participant observation, they also interviewed 30 individuals altogether and conducted at least one focus group in each site. They produced about 600,000 words, but the report to the research funders had to be no more than 40,000 words long. This addressed key themes concerning the workforce: stress, ward management, involving family members, inter-professional working, positive and negative aspects of team identity, attachment and loss. However, it only permitted us to deal briefly with some of the most compelling data, partly because we were not formally observing patients and partly because this went beyond the purpose of the commissioned research. To convey the comedy and tragedy of life on the wards we turned to theatre.

1.2. Theatre and knowledge exchange

HCA's have few opportunities for professional development and were not likely to read our formal publications. Therefore the findings of the study were mainly restricted to an academic and policy-making audience that accessed them through conference presentations and formal publications (Lloyd et al., 2011; Scales et al., 2011; Bailey et al., 2013) with one article in a practitioner journal (Schneider, 2010). We felt an obligation to share the findings effectively with the people who had permitted us to observe their work, in the hope that this might help to improve dementia care – broadly, by enabling the practitioners to reflect on the job, increasing their awareness of the personhood of patients and of their own needs for recognition and respect. Feedback sessions by the research team held between shifts attracted only a handful of health care assistants, for reasons which were difficult to ascertain. Yet the field notes contained vivid, compelling and inherently dramatic accounts of the daily work of the wards, and we wanted to make this reality better known, both to HCA's themselves and to a general audience including other NHS personnel. We saw the re-enactment of a dramatized version of life on the ward as a means to make this closed environment widely accessible.

The research team intuitively recognised the superiority of drama over text when it comes to portraying the multidimensionality of human experience. In fact, led by pioneers (Mieczkowski, 1995; Denzin, 1997; Saldaña, 2005) and others, the 'ethno-drama' tradition has systematically gathered data for the express purpose of communicating the findings in theatrical forms. This has shed light on cancer (Sinding et al., 2002), homelessness (Finley and Finley, 1999) and racism (Goldstein, 2001) as well as dementia (Kontos and Naglie, 2007), with at least one study reporting a 'shift' in attitudes towards dementia on the part of

health care personnel following attendance at a theatrical presentation (Jonas-Simpson and Mitchell, 2005).

Typically, ethno-drama begins with the intention of producing a dramatisation as a means to communicate research findings. In our case, this was an unplanned and unanticipated output, but one that responded directly to the field notes and was consistent with our felt obligations to engage the participants of our observations, health care assistants, with our findings. The implications of this response for bridging applied social research and the arts warrant investigation. We discuss them here in relation to a theoretical framework which has been put forward by Beck et al. (2011) to enable comparisons and differentiations to be made amongst divergent approaches to research-based theatre. Building on typologies of research-based theatre developed by Denzin (1997) and Rossiter et al. (2008), Beck et al. (2011) propose a two dimensional framework, with the axes 'research' and 'performance'. This characterises **research** along a continuum with four reference-points: systematic research; more informal yet still first-hand research; second-hand research; and casual enquiry. The framework also offers four reference-points for **performance**: researcher-only or closed performance; research stakeholder performance; aesthetic and stakeholder performance; and aesthetic performance. Having described the evolution of our research-based theatre project below, we will seek to locate it in relation to these points on the research-performance axes.

2. Methods

2.1. Commissioning

The script was commissioned from a local theatre company, Meeting Ground, through a contractual agreement with the university. This entailed a confidentiality agreement to give access to the field notes, which had been fully anonymised so that no individual could be identified. An Independent Theatre Company (ITC) contract defining rights with respect to the script and any productions was also made. Meeting Ground Theatre Company's experience and track record lie in what is called 'politics of the imagination', based on the principle that imagination is a route to understanding and insight into the worlds of others. Fortunately, the theatre company founders had been influenced by the work of Augusto Boal, who founded the Theatre of the Oppressed, using drama to challenge injustice and raise the consciousness of participants (Boal, 1993), so their approach was to empower the research participants through drama.

Unlike some theatre commissions which have explicit educational objectives or messages to deliver, since the final report had been submitted and their contractual commitments to funders were met, the research team chose to give total freedom to the playwright, Tanya Myers. Support was provided by Dr. Stephen Lowe with responsibility for the artistic development, and steering the work to completion. This entailed giving the playwright and other creative artists (set, costume, sound and lighting designers as well as the director) freedom to explore the work's individual sense of form and beauty. Researchers and artists shared the conviction from the outset that drama generated through this creative and imaginative process would have the potential of reaching a wide general audience, provided it was unconstrained by 'worthy' or didactic aims that might make it instructive rather than inspiring.

2.2. The creative process

The script development took 14 months, during which playwright immersed herself in the field notes but also read many papers and books on dementia and drew on her own experiences of

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