Just Because I Am A "Student" Does Not Mean I Should Tolerate It: Students' Perspectives of Forum Theatre to address Bullying In Nursing Education

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The CRAB by Skye Maitland, UBC BSN, 2018[*]

Bullying in nursing and nursing education has a long history and continues to be pervasive in the profession (Birks et al., 2017, 2018; Bowllan, 2015; Budden et al., 2017; Clarke et al., 2012; Daly et al., 2020; Gillespie et al., 2017; Hartin et al., 2020; Jack et al., 2018; Jackson et al., 2011; Krut, 2021; Seibel & Fehr, 2018). Its prevalence is alarmingly high, with findings from some studies revealing that 35.5% (Birks et al., 2017) and 42% of students in the United Kingdom (Tee et al., 2016), as well as 50% of students in Australia (Birks et al., 2017; Budden et al., 2017), had experienced bullying. In Canada, the numbers are even higher: 88% of students in Clarke et al.'s (2012) study and, more recently, 70% of students in MacDonald et al.'s (2021) reported they had experienced bullying.

Witnessing or experiencing bullying can leave students feeling anxious, inadequate, angry, embarrassed or humiliated, confused, depressed, or fearful (Budden et al., 2017). Bullying has also been noted to negatively affect student's patient care (Tee et al., 2016) and to motivate students to think about leaving the profession (Budden et al., 2017; Tee et al., 2016). It is a serious and longstanding issue, and as noted by Seibel and Fehr (2018),

> Failure to address the issue of bullying in nursing education contributes to bullying in the profession and creates an atmosphere of distrust between students and faculty… The net effect of bullying in healthcare is the creation of an unwelcoming, if not hostile work environment. (pp. 66–67)

As a group of students and faculty in a Canadian research-intensive university school of nursing, we are particularly concerned about the bullying of students. Because the high prevalence of bullying in nursing education is already well documented in scholarly literature (Birks et al., 2017; Budden et al., 2017; Clarke et al., 2012; MacDonald et al., 2021), we have been focusing our work on (a) raising awareness of what constitutes bullying (O'Flynn-Magee, Rodney, et al., 2020), (b) developing policies for students to use if they witness or experience bullying (O'Flynn-Magee, Rodney, et al., 2020), (c) stimulating discussion and exploratory debate (Middlewick et al., 2012), and (d) supporting students to address bullying through a variety of arts-based education initiatives. The last focus includes designing an interactive forum theatre (O'Flynn-Magee, Rodney, et al., 2021; see also Boal, 1985; Diamond, 2007); using an evidence-informed strategy called cognitive rehearsal (Griffin, 2004; Griffin & Clark, 2014); and creating a graphic novella about bullying in nursing education (O'Flynn-Magee, Esson, et al., 2020; O'Flynn-Magee, Ong, et al., 2021), a series of choose-your-own-adventure-style vignettes about bullying in nursing (unpublished), and a train-the-trainer video for educators about how to use Forum Theatre as a pedagogy, with bullying used as the exemplar (initiative in progress).

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[*] Used with permission.

In an earlier paper (O'Flynn-Magee, Rodney, et al., 2021), we described our process of using Forum Theatre (Boal, 1985; Diamond, 2007) and Cognitive Rehearsal (Griffin, 2004; Griffin & Clark, 2014) as pedagogical strategies to address bullying in nursing education. Our goals in using these two strategies were to (a) increase students' confidence in addressing a future bullying situation, (b) provide students with practical strategies to address bullying, and (c) offer students an arts-based opportunity to practise responding to a bullying scenario between a registered nurse (RN) and a pre-licensure student (O'Flynn-Magee, Rodney, et al., 2021). In this paper, we report on the findings from a qualitative descriptive study that explored students' experiences with our use of Forum Theatre as a strategy to address bullying.

Background

Guiding our work is an ethical and relational action framework to address bullying in nursing education (Figure 1) that we developed in the context of a previous study (O'Flynn-Magee, Rodney, et al., 2020). It consists of three foundational pillars: policy, education, and clinical practice partnerships; thus far, our work has focused primarily on policy and education. The creation of the framework was shaped by (a) the imperative for educational institutions to have accessible directives to follow if students witness or experience bullying (Birks et al., 2017; O'Flynn-Magee, Rodney, et al., 2020; Tee et al., 2016); (b) the importance of education as a strategy to pre-empt and address bullying (Birks et al., 2017; Gillespie et al., 2017); and (c) the need for partnerships between educational institutions and clinical practice agencies (Birks et al., 2017), especially because clinical practice is named as the most common setting for bullying in nursing education (Budden et al., 2017; Sidhu & Park, 2018).

Figure 1

An Ethical and Relational Action Framework
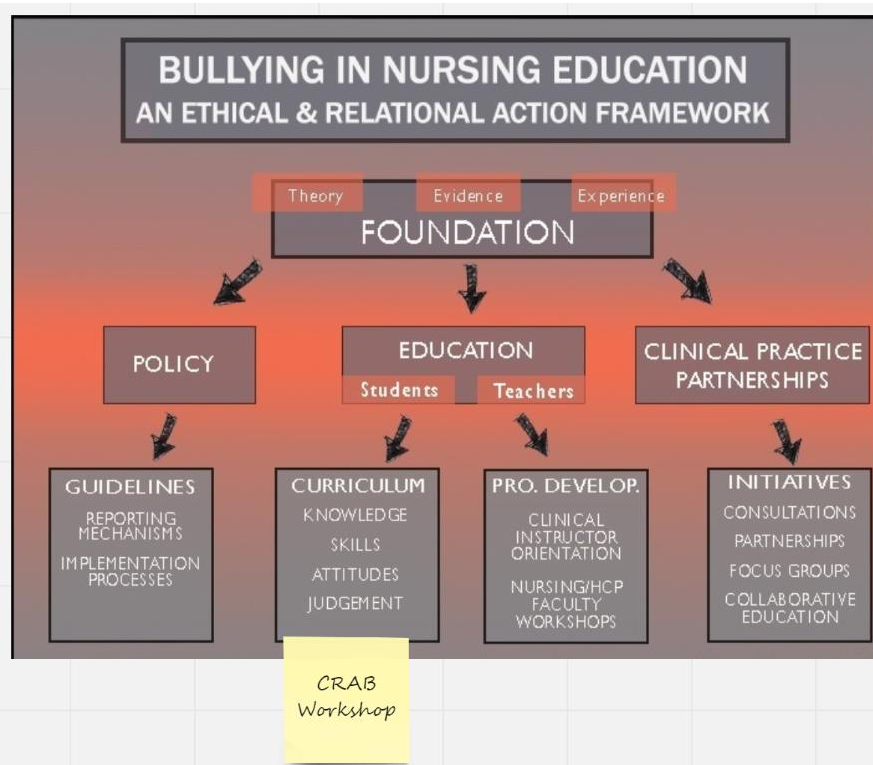
Used with permission. From O'Flynn-Magee et al., 2020.

The initiatives within and across each pillar of the framework compose the CRAB (Cognitive Rehearsal to Address Bullying) project. Although the title implies the use of only Cognitive Rehearsal, we found that it was a memorable acronym for students and colleagues, and it now covers all initiatives we engage in to address bullying.

One of the initiatives embedded in the CRAB project via the student education pillar of the framework is the CRAB Workshop (see Figure 1). In a separate, related manuscript (O'Flynn-Magee, Rodney, et al., 2021), we focused on the design, development, and enactment of the CRAB Workshop. The processes within the Workshop consisted of (a) activities to co-create a safe(r) space (Deller, 2019; Mental Health Commission of Canada [MHCC], 2019); (b) the use of Forum Theatre (Boal, 1985; Diamond, 2007) as the main pedagogical approach to active and embodied learning during the Workshop; and (c) Cognitive Rehearsal (Griffin, 2004; Griffin & Clark, 2014) scenarios and scripts for students to use after the Workshop. Findings from Fehr and Seibel's (2016) study supported Cognitive Rehearsal as an effective educational strategy, and they recommended Forum Theatre as an important complementary approach to support students in addressing bullying. The term *safer* acknowledges the challenges with creating a "safe" space for all; instead, it strives to be as safe as possible for everyone attending the Workshop (Deller, 2019; MHCC, 2019). In this paper, we focus on students' perspectives about the CRAB Workshop.

From the outset, we recognized that the first step in addressing bullying is to understand what it is. However, we acknowledge that it is a complex phenomenon that can be difficult to define. Adding to that difficulty are the varying and sometimes contradictory definitions in the literature (MacCurtain et al., 2018; O'Flynn-Magee, Rodney, et al., 2020). Our initiatives draw on British Columbia's (BC) legislated definition (WorkSafeBC, 2013):

> Any inappropriate conduct or comment by a person towards a worker [or student] that the person knew or reasonably ought to have known would cause that worker [or student] to be humiliated or intimidated but b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers [or students] or the place of employment.

Even though this definition was created, and legislated, for workers in BC, we believe it has relevance and applicability for nursing students. Adding "[or students]," as we have done above, emphasizes the definition's relevance in both its inclusion and its exclusion criteria. The latter is especially important because students sometimes equate performance feedback with bullying (Birks et al., 2017; Fehr & Seibel, 2016; Seibel & Fehr, 2018), and we have found it important to differentiate between performance feedback that is necessary but given respectfully and performance feedback that is given in a way that could equate with bullying. Finally, the definition is broad, which makes it applicable across contexts, and it avoids conceptual contradictions noted in the literature, such as ongoing bullying versus a single incident or the intention to bully versus a lack of intention (O'Flynn-Magee, Rodney, et al., 2020).

Despite the recognized prevalence of bullying in nursing, there are limited studies that have examined multiple and intersecting teaching and learning strategies for students on how to cope with or manage bullying in the academic or clinical setting. To address this gap, we used a combination of Forum Theatre and Cognitive Rehearsal as an innovative pedagogical approach to explore the issue of bullying in nursing education. Some studies have described cognitive rehearsal as an effective way to address bullying within nursing (Griffin, 2004; Griffin & Clark, 2014; Stagg et al., 2011) and nursing education (Fehr & Seibel, 2016; Gillespie et al., 2017; Seibel & Fehr,

2018), but not all situations can be addressed by a pre-rehearsed, scripted response. Other studies have explored the effectiveness of theatre as a pedagogy to address communication (Middlewick et al., 2012), power (Taylor & Taylor, 2017), bullying (O'Flynn-Magee, Rodney, et al., 2021), and anti-Indigenous racism (Van Bewer et al., 2021). Some of the benefits of using theatre as pedagogy include its relational frame, which allows for the exploration of self, other, and the world, as well as opening space for vulnerability and experimentation without worry about repercussions (Rodricks, 2015). Drama as pedagogy is positioned as a safe environment in which nursing students can hone their interpersonal skills such as communication, critical thinking, and self-reflection (Jefferies et al., 2020). Forum Theatre enhances students' democratic skills (Gourd & Gourd, 2011) and affords participants the chance to analyze how language can play into power and oppression (Love, 2012).

Our use of Forum theatre is grounded in the work of Augusto Boal's (1985) *Theatre of the Oppressed*, and more recently, David Diamond's (2007) *Theatre for Living*. Boal, a Brazilian playwright, was strongly influenced by the work of fellow Brazilian Paulo Freire, who wrote *Pedagogy of the Oppressed* (1970/2018) and is considered the founder of critical pedagogy (Peters & Mathias, 2018). In our Forum Theatre, students watched a performance of a scripted bullying interaction between an RN and a student. The RN's behaviour included explicit unwillingness to support the student's learning, eye-rolling, dismissive comments, and belittling, all of which resulted in an enthusiastic student actor feeling quite deflated. For subsequent performances of the same scenario, students were invited to assume the role of the student actor if they believed they could offer an intervention and influence the bullying interaction by bringing their authentic selves on stage (Boal, 1985; Diamond, 2007).

The second pedagogical approach we used was Cognitive Rehearsal (Griffin, 2004; Griffin & Clark, 2014), which is a more deductive approach than Forum Theatre. Cognitive Rehearsal gave students access to CRAB scripts that addressed scenarios that had not been part of the Workshop (O'Flynn-Magee, Rodney, et al., 2021). The scenarios were developed by the student/faculty team and provided some possible responses that students might use when confronted by bullying or conflict. We did not use the scripts during the CRAB Workshop because our goal was for students to inductively respond to the unfolding situation in Forum Theatre. Students could practise the responses embedded in the scripts after the Workshop to prepare for potential encounters. Thus, the scripts were meant to increase students' resources to address bullying if they witnessed or experienced it in the future.

Methods

We drew on qualitative description (as described by Sandelowski, 2000, 2010) to gather data using open-ended written surveys. Qualitative description offers a flexible design (Bradshaw et al., 2017), and although researchers using this method stay relatively close to their data, they also interpret it to a degree but are not expected to provide "a conceptual or otherwise highly abstract rendering of data" (Sandelowski, 2000, p. 335). It is important to note Sandelowski's (2010) caution that "data never speak for themselves" (p. 39) and always require some degree of interpretation from the researchers. Qualitative description was a good fit for our study because we wanted to stay close to the data when presenting our findings, and yet still provide a "detailed and nuanced" interpretation (Sandelowski, 2010, p. 78) of what participants shared about attending the Workshop.

Before starting the project, we received ethical approval from the Behavioural Research Ethics Board of our institution. We collected written survey data at two separate points in time: first, following a CRAB Workshop early in the students' program (point 1 in time, P1; 2019), and second, at the end of a workshop during students' final term the following year (point 2 in time, P2; 2020). During the P1 workshop, students were divided into small groups of 15, and during P2 there was one large group of over 50 students who were preparing to begin their final preceptorship. For both post-workshop surveys, students were given one form with the options of (a) completing an evaluation of the Workshop to be used for quality assurance, and/or (b) giving consent for their evaluative feedback to be used as research data for knowledge building. These options allowed students to privately check a yes box if they agreed that their workshop feedback could be included as data in the research study. At P1, 84/87 students agreed to have their feedback used as research data for the study. At P2, 26/28 students agreed to have their feedback used for the study. At both P1 and P2, no students ticked the box indicating specifically that they did not want their feedback used, but instead they left that section blank. The latter were excluded from the study.

One to two weeks before the Workshop, information about the study was provided to the relevant cohort of undergraduate nursing students by undergraduate or graduate students who were part of the research team but were not members of the students' cohort. Students were reassured that their feedback would remain anonymous and permission to use or not use their feedback as data would not affect their assessments and evaluations within the course in which the CRAB Workshop occurred (this was relevant for P1 only). The P1 survey questions were modified for the P2 preceptorship context. In the former, weight was placed on questions related to addressing bullying, in addition to questions about engaging in Forum Theatre; in the latter, there was a heavy emphasis on exploring students' experience of Forum Theatre. Because the focus in the P2 context was on preparing students for possible challenges in preceptorship and because this student cohort had attended a CRAB Workshop the previous year, there were no specific questions related to bullying in the nine-question P2 survey (see Appendices A and B the survey questions). All aspects of the initiative were created by the student/faculty team.

We drew on Sandelowski's (1995) guidelines for researchers to begin descriptive analysis by capturing the whole and to "look *at* their data in order to see what they should look *for* in their data" (p. 371). First individually and then as a student/faculty group, we compared, contrasted, and interpreted the data before creating, expanding, and collapsing themes based on our collective interpretations. The process of looking at and interpreting the data individually and then as a group resulted in three overarching themes: (a) the sociopolitical context, (b) psychological safety, and (c) embodied ways of learning. However, we are taking heed of Thorne's (2020) views about theming in qualitative research. She suggests that theming is simply the first, and not the last, step of analysis. What needs to follow the creation of themes is a complex and exciting tangle of discovery.

Findings

The Sociopolitical Context

The sociopolitical context was described implicitly and explicitly in students' accounts of understanding bullying at intrapersonal, interpersonal, and contextual levels. Students described an increased awareness of the high prevalence of bullying in nursing, the importance of action when bullying occurs, and the need to reflect on their own role in bullying. As voiced by one

student, "The Workshop has emphasized the fact that no one starts as a bully, and it is important to remain self-reflective to make sure you don't become one." Students also described a heightened appreciation for the context of the individual who engages in bullying, coming to recognize that "it's important to see how the context impacts the individual and not demonize the bully but try to communicate as best as possible."

Not only was the context of the RN actor seen by students as important, but the broader context was also emphasized. One student described bullying as "a systems issue rather than [a] personal [one]," and others alluded to not only the prevalence of bullying in nursing but also the prevalence of bullying in clinical nursing education. An aspirational sociopolitical context mentioned was the expectation that students ought to be treated respectfully and professionally, and "just because I am a student does not mean I should tolerate it." Although few students explicitly voiced concerns or observations about power and hierarchies in the clinical setting, one student clearly said, "I feel more confident now as a student nurse who is learning in a power-dynamic-heavy environment." Further, a number of students expressed that some RNs and some of their clinical instructors would benefit from related professional development. One student recommended that "courses or online modules should be given to practicing nurses to remind them how it feels to be a student so they have better behavior." Similarly, another student suggested that "faculty and staff (for example, Clinical Instructors) [should be] trained to respond to reports of bullying."

Some students expressed that through the Workshop they came to better understand what constitutes bullying, with responses such as "I feel that I would recognize bullying more now." One student clearly expressed that they would now be able to recognize bullying in behaviours that they would have previously dismissed, stating, "I would have never noticed these types of things were bullying before today." It is important to note that not all students interpreted the Forum Theatre scenario in the same manner. For example, a small number of students expressed that the scenario was too insignificant to even be considered an instance of bullying: "honestly didn't think the scenarios were worth getting upset about." But another student liked that "the scenarios demonstrated more covert bullying because those are the situations where you're left feeling uncomfortable but not necessarily legitimized in those feelings because it's so indirect." These varying perspectives (a) illustrate the complex nuances of how bullying is interpreted; (b) remind us that each person may have a different interpretation of bullying; and (c) highlight the importance of having a clear and transparent definition/understanding of what constitutes bullying, thus making it less likely that bullying is unrecognized or unacknowledged.

For many students, participating in the Workshop increased their confidence to address bullying. A small number of students voiced some continuing uncertainty about managing bullying if they experienced it, but also voiced more confidence in and commitment to addressing it if they witnessed others being bullied. As one student in our study expressed, the Workshop "slightly increased my confidence to address bullying when I experience it myself but largely increased my confidence to address bullying if I witness someone else experiencing it." Thus, for some students, undertaking this workshop served as an empowering tool to both recognize a bullying experience and to gain deeper perspectives on how to address bullying.

Psychological Safety

Psychological safety can be described as "a climate where people feel safe enough to take interpersonal risks by speaking up and sharing concerns, questions, or ideas" (Edmondson, 2018,

Chapter 1). Although there were many aspects to the CRAB Workshop, much of the data in our study pertained to the Forum Theatre component, as opposed to the related warmup activities, discussions, and debriefings, which we have described in a previous study (O'Flynn-Magee, Rodney, et al., 2021). Our findings indicate that some students felt psychologically safe and were able to engage actively by offering an intervention on stage. Student comments included: "It was great. Participation was encouraged and it felt like a safe space," and "I love participating—that's how I learn best!"

Nonetheless, several students indicated that they did not feel safe enough to take on an actor role but were able to participate in other ways. For example, one student expressed that they were "a bit embarrassed to participate myself, but it was helpful to watch other students engage." For some students, it was challenging to wait it out if their peers did not respond to the invitation to step up on stage, sharing that "you may feel like you have to step in again because 30-40% of the group hasn't participat[ed] even though you feel like you've done your part." This illustrates a pressure felt by students who believed they had done their part by offering an intervention but were still feeling a responsibility to get up again if nobody else was able to do so. For students who initially felt safe enough to participate, we suspect that the perceived pressure to get up on stage again could undo that initial feeling of safety.

Some students stated that they felt "nervous in front of groups." The idea of group size contributing to the students' ability to participate and students' psychological safety was further elaborated on in the P2 data, where several students identified that group size was a barrier to participation. One student explicitly stated they "didn't feel 'safe' with the group," while another student shared, "I would have felt more comfortable acting in front of a smaller group." A few students did not provide positive feedback on any aspect of the Workshop. One student voiced their lack of "desire to volunteer to act [because] it was not [a] pleasant looking experience" and another found it "was boring and I did not learn any new strategies. It was all based on communicating respectfully and we have been reiterating that . . . all term."

In one of the student workshops, the RN actor did not change their responses despite a variety of student approaches aimed at shifting the RN actor's behaviour toward a more positive direction. One student expressed that they "witness[ed] worst case" scenarios playing out even when using a best practice communication tool that "did not help get the student actor into a safer situation," which led to feeling "overwhelmed and anxious." Another student acknowledged that "resolving or addressing conflict is tricky and can be made worse if the person being addressed isn't open to it." These data highlight the importance of facilitator and actor training so that (a) students are able to participate and feel safe(r) in doing so rather than having an "anxiety-inducing" experience during the Workshop, and (b) students can witness how good communicative practices can help to move a situation in a more positive direction. If this does not happen, as was the case in one of our workshops, it can leave students with little hope that they can change anything no matter what they do. If this occurs, the debriefing that follows the performance becomes even more needed (Midha, 2010). Debriefings in Forum Theatre are crucial because of the nature of what has occurred. The facilitator invites participants to express their feelings and thoughts and then gently searches for the origins of such feelings and thoughts (Midha, 2010).

Ways of Learning

Our analysis revealed an overarching theme of students' ways of learning through the process of embodied learning (EL) and/or observation. Exploring the descriptive data through the

lens of EL contributed to our recognition of students' preferences for pedagogically diverse learning opportunities in the Workshops. Stepping up on stage to engage with the RN actor is, in its enactment and physicality, a different experience from observing the interaction from the sidelines. One of our goals in using Forum Theatre in the Workshop was to give students an opportunity to embody their learning through active engagement in the Forum Theatre scenarios. However, achievement of this goal was somewhat limited by students' preferred ways of learning, as well as by their hesitancy to act in front of their peers. For example, one student identified that they "personally don't find role play a great way to learn."

While a relatively small number of students engaged in the role of student actor to offer an intervention on stage, in general, students acknowledged that Forum Theatre had a role in their acquisition of key skills, such as through experiencing realistic emotions while getting involved in conflict-laden scenarios. One student shared that "it was more difficult than I expected but [I] learned lots. An opportunity to practice addressing bullying in a real-feeling scenario." While enthusiastic evaluations were submitted by students who actively participated on stage, it is important to note that the positive feedback also included comments from students who participated through passive observations of others' EL process. As stated by one participant, "I really am uncomfortable acting in front of people, but I appreciated those who did." Others who also did not like acting in front of the class found it useful to observe how peers enacted their strategies. Students described a positive learning experience by taking on the role of the student actor, while others reportedly learned by watching their peers take the place of a character on stage.

Discussion

In our Forum Theatre Workshop, several students acknowledged their increased awareness of the prevalence of bullying in nursing and the imperative for students and nurses to speak up to address the issue. Importantly, students found it validating to situate bullying "in context" rather than to simply view it as an individual or interpersonal issue. In this section of the paper, we focus on three discussion points: (a) conceptualizing bullying at varying levels, (b) fostering psychological safety, and (c) embodying Forum Theatre in nursing education.

Conceptualizing Bullying at Varying Levels

Locating bullying as an issue beyond just the individual and interpersonal levels is crucial if bullying is to be more fully understood within the context of broader systemic and structural oppressions in health care (Hartrick Doane & Varcoe, 2015; Hutchinson, 2013; Hutchinson & Jackson, 2015; Hutchinson et al., 2006). As noted by Hodgins et al. (2020), "The workplace is a complex political system . . . where power is exercised in the organization in a more covert manner, to protect the organization, rather than the target" (p. 271). Indeed, Forum Theatre expert D. Diamond (personal communication, February 11, 2021) agrees that it is crucial to address both individual behaviours and systemic structures. Diamond suggests that many structural issues such as intergenerational professional traditions or hierarchies in health care are created and supported by *people*, thus making the link between the interpersonal and systems levels explicit.

On reflection, there were times in our early Forum Theatre work when we were not as explicit as we could have been about locating the scenario beyond the individual. One of the risks in not doing so is the potential for students to take on the responsibility to "fix it"; "it" being the behaviour of another. Over time, we have made a conscious effort in our work to situate the existence of bullying beyond the level of involved individuals and their interactions. Hutchinson and Jackson (2015) maintain that "bullying can become a form of institutionalized, habituated

behaviour that flourishes unchecked," reminding us of the importance of taking into account "the dynamics of institutional power" (p. 14) so that bullying is addressed across varying levels to effect meaningful change (Hodgins et al., 2020).

Fostering Psychological Safety

Trusting relationships between students and faculty are at the heart of safer education spaces (Anderson & Riley, 2020), and these spaces are crucial for learning to occur (Anderson & Riley, 2020; Carello & Butler, 2015). While teaching sensitive content such as bullying is a responsibility that teachers and institutions must attend to, safer spaces do not necessarily equate with comfortable spaces and they are not without risks (Anderson & Riley, 2020; Heath et al., 2017) but are needed for students' development and capacity to practise post-graduation (Heath et al., 2017). Although we cannot change students' vulnerabilities, we can mitigate harms by using a trauma-informed approach (Heath et al., (2017). Carello and Butler (2015) remind us that "the goal of Trauma Informed Educational Practice (TIEP) is to remove possible barriers to learning, not to remove traumatic, sensitive, or difficult material from the curriculum" (p. 265). To this end, we (a) provided information about the Workshop and the study in advance, (b) used embodied warmup activities, (c) welcomed "permission to pass" in our talking circles, (d) tried to ensure there was no undue pressure to assume an actor's role, (e) prioritized time for debriefing discussion, (f) supported students who asked not to attend because bullying had been an issue for them in the past, and (g) provided a discreet way for students to consent (or not) to participate in the study to reduce any perception of pressure. As a reminder, the P1 and P2 groups consisted of the same students; resources and support included a newly designed set of procedures for students to use if they witnessed or experienced bullying, a designated faculty member to go to as needed (P1), availability of an adviser, and an open-door policy from the teaching and research team. The need for these types of resources is well supported in the literature (Anderson & Riley, 2020; Heath et al., 2017; Public Health Agency of Canada, 2018).

The potential for psychological safety to be in jeopardy occurred in one of our scenarios, where a variety of interventions offered by several students resulted in no changes in the RN actor's behaviour. The facilitators noted that the conflict did not resolve to any degree despite students' use of best practices related to effective communication. As a rule, the RN actor is cautioned from engaging in "magical thinking" or shifting their approach too dramatically, but there ought to be some movement over time or students who step up to offer an intervention will likely feel discouraged. As evidenced by student feedback, and as noted by Diamond (2007), having no shift in moving the issue forward can cause unintentional harm and can leave the audience feeling that whatever they do, even best practice such as the use of the CUS[†] words, will not make a difference. As a result, students may lose their faith in best practices. As expressed by one student, "CUS words are not as effective as we may think so we may need to think [of] other strategies to advocate for patient safety." This has the potential to sabotage the goal of illustrating the effectiveness of best practices.

Another student hoped that the interventions would resolve the issue, and when they did not, voiced their belief that "in reality, these strategies would be effective." Such differing

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[†] One such practice that is embedded in TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) is the use of the CUS tool (Agency for Healthcare Research and Quality [AHRQ], 2019; Clapper, 2018; Steinbinder, 2016). CUS stands for "I am **C**oncerned, I am **U**ncomfortable, this is a **S**afety issue" and was designed as one way to address patient safety issues so that concerns are heard and safety is prioritized (AHRQ, 2019; Clapper, 2018; Simons, 2008; Steinbinder, 2016).

perspectives indicate the importance of a debriefing (Midha, 2010) following Forum Theatre when it is being used as a pedagogy to address challenging concepts such as bullying. Also, these data reinforce the necessity of a pre-workshop immersion session for actors and facilitators so that students are exposed to successful implementation of best practices such as the CUS tool.

In the context of fostering psychological safety, it is important to remember that the effectiveness of Forum Theatre depends on active participation from the audience (Diamond, 2007). Having a student audience member replace an actor on stage is vital to preventing stagnation and to moving the scenario forward. A challenge we encountered that would likely be shared by many educators in diverse contexts is the balance between supporting students' learning preferences and encouraging students to engage in unfamiliar, and potentially uncomfortable, pedagogies such as embodied learning in Forum Theatre. It is wise to keep an open mind about why a student may be unable to participate when the topic of class is a sensitive one. For example, Carello and Butler (2015) suggest that it may have little to do with resistance and more to do with an absence of preparation or the need for self-protection. Some scholars advocate for educational settings to be places of discomfort so that learning can occur (Popescu, 2016) and, as voiced by one student, "It's supposed to make people feel uncomfortable—that's the point—it works because you have to push through to engage." Many other scholars caution educators to be thoughtful about how they plan and enact learning experiences that may be triggering or traumatizing (Anderson & Riley, 2020; Carello & Butler, 2015; Heath et al., 2017). Reminding educators that the first step in teaching sensitive content is to "minimize harm" (Heath et al., 2017, p. 8), Carello and Butler (2015) and Heath et al. (2017) encourage educators to practise trauma-informed education.

In our study, even when students were willing to "take the plunge," it was not always easy when they got on stage. As one student recounted, "I felt like I wanted to jump in at any moment and stop the bullying but when I was placed in the situation, I was speechless." This is also a reminder for educators to enact debriefings (Midha, 2010) as needed and at the end of the Workshop, as well as considering the various ways in which students could be given advance warning of how events within the workshop may be difficult so that they can make an *informed* choice about participating.

It can also be challenging for students when peers are unable to actively participate in the performance. Students who do offer an intervention on stage are often taking a risk when they volunteer to replace a character on stage, and doing so can place them outside their comfort zone. Further, an added pressure they may place on themselves is the expectation to step up more than once as expressed by one student who said, "Group was a little hesitant to participate which makes it frustrating for someone that did step out of their comfort zone once already feeling like they have to again because no one else will." This is challenging because we believe that those who frequently volunteer will miss the opportunity to observe others, and those who are unable to volunteer miss the opportunity to embody the experience, which we discuss further below. However, as educators, we cannot forget the presence of power that exists when students are asked to perform (Van Bewer et al., 2021) in front of their peers, RNs, and faculty facilitators. We tried to mitigate this power by partnering with our student team in all aspects of the Workshop planning, emphasizing freedom to pass, and making sure we applied no undue pressure on students to perform throughout the Workshop. Knowing that the aim to create a safer space may not make it so for all, the psychological safety of students must be prioritized in planning, enacting, and evaluating these kinds of workshops (Anderson & Riley, 2020; Carello & Butler, 2015; Heath et al., 2017).

Embodying Forum Theatre in Nursing Education

It was important for our research team to learn that many students who were reluctant to step on stage and offer an intervention were grateful for the willingness of their peers to do so. These students talked about how valuable it was observing their peers engage with the RN actor to try to reshape the theatre-based interaction. These positive perspectives were welcome because we were keen for students to embrace the potential benefits of trying it out on stage. We had falsely assumed that students would appreciate the importance of enacting an intervention (White et al., 2014). However, like White et al. (2014), "we did not consider the possibility that students might need explicit assistance in appreciating the value of an adult-learning, active, student-centred curriculum or that they might not be developmentally ready for it" (p. 323). Burton and O'Toole (2005) shared their experience with an enhanced version of Forum Theatre, noting that having more than the traditional one scene resulted in greater student participation. In our work, we tried to maintain a balance between saturation of a single scene and repeating the same scene over and over to give many students the opportunity to offer a new intervention. In the event that the facilitators believed the initial scene had reached saturation, there was a second scene prepared for use.

Some students in our study alluded to or explicitly attributed their resistance to participation to inadequate familiarity with the concepts of Forum Theatre and EL. As one student stated, "I'm still confused about what Forum Theatre is and how it works." Although the P1 students attended a related class on the morning of the afternoon workshop, the focus of that class was primarily on the substantive nature of bullying and communicating in challenging situations. We learned that more emphasis on the afternoon workshop and its processes would have been appreciated, with one student suggesting "more videos and concrete examples" in the morning class would have better prepared them for Forum Theatre. These data emphasize the importance of sharing information about the Workshop processes with students in advance, as well as helping them understand the value of intervening on stage to benefits from EL. If some students are unable to intervene, educators may be reassured by the findings from this small study that revealed the learning that can occur from observing peers take on an embodied approach.

Recommendations for Nursing Educators and Nursing Academic Leaders

Based on the literature and analysis of our findings, we highlight several recommendations below. Our goal in offering these recommendations is to support educators who want to explore the potential benefits of Forum Theatre as a pedagogy thus indirectly supporting students to address bullying.

1. We have learned that it is crucial to locate bullying within the broader systems and structures in which it occurs, as well as to address bullying at both intrapersonal and interpersonal levels. There is no question that bullying is influenced by the "power and politics" milieu of workplace settings (Hodgins et al., 2020, p. 283). As noted by Hutchinson et al. (2006), "It is not possible to understand bullying without giving consideration to the concept of power" (p. 120), and it is important to consider power at intrapersonal, interpersonal, and contextual levels (Hartrick Doane & Varcoe, 2015).

2. It is imperative to ensure that students and faculty have a clear understanding of what constitutes bullying and to commit to an accessible, comprehensive definition, such as the one suggested earlier in this paper, so that individuals and institutions are grounded

in similar understandings. Going further, Hodgins et al. (2020) propose that we replace the term *bullying* with *abuse of power* to "move from a discourse of behaviour to a discourse of power" (p. 283). While we find this language appealing, we believe it warrants further inquiry.

3. To ensure optimal student preparation and learning, there is content that ought to be shared with students in advance of a CRAB Workshop. This content includes a conceptualization of bullying, an explanation of Cognitive Rehearsal scripts, and a description of the processes embedded in Forum Theatre. Educators could distribute a series of Cognitive Rehearsal scripts at the end of each workshop, or the scripts could be discussed more fully in the preparatory class before the Workshop. In addition to discussion, students could practise in advance by engaging in mock Forum Theatre sessions to ensure they are as prepared as possible for active engagement in the Workshop.

4. It is imperative to ensure that the unique position held by academic institutions is used to deliver critical education about addressing bullying, thus paving the way for a shift in health care toward an environment that fosters respect and mutual understanding.

5. Many topics addressed in nursing education require psychologically safe spaces. Based on our analysis and discussion of fostering psychological safety, bullying is one such topic. These safe(r) spaces (Deller, 2019; MHCC, 2019) allow those present to speak up and share experiences or perspectives and to disagree respectfully with others' ideas to generate deeper and meaningful learning for all (Edmondson, 2018, Chapter 1). Safer spaces can be facilitated when educators use a trauma-informed pedagogy and when they build trusting relationships with students (Anderson & Riley, 2020; Carello & Butler, 2015; Heath et al., 2017). Forum Theatre requires a safer space so that those who step up and those who observe their peers can all learn in the most secure way.

6. We have found that it is crucial to provide education, training, and support to actors and facilitators when they agree to take on these roles. Like any other form of pedagogy, and as outlined in the example describing no movement on the part of the actor, the implementation of Forum Theatre can unintentionally hinder learning. For example, the workshop in which there was no movement by the RN actor led to unintentional harm. While this harm was unexpected, and may not have been preventable, we learned that it is the educator's responsibility to bring thoughtful consideration to all aspects of the Forum Theatre process. This includes training facilitators and actors, ensuring that support and resources are available for students should they need them, incorporating a mechanism for student feedback to evaluate outcomes (expected and unexpected), and making time for debriefing discussions (Midha, 2010) as needed and at the end of workshops. The resources that students need include accessible reporting mechanisms (O'Flynn-Magee, Rodney, et al., 2020; Tee et al., 2016) and safer spaces in which to be supported if bullying occurs (Anderson & Riley, 2020; Carello & Butler, 2015; Heath et al., 2017).

As we conclude our analysis, we continue to grapple with the following questions:

1. How can the relationship between behaviour and institution change to interrupt the cycle that fosters systemic bullying in health care?
2. How can educators and students co-create safer learning spaces where students are able and want to engage in Forum Theatre to embody their learning?
3. What does it mean for students' clinical practice if they are unable to participate in a relatively safer learning environment?
4. How do group size, group cohesion, and familiarity with the group influence students' participation in the Workshop?

Limitations

There were several limitations to the study. First, the open-ended survey method of collecting data meant that it was descriptive and constrained our capacity to engage in rich and meaningful analysis. Second, although there were thoughtful orientations provided by our co-partner in the Department of Theatre and Film, not all facilitators were able to attend, resulting in some inconsistencies across the P1 groups. Third, Forum Theatre was a new modality for most RN actors and faculty facilitators, which made it challenging at times. Four, this was a small study and participants were from one cohort in one School of Nursing. Five, we did not focus on group dynamics and would recommend further exploration of how group dynamics play out in Forum Theatre.

Conclusion

Overall, the majority of students agreed that the Workshops were positive. Some students expressed that the embodied nature of offering an intervention on stage worked well in terms of their learning; however, other students told us that they gained most from observing their peers in action and witnessing a variety of ways they might approach a bullying situation if they witnessed or experienced it. Moving forward, we recommend explicitly preparing students for the embodied nature of the workshop and advocating for facilitator and actor training and immersion in preparation for the workshop. Academic leaders hoping to provide workshops similar to CRAB must be willing to work with students to co-create safer spaces for learning; be open to a diversity of student perspectives; pay attention to feedback that requires consideration for future workshops; and, most importantly, "minimize harm" (Heath et al., 2017, p. 8) and use a trauma informed approach in teaching, especially when facilitating learning about sensitive topics (Anderson & Riley, 2020; Carello & Butler, 2015; Heath et al., 2017), such as bullying in nursing education.

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Appendix A

CRAB WORKSHOP STUDENT QUESTIONNAIRE

Now that you have completed the CRAB Workshop, please respond to the following questions to assess its impact on your capacity to address bullying if you witness or experience it in your current or future practice.

Please check one of the boxes below to indicate your **consent/no consent** for this feedback to be used as data for the research study entitled "Evaluating the Impact of Using Theatre and Cognitive Rehearsal to Address Bullying in Nursing Education"

I CONSENT FOR MY FEEDBACK TO BE USED AS DATA IN THE RESEARCH STUDY   YES ☐   NO ☐

1. How effective was the morning class in preparing you for the Workshop? Please describe.

2. How effective was 'The Workshop' in preparing you to address bullying if you witness or experience it? Please describe.

3. How has 'The Workshop' affected your confidence to address bullying if you witness or experience it? Please describe.

4. Has 'The Workshop' provided you with concrete strategies to address bullying if you witness or experience it? If yes, please give examples.

5. How has The Workshop enhanced the value you place on any aspect of addressing bullying?

6. What was your experience of engaging in forum theatre to enhance your learning and prepare you to address bullying?

7. How valuable do you think the Cognitive Rehearsal scripts will be for you?

8. Please describe any challenges you encountered in participating in The Workshop.

9. What could be done in the nursing program to help support you if you witness or experience bullying?

10. Overall, how will participating in 'The Workshop' change your practice?

Thank you!

Bloom's (1956) taxonomy of learning domains - Cognitive, Psychomotor, and Affective – informs the questionnaire above. Bloom, B.S. (1956). Taxonomy of educational objectives: The classification of educational goals. White Plains, NY: Longman. Version 1, October 31, 2018

Appendix B

EVALUATING FORUM THEATRE TO PREPARE FOR PRECEPTORSHIP

STUDENT QUESTIONNAIRE

Now that you have attended the Forum Theatre Workshop, please respond to the following questions to assess its impact on your capacity to address situations if you witness or experience them in your preceptorship. Please check one of the boxes below to indicate your consent/no consent for this feedback to be used as data for the research study entitled "Evaluating Forum Theatre to prepare for Preceptorship" This is part of the broader study "Evaluating the Impact of Forum Theatre and Cognitive Rehearsal to address Bullying in Nursing Education"

I consent for my feedback to be used as data in the research study   YES ☐   NO ☐

1. How effective was 'Forum Theatre' in preparing you to address challenging situations you may encounter in preceptorship? Please describe.

2. How has 'Forum Theatre' affected your *confidence* to address challenging situations you may encounter in preceptorship? Please describe.

3. How has 'Forum Theatre' enhanced your *knowledge* of strategies or approaches to address challenging situations you may encounter in preceptorship? Please elaborate.

4. Has 'Forum Theatre' provided you with *concrete strategies* to address challenging situations you may encounter in preceptorship? If yes, please give examples.

5. What was your experience of engaging in forum theatre with your *entire cohort*?

6. Please describe any challenges you encountered in participating in 'Forum Theatre' with your entire cohort.

7. Please describe the ways in which today's 'Forum Theatre' was meaningful to you.

8. Overall, how will participating in today's 'Forum Theatre' influence your practice?

9. Anything else you'd like to add?

Bloom's (1956) taxonomy of learning domains - Cognitive, Psychomotor, and Affective – informs the questionnaire above. Bloom, B.S. (1956). Taxonomy of educational objectives: The classification of educational goals. White Plains, NY: Longman.   Thank you very much!