



**ERASMUS MUNDUS JOINT MASTER'S DEGREE IN EMERGENCY AND  
CRITICAL CARE NURSING (EMJMD NURSING)**

Drama as an educational approach to enhance student nurses' comprehension of patient  
advocacy: A quantitative study

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## ERASMUS MUNDUS MASTER COURSE IN EMERGENCY AND CRITICAL CARE NURSING

CERTIFY:

That Maira Nizamuddin's Master's Thesis, "Drama as an educational approach to enhance student nurses' comprehension of patient advocacy: A quantitative study," completed under our supervision in the Erasmus Mundus Joint Master Degree in Emergency and Critical Care Nursing, satisfies the requirements for approval as a Master's Thesis.

The present certification is issued in Edinburgh on the 4<sup>th</sup> of February, 2022, for the record and for the necessary purposes.

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## **Abstract**

**Background:** In nursing education, educational theatre can be used for integrative and experiential learning. Integrative learning entails connecting knowledge and skills from a variety of sources and putting theory into practise, allowing students to learn how to put pieces together and transfer knowledge into a whole, a skill that will prepare them for complex situations in their personal and professional lives.

**Objectives:** The aims of the study was to explore the use of drama as an educational approach to enhance student nurses' understanding of patient advocacy.

**Methods:** A pre-test and post-test quantitative study design was used in the study. A convenience sample of 275 pre-registration nurses was used.

**Results:** Following the module, the participants' patient advocacy increased significantly ( $P < 0.05$ ). A paired Student's t-test was used to compare pre and post scores, with a  $P$ -value of  $P < 0.05$  considered significant. Before the session, the participants scored an average of 160 ( $SD = 18.4$ ) on the advocacy scale, however after the intervention, they scored an average of 200 ( $SD = 23.3$ ). This suggests that following the module, there was a considerable increase of 26.3 percent.

**Conclusion:** The study's findings imply that theatre is regarded as a useful and acceptable supplement to nursing education. As a result, adapting to educate nursing students in today's world of science and technology could be a beneficial pedagogic method.

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### **Abbreviations**

ENU- Edinburgh Napier University  
 EPHPP- The Effective Public Health Practice Project  
 CASP- Critical Appraisal Skills Programme  
 PNAS- Protective Nursing Advocacy Scale  
 NPVSR- Nursing Professional Values Scale Revised

## Chapter 1

### 1.1 Introduction and Background

To be prepared for daily encounters with patients, relatives, and co-workers, nursing students must build competency and professionalism. Many nursing philosophies highlight the nurse's ability to understand, connect with, and form a loving relationship with the patient (Bates, 2013). Nurses can reduce patients' feelings of vulnerability and retain their dignity, as well as prevent sickness and promote health, by developing a loving relationship with them (Bates, 2013). Nursing education emphasises the need of knowing how to communicate, understand, and empathise with the experiences of others. Nursing students must be able to integrate theoretical knowledge, skilled know-how, and ethical components in nursing care (Bates, 2013). Nursing students, on the other hand, frequently struggle to connect nursing theory with practise (Bates, 2013). According to Burton (2013), traditional nursing education approaches should change away from classroom-based instruction and toward support for more integrative and experiential learning.

In nursing education, educational theatre can be used for integrative and experiential learning. Integrative learning is about connecting knowledge and skills from a variety of sources and putting theory into practise, allowing students to learn how to put pieces together and transfer knowledge into a whole - a skill that will help them deal with complex situations in their personal and professional lives (Burton, 2013). Experiential learning is a method for constructing knowledge through the processes of experiencing, reflecting, thinking, and acting. Concrete experience serves as a foundation for observing and pondering, as well as the formation of abstract conceptions. These ideas and their ramifications are then put to the test, and new experiences are born (Burton, 2013).

Nursing students, according to Boggs et al. (2017), must learn how to approach patients in

order to help them manage their disease and convey their needs. These abilities can be honed via practise and reflection. Drama has been used in nursing education to accomplish a variety of goals, including bridging the gap between theory and practise and increasing student involvement in their own learning (Boggs et al., 2017). Drama has been shown to benefit nursing students' personal and professional development, as well as their self-awareness, confidence, and self-assurance (Boggs et al., 2017).

## **1.2 Justification of the study**

In order to enhance their self-awareness and learn how to use their own personality in nursing, nursing students must be provided opportunity to evaluate and examine how their behaviour affects others (Cahill, 2013). According to Cahill (2013), further research is needed on the usage of drama from the students' perspective. Because there was a paucity of study on nursing students' experiences of examining the patient perspective, the chance to expand this understanding by providing opportunities for nursing students to explore this perspective by acting in role as fictional patients became a crucial goal.

This study looked into the advantages of drama in nursing education and discovered a variety of ways drama might help students learn. Drama has been demonstrated to improve nursing students' comprehension of the patient experience by fostering empathy. Empathy is described as the process through which a nurse gains a cognitive and emotional connection with a patient in order to gain a better grasp of their reality (Cahill, 2013).

Drama, as illustrated in this review, serves as a conduit for this immersive experience, imitating the sense of 'placing oneself in someone else's shoes' for nursing students. The ability to develop this talent leads to increased confidence and readiness to form therapeutic relationships with others (Cangelosi, 2018). Drama can also help students comprehend and consolidate their professional identity as nurses through the process of self-discovery, self-



awareness, and self-reflection, according to the review. These findings are consistent with those of Fowler (2018), who showed how theatre teachers used performance to reflect on and further build their sense of professional identity, resulting in enhanced personal and professional resilience and wellbeing. Through the use of drama-based simulated environments that simulated a coroner's court for mental health nursing students, Cawthon et al. (2019) identified the benefits of understanding professional nursing attributes and construction of one's professional accountability and identity in addition to developing nursing skills. Furthermore, it has been discovered that using theatre in nursing education improves students' communication abilities in their encounters with patients (Ekebergh, 2015). Students' verbal communication skills and nonverbal body language increased as a result of simulated nurse and patient interactions, according to a study by Ekebergh (2015). Empathy and listening skills were reported to improve for pupils who acted as the nurse with those who acted as the patient (Gainey, 2019). They also discovered that students' nonverbal communication, such as tone of voice, eye contact, sitting with the patient, and listening to the patient's concern while providing care, enhanced empathy. Through the use of theatre in nursing roles with elderly patients and clients who were experiencing changes in mental health status, students displayed enhanced confidence in communication and reported decreased anxiety in communication (Halabi et al., 2012).

Conversational analysis in drama-based education was found to improve the communication abilities of healthcare professionals in sociolinguistic studies (Halabi et al., 2012). Drama boosted the capacity to 'think on one's feet' in healthcare encounters with patients, families, and coworkers, as well as the ability to reflect on communication and receive criticism (Halabi et al., 2012). Students' awareness of how verbal and nonverbal communication are utilised to reassure patients and ensure patient cooperation during care processes can also be increased through theatre (Gainey, 2019). According to Halabi et al. (2012), this is

accomplished by enhancing students' reflective and self-awareness skills through the use of drama as a framework for improving clinical encounters. Additionally, these drama based learning experiences may help reduce student anxiety and stress that can occur during healthcare placements in clinical settings with patients (Halabi et al., 2012). Deep learning experiences can be fostered through the use of drama and serve to enhance the therapeutic communication skills of students (Halabi et al., 2012), as well as develop skills in self-reflection which furthers knowledge, self-care skills and improves the care of patients (Halabi et al., 2012).

However, the association between importance of using drama education in improving the nursing students' understanding of patient advocacy has not been analysed as yet.

### **1.3 Research Question**

The research questions that guided this study were:

- How is drama used in nursing education?
- How drama can improve nursing students' understanding of patient advocacy?

### **Aims of the Study**

Therefore, the aim of this study was to explore the use of drama as an educational approach to enhance student nurses' understanding of patient advocacy.

### **1.4 Operational Definitions**

Drama education: It is a method of teaching a subject using drama (Gainey, 2019).

Educational Approach: A set of principles, beliefs, or ideas regarding the nature of learning is referred to as an educational approach (Ekebergh, 2015).

Patient advocacy: It entails speaking up for patients and collaborating with the healthcare staff in the event of a problem (Fowler, 2018).

## **1.5 Theoretical Concept behind Drama Education in Nursing**

In nursing education, educational theatre can be used for integrative and experiential learning. Integrative learning entails connecting knowledge and skills from a variety of sources and putting theory into practise, allowing students to learn how to put pieces together and transfer knowledge into a whole, a skill that will prepare them for complex situations in their personal and professional lives (Hunter, 2018).

To boom the self-assurance and preparedness while nurses stumble upon sufferers, they want to be uncovered to sensible patient situations wherein they could discover how they'll offer care (Hunter, 2018). Drama can offer possibilities for college students to stumble upon sufferers with the aid of using imitating scientific settings. It is encouraging nursing students to don't forget the way to take care of the sufferers with the aid of using integrating their emotional responses to affected person's scenario with their expert competencies (Hunter, 2018). Many nursing college students and new graduate nurses take a systematic technique within the manner they offer care to the affected person. This can bring about new graduate nurses taking an extra mechanistic technique to scientific practice, frequently lacking the diffused nuances that a man or woman may also enjoy of their ailment procedure (Kerr, 2017). Drama simulates and reminds nursing students of the patient issues. It additionally permits college students to expand empathy with the affected person with the aid of using expertise and the way the affected person's feelings can be affecting the manner they reply to nursing interventions (Kerr, 2017).

Nursing college students and new graduate nurses discover it tough to discover their very own experience of identification in a scientific putting. As an academic intervention, drama creates empowering, attractive and emotive studies with the aid of offering sensible scientific narratives that help college students to construct their expert self-assurance (Kolb, 2014).

Engaging with those narratives encourages college students to mirror at the position of the nurse and don't forget the high quality and poor components of care (Kolb, 2014). Drama has the ability to offer many exceptional scientific situations and exceptional demanding situations. By managing those exceptional situations and demanding situations, the nursing students' self-assurance in those scientific competencies will increase (Kolb, 2014).

Participation in drama applications assists self-mirrored image and crucial questioning encouraging a procedure of self-development. This allows college students to discover their very own expert identification (Kolb, 2014). Students then expand a higher expertise of ways their expert identities in shape in with the collective identification of nursing professionals (Kolb, 2014).

When college students sense much less anxious, they're extra assured of their interactions with sufferers which will increase their understanding and expertise of the affected person's scenario (Kolb, 2014). Some college students mentioned that they felt they won extra looking the scenario portrayed within the drama intervention than in the event that they had practiced the competencies themselves. As a result, nurses should apprehend their strengths and weaknesses to expand themselves professionally as self-recognition and self-mirrored image is continuously occurring (Kolb, 2014).

## **Chapter 2 - Literature Review**

### **2.1. Introduction**

Educational dramas may be used for included and experiential gaining knowledge of in nursing schooling. Integrated gaining knowledge of is the linking of information and talents from exceptional reasserts and the utility of concept to practice. This lets in college students to discover ways to integrate components to convert information right into a whole. This is the ability to use them to complicated conditions in guidance for non-public and expert life

(Lepp et al., 2012). Experiential gaining knowledge of is the procedure through which information is constructed through experiencing, reflecting, thinking, and acting. Concrete level in serves as the idea for commentary and reflection, permitting summary principles to shape new meanings. These principles and affects are then examined to create a brand new level in. Lepp et al. (2012) states that nursing college students want to learn how to technique sufferers to assist them control their issues and explicit their needs. These styles of talents may be discovered through level in and reflection. Drama turned into brought into nursing schooling to acquire numerous goals, including: Bridging the distance among concept and practice (Lepp et al., 2012); Help nursing students become aware of information gaps. Dramas had been used to enhance conversation talents and broaden moral and applicable talents. In addition, theatre turned into used to assist college students contemplate and broaden vital thinking (Lepp et al., 2012). Acting has been proven to enhance the non-public and expert improvement of nursing college students, growth their self-esteem, and broaden their self-belief and self-esteem. Nursing trainees ought to accept the possibility to check and check out how their conduct influences others if you want to construct self-belief and discover ways to follow their persona to nursing (Lepp et al., 2012).

## **2.2 Methods**

A scoping literature assessment of the literature guided became performed. The scoping assessment approach is taken into consideration as being the broadest kind of studies assessment because it permits inclusion of various methodologies each experimental and non-experimental research, in addition to using information from each theoretical and empirical literature (McClimens, 2017). Several research investigating studying in nursing training were performed the usage of scoping assessment of the literature.

### **2.2.1 Search Strategy**

A literature seek became performed throughout the subsequent databases: CINAHL,

MEDLINE, PubMed, Psycinfo and ProQuest that had a number one recognition of exploring how drama more desirable studying in healthcare training. The following phrases have been used withinside the seek: “drama”, “theatre”, “performance”, “nursing”, “medicine”, “healthcare”, “advocacy”and “training” among 2011 and 2021. Initially 800 research have been diagnosed after duplicates have been eliminated and 574 have been excluded after the titles and abstracts have been examine and that they have been located to now no longer be in the scope of the studies question. This left 201 articles for complete textual content evaluation and in addition 189 articles have been excluded as they did now no longer meet the inclusion standards than 12 articles have been blanketed within the assessment.

### 2.2.2 Selection Criteria

In this look at peer reviewed articles from 2011 to 2021 that have been written in English, and had a focal point on drama in nursing training have been blanketed. Inclusive standards additionally required that the articles should encompass the phrases drama/theatre within the description of the coaching strategies within the research, and comprise certain descriptions of each the supposed reason and the real use of drama. Articles that had a focal point on simulation in preference to drama have been now no longer blanketed even supposing they contained strategies associated with drama. Articles with recognition on drama for others than nursing college students have been excluded.

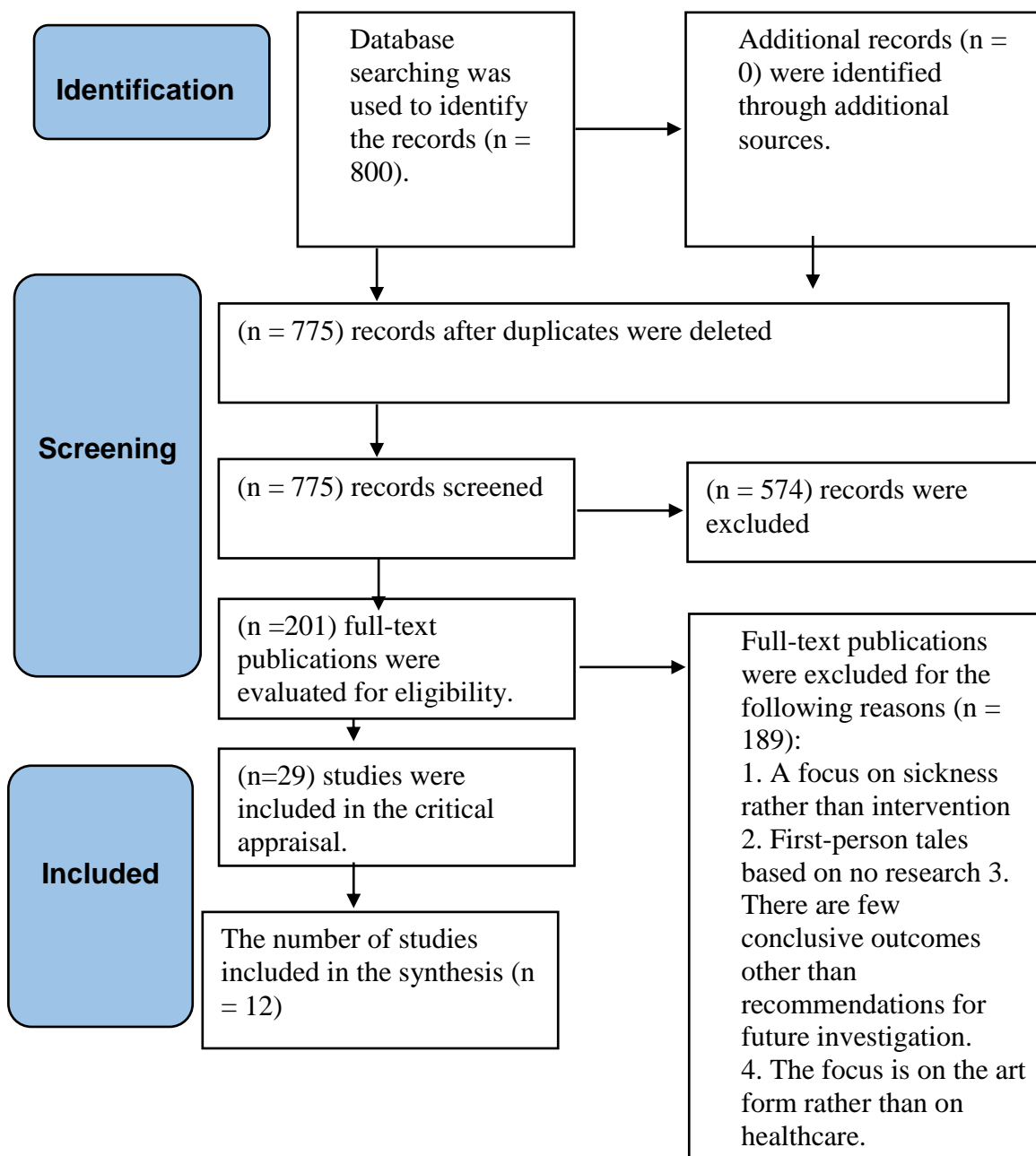
Table 2.1: Inclusion and exclusion criteria for the study

	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>
<b>Population</b>	Nursing Students	Other than Nursing Students
<b>Year</b>	2010-2021	Before 2010
<b>Type of studies</b>	Quantitative and Qualitative	Literature reviews and Reports

<b>Setting</b>	University and Hospital	Any other setting
<b>Language</b>	English Translated	Not English Translated
<b>Access</b>	Full Access	Not Provided
<b>Focus</b>	Drama/Theatre	Simulation

### 2.3 Results

201 papers were examined in their entirety to see if they met the inclusive criteria after screening titles and abstracts, removing duplicates, and including some hand-searched articles. As a result, the review was limited to 12 articles. Two pieces came from the United States, three from the United Kingdom, three from Sweden, two from Canada, and one each from Norway and South Africa.



**Figure 2.1: PRISMA Flowchart**



### **2.3.1 Study Characteristics**

A review of the literature turned up 12 researches from Canada, Norway, Sweden, South Africa, the United Kingdom, and the United States that looked into how drama may improve nursing education (see Prisma diagram- Table 1). Fourth, drama can aid nurses in developing improved communication skills and increasing their confidence and self-expression, which can lead to increased understanding of the patient experience through empathy, emotional engagement, and empowerment; third, drama can aid nurses in developing improved communication skills and increasing their confidence and self-expression, which can lead to increased understanding of one's professional identity through self-discovery, self-awareness, self-reflection, and identity consolidation; and fourth, drama can aid nurses in developing improved communication skills and increasing their confidence and self-expression.

Table 2.2: Characteristics of Study

Author, Year, Country	Design and data collection	Sample size	Results
Arveklev et al. (2018a, 2018b) Sweden	A technique based on phenomenography. Four focus group interviews were conducted.	There were 16 nursing students in total.	Drama allowed participants to comprehend patients' views while also allowing them to experiment with various caring tactics and communication approaches. By improving self-awareness, promoting self-reflection, and stimulating emotional engagement, drama allows students to explore their future professional identities.
Cangelosi (2018) Sweden	Designed in a qualitative manner. There were 43 group projects to complete.	There were 200 nursing students in total.	Students can develop a personal grasp of theoretical issues around conflict and conflict management by using theatre. By fluctuating between proximity and distance, drama might build student preparation and knowledge about addressing and resolving future disputes.
Hunter (2018) South	Exploratory and	There were 11	Drama gives theatre students valuable possibilities to expand their

Africa	<p>descriptive design were used in a qualitative approach. Data was collected through structured group interviews, individual interviews, and qualitative questionnaires.</p>	<p>nursing students in total.</p>	<p>knowledge of true character portrayal. Drama allows nursing students to communicate themselves succinctly, relieving needless strain in mental health patients. Self-awareness, feeling of identity, and upholding value and respect for themselves and others can all flourish as a result of this.</p>
<p>Buxton (2011) Canada</p>	<p>A qualitative before and after longitudinal design with focus groups was used to apply an interpretive phenomenological</p>	<p>There were 50 nursing students in total.</p>	<p>Phenomenological adjustments were discovered through data analysis, revealing that healthcare professionals' perceptions, understandings, and intended actions toward people with dementia shifted immediately after engaging with 'I'm still here.' This includes a shift from 'diminishing humanness to discerning humanness,' from 'disengaged care/ routine relating to reflexive relating in the moment,'</p>

	<p>method. Data was collected through focus group interviews before and after performances, as well as open-ended surveys.</p>		<p>and from 'terrifying depictions of loss to awakening to hopeful possibilities.'</p>
<p>Kontos et al. (2010) Canada</p>	<p>Qualitative explorative design after the intervention. Focus groups and semistructured interviews were used to gather information.</p>	<p>There were 24 nursing students in total.</p>	<p>This study demonstrated the effectiveness of drama as a pedagogical tool, as well as how practitioners adopted person-centered care, which allowed healthcare staff and dementia patients to express themselves and be empowered. Drama has proved helpful in enabling healthcare practitioners to think on their profession, allowing for a better understanding of the human components of treatment and patients' sickness experiences.</p>

<p>Bates (2013) Sweden</p>	<p>A qualitative method is used. Observations and field notes from two distinct occasions inside the Drama Workshop were used to collect data.</p>	<p>There were 11 nursing students in total.</p>	<p>The forum theatre has proven to be an effective instructional tool for promoting teamwork and collaboration among radiographers and nurses in the field of radiological intervention. Forum Theatre allowed participants to interact on a deeper level and experience different communication tactics while understanding how outcomes can alter based on the strategy selected by using a personal working experience.</p>
<p>Cahill (2013) UK</p>	<p>An approach that is unique. Questionnaires.</p>	<p>There were 100 nursing students in total.</p>	<p>The unique communication session demonstrated good and bad communication skills to nursing students, as well as communication devices that help them communicate effectively in the clinical setting. Allowing students to be exposed to a variety of learning methodologies and new experiences empowers them by allowing confidence to grow.</p>
<p>Ogston-Tuck et al. (2016) United</p>	<p>A mixed qualitative technique approach</p>	<p>49 student nurses</p>	<p>When utilised as an educational medium, film can elicit emotion by adding a personal element to the students' education and, as a result,</p>

Kingdom	was used in this study. Questionnaires with codes and a focus group		bringing fresh insights through viewing through the eyes of the patient. Through spiritual care, films enable for self-discovery and identity consolidation. Films can also be utilised to connect theory to practise since they humanise and connect human emotion to education, which would otherwise be primarily case studies.
Ekebergh (2015) Norway	Based on a hermeneutical phenomenological epistemology, a qualitative investigation was conducted through interviews.	There were 11 nursing students in total.	As a result of their exposure to new knowledge, the participants' conceptions of themselves and their collective identity were modified as a result of their participation in the music and drama workshop. Individuals gained a better awareness of themselves through self-discovery as a result of collective creative effort. When they established new and more complicated identities, their personal narratives grew.
Gainey (2019) USA	Textual analysis that is qualitative.	There were 11 nursing students in	Lack of knowledge of one's own power can lead to the status quo, which has a negative impact on our ability to work together as a team

	Reflections on a single page	total.	and, as a result, on our patients' well-being. Students can investigate, embody, and reflect in a safe and exploratory setting provided by theatre.
Tuxbury et al. (2012) USA	It's a combination of methods. Debriefing in groups, anonymous appraisal, and a reflective journal are all options.	There were 45 nursing students in total.	In comparison to manikin-based technology, forum theatre may provide a medium for skill application because of its applicability and relatability. Nursing students learned more about the effectiveness of various healthcare therapies that can be given to a patient during end-of-life care.
Wasytko and Stickley (2017) UK	The use of 'clickers theatre' in nursing education is described.	There were 20 nursing students in total.	The clicker's theatrical concept emphasises the strong, engaging, and emotive aspects of a reality-influenced theatre experience. The narrative mechanism allows for a greater level of interaction that is neither passive nor active, but allows people to immerse themselves

			in the story.
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### 2.3.2 Quality Appraisal

The CASP (Critical Appraisal Skills Programme) Qualitative Tool, which is created as a checklist to assess methodological rigour of qualitative publications (Critical Appraisal Skills Program (CASP), 2018), was used to critically appraise twenty-nine studies. The following scores were assigned to each article: "+++" high (scoring 8–10 across all categories), "++" medium (scoring 5–7), and "+" low (scoring 1–4). Studies that did not offer a description of the research design, data collection techniques, or a description of the participants were among those that were excluded on methodological grounds. If a study did not fit these criteria, it was nonetheless included in the review if it was thought to provide useful information in answering the research question. 17 publications were excluded after critical review due to concerns regarding their methodological rigour. As a result, this review contained a total of 12 papers (see Table 2.3).

<b>CASP Critical Appraisal Criteria</b>	<b>Clear Statement of research aims</b>	<b>Is qualitative methodology appropriate?</b>	<b>Was the research design appropriate to address the aims?</b>	<b>Was the recruitment statement appropriate to the aims of the research?</b>	<b>Was the data collected in a way that addressed the research?</b>	<b>Has the relationship between the researcher and participants been considered?</b>	<b>Have ethical issues been taken into consideration?</b>	<b>Was the data analysis sufficiently rigorous?</b>	<b>Is there a clear statement of findings?</b>	<b>How valuable is the research?</b>	<b>Total</b>
Arvekle v et al., 2018a	●	●		●	●		●	●	●	●	8
Arvekle v et al., 2018b	●	●	●	●	●		●	●	●	●	9
Jacobs and van Jaarsveldt, 2016	●	●	●	●	●	●	●	●	●	●	10
Jonas-Simpson et al., 2012	●	●	●	●	●		●	●	●	●	9
Kontos et al., 2010	●	●	●	●	●	●	●	●	●	●	10
Lundén et al., 2017	●	●	●	●	●		●	●	●	●	9
Neilson	●	●	●	●	●	●	●	●	●	●	10

and Reeves, 2019											
Kontos et al., 2010	●	●	●	●	●	●	●	●	●	●	10
Ørjasæter et al., 2017	●	●	●	●	●	●	●	●	●	●	10
Taylor and Taylor, 2017	●	●	●	●	●				●		6
Tuxbury et al., 2012	●	●	●	●	●	●		●	●	●	9
Wilson and Walker, 2017	●					●			●	●	4

Table 2.3: Quality appraisal of the studies done using the CASP checklist

### 2.3.3 Summary of Findings

As a result of the analysis, three themes and related sub-themes were created. The first theme, The Framing, shows that the drama can be conducted at different levels and the course can be conducted at the basic level of nursing education. Surprisingly, no studies were found on the use of theatre performed only at a high level. However, one article mentioned student involvement in advanced-level theatre with elementary school students (Bates, 2013). Midwifery students (advanced level) and nursing students (global level) participated in this study. This raises the question of whether drama is not used to the same extent at advanced level in nursing education or is used but not highlighted through research studies (McLaughlin, 2016). The locations for conducting the drama activities varied depending on how the drama was designed and who were participating, but in most of the articles custom locations at the campuses were used. This indicates that the location for using drama can be flexible and fitted into universities' existing premises (McLaughlin, 2016). The theme The Objectives examines a range of purposes for using drama in nursing education. The need to support student learning in nursing education was evident in many of the articles. Drama was a way to help students apply their theoretical knowledge in a variety of practical situations, develop specific skills, and prepare for their professional role as a nurse. To acquire certain skills, students need to experience relevant situations, but it can be difficult for students to access or find a quality clinical internship (McLaughlin, 2016). McAllister et al. (2013) found it difficult to provide students with a hands-on experience of end-of-life situations. Therefore, the drama was used as an effective alternative for students to have the opportunity to practice end-of-life care through fictitious scenarios. Dramas in nursing education are also recognized as a cost-effective teaching method (McAllister et al., 2013). According to some articles, acting contributes to lifelong learning and prepares students for a professional role as a nurse by allowing them to practice nursing in a safe and controlled environment. In acting, students

were able to work simultaneously in two worlds called Metaxia, integrating emotions, thoughts and behaviours. By providing this dual perspective drama, students were able to reflect on and learn from the actual experience of the fictional scenario. Metataxy makes it possible to apply new knowledge without the consequences of actual application (Middlewick et al., 2012). This allows students to look back both inside and outside their behaviour. This is important for professional learning. This opportunity to look back promotes professional skills such as critical thinking and self-confidence. The ability to be self-sensitive is important for caregivers and leads to self-acceptance and psychological growth (Middlewick et al., 2012). Nurses need to understand the patient's feelings and help them achieve similar growth. This factor is important in all long-term care (Watson, 2017). The third theme, "reification," shows that nursing education dramas can be implemented in a variety of ways. For example, students participated in role-playing games, watched and performed plays, and participated in forum theatres. However, the results also show that in most articles, nursing students were only allowed to try their role as nurses or other medical staff during theatrical activities. The roles of patients and relatives were played in most articles by actors, theatre students, teachers, and more (Watson, 2017). According to Burton (2013), the compassionate relationship between a nurse and a patient is an interpersonal relationship. Nurses need to learn techniques that involve the patient's experience in order to create a supportive community. Burton (2013) argues that theatre can provide students with the opportunity to experiment with different roles and explore their experiences from different perspectives. However, if the student is only given the opportunity to act as a medical staff, he completely misses the potential of the drama and the student misses the opportunity to explore the situation from the perspective of the patient and family.

## 2.4 Discussion

Theatre is effectively used at various stages and courses of nursing education to enhance student learning. The drama is flexible and can be adapted to different purposes, designs and locations (Watson, 2012). Future research is needed on the use of dramas to enable nursing students to play the role of fictitious patients and relatives and explore different perspectives. The lack of research on the use of drama in nursing education at a high level is another flaw highlighted by this review. Compassion is based on universal humanistic values such as kindness, empathy, concern, and love for oneself and others (Watson, 2012). Nurses need to understand these values in order to promote professional patient care. Otherwise, there is a risk that the nurse will be perceived as a deeper, meaningless task or action. Practicing these values cannot be achieved by reading alone. To fully understand it requires personal experience (Watson, 2012). Nursing students need to be able to integrate theoretical knowledge into meaningful tools when encountering patients in different nursing environments (Morrison et al., 2013). As the content of nursing education changes, nursing students often find it difficult to combine theory and practice, which creates constant tension between theory and practice. Nursing educators strive to find a balance that enable students to understand the relationship between theoretical course content and its practical application. The need for teaching methods with explicit references to practice is a topic currently under discussion among nursing educators (Morrison et al., 2013). One way to combine theory and practice is to use experiential learning. In experiential learning, knowledge is born through the transformation of experience (Morrison et al., 2013). Experiential learning can bridge the gap between theory and practice, as nursing is a practical profession and all students participate in clinical activities as well as theoretical lectures (Morrison et al., 2013). Deep learning occurs when students use both emotions and intelligence to interact with peers and teachers. Experiential learning in nursing education can foster students' personal perceptions,

creative expression and critical thinking (Watson, 2012). An empirical approach to learning can be implemented in education through all arts. Watson (2012) found that artistic practice promotes not only behavioural learning but also behavioural learning, so the essential ability to reflect professionally and personally is an essential part of learning through art. Claims. These two linked reflective elements were developed by Newcomb (2017), as a key to professional learning. Artistic teaching methods such as theatre can be used as a method of experiential learning to improve higher education (Newcomb, 2017). Cahill (2013) argues that the theatrical skills of health programs allow students to explain, rehearse, explore, deconstruct, and imagine problems and experiences.

### **Limitations of the review**

All 12 articles contained clear instructions on the use and application of the drama intended to be tested by this study. Because the scoping review method is considered to be the most comprehensive, we were able to include qualitative articles with a small sample size based on student reviews without a clear explanation of the data analysis process. .. This may be perceived as a limitation. However, we believe that by including these articles, we were able to achieve the purpose of this study. The 20112021 search engine also found no quantitative study of drama education in nursing, given the inclusion and exclusion criteria.

### **Chapter 3 - Research Methodology**

This chapter describes the methods and methodologies used in the study. This chapter describes survey design, the nature and inclusion / exclusion criteria of survey participants, and sampling techniques. This chapter also includes survey settings, data collection procedures, details of the equipment used to collect data, and attempts to reduce survey bias.

In addition, considerations regarding the ethical acceptability of the study are presented and the process of data analysis for quantitative methods is briefly explained.

### **3.1. Development of Drama-Based Nursing Education**

A team at the University of Edinburgh Napier collaborated with second grade BN during the period September 2019-December 2019. The drama was designed with the aim of improving the knowledge and decision making outcome of the nursing students. The drama was ensured for the clinical reliability and authenticity by seeking feedbacks from several clinicians and academics throughout the developing phase. Thus, this study is commenced to test the drama based education for its effect on student knowledge of interagency in healthcare and patient advocacy of BN and MN students as well as to assess for its acceptability and applicability.

### **3.2 Research Design**

A quantitative method was adopted to meet the aims of this study. The aim of this study was to explore the use of drama as an educational approach to enhance student nurses' understanding of patient advocacy. A pretest, posttest quantitative design was used to meet the research aim of the study.

### **3.3 Participants**

The study participants were BN 2nd year students and MN 2<sup>nd</sup> year students at Edinburgh Napier University. Both were preregistered Nursing Students. The total eligible population meeting the inclusion/exclusion criteria for the study was 544. Both verbal and written invitations to participate in the study was conveyed to the whole group of participants. A verbal invitation was given by the researchers themselves by giving a short presentation on the study topic and also with the help of module coordinators. A written invitation was given via the moodle of the program of study. However, only 275 students completed the pre-study



survey and total 342 students were present in the classroom. The participation of the study was voluntary and the convenience sample of the students was included for the quantitative phase of the study. The inclusion/ exclusion criteria for the study are listed below.

### **Inclusion/Exclusion Criteria**

#### **Inclusion Criteria**

- Second-year pre-registration Bachelor of Nursing students in ENU
- Second-year pre-registration Masters of Adult Nursing students in ENU
- Willing to participate in the study

#### **Exclusion Criteria**

- First, third or fourth-year pre-registration Bachelor of Nursing students in ENU
- First-year pre-registration Masters of Adult Nursing students in ENU
- Student nurses from other Universities

### **3.4 Setting of the Study**

This study was conducted at the School of Health and Social Welfare at the Edinburgh Napier University (ENU). Ethical approval was obtained from the Principal Academic Researcher of the ENU Ethics Committee before the study began. An invitation to participate was also sent via Module and Program Management. Students were informed that the study was voluntary and were guaranteed to be able to join and leave at any time during the study. They were also told that their decision or non-decision to participate would never affect their current research program. The course was then created in Moodle using the tentative date and time of data collection. Students were then scheduled for a session at their convenience and notified via Moodle of the final date, time and location.

### **3.5 Data Collection Process**

After all participants were invited, all were enrolled in Moodle's Effective Interagency in Healthcare course. On the day of data collection, participants were again informed about the nature and purpose of the study. They were convinced that the study had nothing to do with their academic program and that participation was completely voluntary. They recognized the freedom to withdraw consent at any time during the study, if desired. The anonymity and confidentiality of the collected data is guaranteed. After the information event, participants received a confirmation and signed consent form before the actual data collection began. Based on consent, participants were given to fill out a pre-survey patient advocacy questionnaire. The time required for the pre-questionnaire was 1015 minutes. After the preliminary survey, participants were given weekly research agendas on Moodle, short films related to care and patient support by multiple institutions were uploaded to Moodle, and physical and relevant presentations were given. .. The final step was to manage the post-survey questionnaire. The same questionnaire was used before and after the survey, but some questions about bio-data were missing and some subjective questions were added to the post-survey questionnaire. The total time for data collection in the quantitative phase was 6070 minutes.

#### **Bias in the study**

Since the students were introduced to the module through convenience sampling, they are more likely to have a selection bias. Also, the validity of the survey may be questioned because there are more pre-questionnaire surveys than post-questionnaire surveys, and only the matched pair has been 48.

### **3.6 Instrumentation for data collection**

A validated protective nursing advocacy scale (Hanks 2010) was used to collect data from the quantitative phase of the study. This scale was designed to measure the comprehension of pre-registered nurses in clinical decisions related to patient support. I managed the scale before and after the full tutorial so that I could compare the results. The quantitative questionnaire consisted of two parts. The questionnaire also included questions to collect demographics of participants and a protective nursing advocacy scale, including 43 items with Likert scales.

### **3.7 Ethical Considerations for the study**

Ethical approval was taken by the lead academic supervisor from the Ethical board of Edinburgh Napier University (ENU) before commencing the study as the participants of the study were students of ENU. External ethical clearance was not necessary for the study. Ethical considerations taken during the collection of data and its storage are stated below.

#### **3.7.1 Data collection**

The participants were informed about the voluntary nature of participation in the study and were reassured that participation or nonparticipation will not impact their program of study in any way. They were informed that they can withdraw at any point in the study if they want. Oral and written consent was obtained from all participants prior to proceeding with the study. Privacy and confidentiality were maintained throughout the data collection phase. Anonymity was maintained during quantitative data collection by using an anonymous identifier unique to each participant. Anonymity was maintained during the reporting of the study results.

### **3.7.2 Data Storage and Disposal**

The completed questionnaire used during the quantitative survey was securely stored in a university locker in a locked room accessible only to members of the research team. .. The collected data was transferred to SPSS's electronic records. Quantitative data was stored in electronic text format using SPSS software. Only members of the research team had access to the research data. Paper documents are stored securely for up to 6 months and electronic data is stored securely for up to 10 years, after which they are destroyed according to the guidelines of the University of Edinburgh Napier on the Safe Disposal of Confidential Waste.

### **3.7.3. Dissemination of Results**

The results of the study will be disseminated through publication in scientific journals.

### **3.8. Data Analysis**

Quantitative data analysis was performed using Social Science Statistics Package (SPSS) version 23. The purpose of the quantitative analysis was to measure the effect of drama education on participants' understanding of the importance of patient advocacy. Descriptive statistics such as averages and percentages were performed on demographic variables. Pre- and post-test scores were calculated for protective care advocacy for each questionnaire set. We then calculated the mean score and standard deviation before and after the test and compared their significance using the paired t-test. A p-value of <0.05 was considered significant for the study.

## **Chapter 4 - Research Findings**

This chapter presents the findings from the analysis of data gathered from quantitative methods.

#### 4.1 Participants Description

The study participants were BN 2nd year students and MN 2<sup>nd</sup> year students at Edinburgh Napier University. Both were preregistered Nursing Students. 544 students were enrolled on the module and therefore could have participated in the study (includes students who may have failed year 1 and not been withdrawn from module, on suspended studies etc).

$342/544=80.2\%$  attendance rate of students were present in the first tutorial (n.b. sickness/absence etc) out of which  $275/342=62.9\%$  response rate completed the pre-survey and the post module attendance rate is unknown however 175 students filled the post survey. RR for  $175/275 = 63.6\%$  (After-module).

Overall, a total score of 275 participants were there in the pre-module survey among them most respondents 90.5% (n=249) were female students and 8.7% (n=24) were male students. The age variance of the students represents that majority were between 21-30 years old (n=110) which makes up to 40.1% of total participation. The primary ethnicity of almost half of the respondents were White Caucasian 88.7% (n=244) and 56.9% (n=156) had prior healthcare-related experience. In terms of highest educational level majority of the participants 50.4% (n=137) had college level education prior to entry to nursing education programme. Likewise a total of 175 students participated in the post-module survey. Out of the total participation in the post-module survey majority 45.7% (n=80) were studying master in adult health nursing and 96% (n=168) were enrolled in bachelors of nursing programme. Among the total participation (n=48) were found to be matched pair meaning that

participated in both the pre and post module analysis when analyzed through SPSS among them most respondents 95.8% (n=46) were female students and 4.2% (n=2) were male students. Matched dataset - RR=48/175 (27.4%) had completed both pre and post survey (matched pair). The age variance of the students represents that majority were between 21-30 years old (n=23) which makes upto 47.9% of total participation. The primary ethnicity of almost half of the respondents were White Caucasian 95.8% (n=46) and 62.5% (n=30) had prior healthcare-related experience. In terms of highest educational level majority of the participants 68.7% (n=33) had college level education prior to entry to nursing education programme. Out of 48 matched pairs, majority 91.7% (n=44) were enrolled in bachelors of nursing programme and 8.3% (n=4) were studying master in adult health nursing.

#### Sample Socio-demographics characteristics (n=450)

Demographic Variables	Characteristics n (%)
Age	Under 20= 80 (29.2) 21-30 years= 110 (40.1) 31-40 years= 54 (19.7) 41-60 years= 30 (10.9)
Gender	Female= 249 (90.5) Male= 24(8.7) Trans= 01 (0.4) Others= 00 Prefer not to say=01 (0.4)
Primary Ethnicity	White/Caucasian=244(88.7) Asian= 8 (2.9) Black= 14 (5.1) Other=04 (1.5) Prefer not to say=05 (1.8)
Highest Educational Level	Secondary/High School=70 (25.7) College=137(50.4) Bachelor's/Undergraduate Degree=55 (20.2) Master's/Postgraduate Degree=10 (3.7) PhD=00
Healthcare-related Experience	Yes=157(56.9) No=118(43.1)
<b>Post-Module Participants (n= 175)</b>	
Field Qualifications	Adult Health=80(45.7) Mental Health=00

	<b>Learning Disability=08(4.6)</b> <b>Child Health=87 (49.7)</b>
<b>Qualifications</b>	<b>Bachelors of Science in Nursing(BN)=168(96)</b> <b>Master's in Nursing(MN)=6(3.2)</b>

**Table 4.1:Sample Demographics for Pre and Post module participants**

**Matched Pair Socio Demographics (n=48)**

<b>Demographic Variables</b>	<b>Characteristics n (%)</b>
<b>Age</b>	<b>Under 20= 12 (25)</b> <b>21-30 years= 23 (47.9)</b> <b>31-40 years= 8 (16.7)</b> <b>41-60 years= 5 (10.4)</b>
<b>Gender</b>	<b>Female= 46 (95.8)</b> <b>Male= 2(4.2)</b> <b>Trans= 00</b> <b>Others= 00</b> <b>Prefer not to say=00</b>
<b>Primary Ethnicity</b>	<b>White/Caucasian=46(95.8)</b> <b>Asian= 00</b> <b>Black= 01 (2.1)</b> <b>Other=01 (2.1)</b> <b>Prefer not to say=00</b>
<b>Highest Educational Level</b>	<b>Secondary/High School=8 (16.7)</b> <b>College=33(68.7)</b> <b>Bachelor's/Undergraduate Degree=6 (12.5)</b> <b>Master's/Postgraduate Degree=1 (2.1)</b> <b>PhD=00</b>
<b>Healthcare-related Experience</b>	<b>Yes=30(62.5)</b> <b>No=18(37.5)</b>
<b>Field Qualifications</b>	<b>Adult Health=37(77.1)</b> <b>Mental Health=00</b> <b>Learning Disability=04(8.3)</b> <b>Child Health=07 (14.6)</b>
<b>Qualifications</b>	<b>Bachelors of Science in Nursing(BN)=44(91.7)</b> <b>Master's in Nursing(MN)=4(8.3)</b>

**Table 4.2: Matched Pair Demographics**

**4.2 Measuring Protective Nursing Advocacy:**

Nursing advocacy for patients is regarded as a critical aspect of nursing practise. Nursing advocacy research is relatively young, and few psychometric measures to measure nursing advocacy have been established. Students' responses on the Patient Nursing Advocacy Scale

(Hanks 2010), which included 43 items and was used in both the pre-module and post-module surveys, are shown in Table 3. The Protective Nursing Advocacy Scale (PNAS) assesses nursing advocacy attitudes and behaviours from a protective standpoint. It was described by Hanks (2010) as a valid and reliable instrument for evaluating health advocacy ideas and activities conducted by nurses in their professional practise context. It directs nurse advocacy practise and serves as a foundation for nursing research. Multiple studies have found that this scale has sufficient internal consistency as well as sufficient construct, content, and convergent validity evidence (Hanks, 2010). In the pre-module survey the statement in which the most students agreed was that ‘I am acting as a patient advocate when I am protecting vulnerable patients from harm’. This was followed by ‘I am advocating for my patient when I protect my patient’s rights in the health care environment’ and ‘Patients have varying degrees of ability to advocate for themselves’. Moreover, the statement with which most of the students from pre-module disagreed was that ‘The more years that I work in nursing, the less effective I am at advocating for my patients’ followed by ‘Nurses do not provide advocacy for their patients in the clinical setting’ and ‘I may be punished for my actions by my employer when I inform my patients of their own rights’. While in the post-module survey the statement in which the most students agreed was that ‘As the nurse, I keep my patient’s best interest as the main focus of nursing advocacy’. This was followed by ‘I speak out on my patient’s behalf when I am acting as my patient’s advocate’ and ‘Patients have varying degrees of ability to advocate for themselves’. Furthermore, in the after-module survey the most disagreed statement ranked as first was ‘Nurses do not provide advocacy for their patients in the clinical setting’ followed by ‘I doubt my own abilities to provide advocacy for my patients’ and ‘Nurses that speak out on behalf of patients may face retribution from employers’ was ranked third.



**Measuring Protective Nursing Advocacy (n=450) (Before-n=275), (After-n=175), (Matched Pair After Response-n=48)**

Item #	Scale Item	Before-Response n (%)		After-Response n (%)		Matched Pair After Response n(%)				
1.	Patients need nurses to act on the patients' behalf	Strongly Disagree	10	2.5	Strongly Disagree	1	.2	Strongly Disagree	2	.2
		Moderately Disagree	46	11.4	Moderately Disagree	3	.7	Moderately Disagree	3	.7
		Neither Agree or Disagree	74	18.4	Neither Agree or Disagree	36	9.0	Neither Agree or Disagree	3	9.0
		Moderately Agree	94	23.4	Moderately Agree	82	20.4	Moderately Agree	30	20.4
		Strongly Agree	47	11.7	Strongly Agree	53	13.2	Strongly Agree	10	13.2
2.	Nurses are legally required to act as patient advocates when patients are perceived to be in danger	Strongly Disagree	2	.5	Moderately Disagree	1	.2	Moderately Disagree	1	.3
		Moderately Disagree	5	1.2	Neither Agree or Disagree	28	7.0	Neither Agree or Disagree	2	7.0
		Neither Agree or Disagree	33	8.2	Moderately Agree	64	15.9	Moderately Agree	10	15.8
		Moderately Agree	102	25.4	Strongly Agree	81	20.1	Strongly Agree	35	20.1
		Strongly Agree	130	32.3						
3.	As the nurse, I									

	keep my patient's best interest as the main focus of nursing advocacy	<table border="1"> <tbody> <tr> <td>Moderately Disagree</td> <td>1</td> <td>.2</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>41</td> <td>10.2</td> </tr> <tr> <td>Moderately Agree</td> <td>113</td> <td>28.1</td> </tr> <tr> <td>Strongly Agree</td> <td>119</td> <td>29.6</td> </tr> </tbody> </table>	Moderately Disagree	1	.2	Neither Agree or Disagree	41	10.2	Moderately Agree	113	28.1	Strongly Agree	119	29.6	<table border="1"> <tbody> <tr> <td>Moderately Agree</td> <td>20</td> <td>5.0</td> </tr> <tr> <td>Strongly Agree</td> <td>155</td> <td>38.6</td> </tr> </tbody> </table>	Moderately Agree	20	5.0	Strongly Agree	155	38.6	<table border="1"> <tbody> <tr> <td>Moderately Agree</td> <td>8</td> <td>5.0</td> </tr> <tr> <td>Strongly Agree</td> <td>40</td> <td>38.6</td> </tr> </tbody> </table>	Moderately Agree	8	5.0	Strongly Agree	40	38.6															
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Moderately Agree	8	5.0																																									
Strongly Agree	40	38.6																																									
4.	Nurses who understand the benefits of patient advocacy are better patient advocates	<table border="1"> <tbody> <tr> <td>Moderately Disagree</td> <td>1</td> <td>.2</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>41</td> <td>10.2</td> </tr> <tr> <td>Moderately Agree</td> <td>113</td> <td>28.1</td> </tr> <tr> <td>Strongly Agree</td> <td>119</td> <td>29.6</td> </tr> </tbody> </table>	Moderately Disagree	1	.2	Neither Agree or Disagree	41	10.2	Moderately Agree	113	28.1	Strongly Agree	119	29.6	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>5</td> <td>1.2</td> </tr> <tr> <td>Moderately Agree</td> <td>77</td> <td>19.2</td> </tr> <tr> <td>Strongly Agree</td> <td>93</td> <td>23.1</td> </tr> </tbody> </table>	Neither Agree or Disagree	5	1.2	Moderately Agree	77	19.2	Strongly Agree	93	23.1	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>5</td> <td>1.2</td> </tr> <tr> <td>Moderately Agree</td> <td>13</td> <td>19.3</td> </tr> <tr> <td>Strongly Agree</td> <td>30</td> <td>23.4</td> </tr> </tbody> </table>	Neither Agree or Disagree	5	1.2	Moderately Agree	13	19.3	Strongly Agree	30	23.4									
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24	Nurses do not provide advocac y for their patients in the	<table border="1"> <tr><td>Strongly Disagree</td><td>74</td><td>18.4</td></tr> <tr><td>Moderately Disagree</td><td>110</td><td>27.4</td></tr> <tr><td>Neither Agree or Disagree</td><td>77</td><td>19.2</td></tr> <tr><td>Moderately Agree</td><td>11</td><td>2.7</td></tr> </table>	Strongly Disagree	74	18.4	Moderately Disagree	110	27.4	Neither Agree or Disagree	77	19.2	Moderately Agree	11	2.7	<table border="1"> <tr><td>Strongly Disagree</td><td>76</td><td>18.9</td></tr> <tr><td>Moderately Disagree</td><td>76</td><td>18.9</td></tr> <tr><td>Neither Agree or Disagree</td><td>16</td><td>4.0</td></tr> <tr><td>Moderately Agree</td><td>3</td><td>.7</td></tr> </table>	Strongly Disagree	76	18.9	Moderately Disagree	76	18.9	Neither Agree or Disagree	16	4.0	Moderately Agree	3	.7	<table border="1"> <tr><td>Strongly Disagree</td><td>20</td><td>18.9</td></tr> <tr><td>Moderately Disagree</td><td>20</td><td>18.9</td></tr> <tr><td>Neither Agree or Disagree</td><td>3</td><td>4.0</td></tr> <tr><td>Moderately Agree</td><td>3</td><td>.7</td></tr> </table>	Strongly Disagree	20	18.9	Moderately Disagree	20	18.9	Neither Agree or Disagree	3	4.0	Moderately Agree	3	.7									
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	clinical setting	Strongly Agree	2	.5	Strongly Agree	2	.5	Strongly Agree	2	.5
25	I am ethically obligated to speak out for my patients when they are threatened by harm	Moderately Disagree	6	1.5	Neither Agree or Disagree	41	10.2	Neither Agree or Disagree	6	10.2
		Neither Agree or Disagree	22	5.5	Moderately Agree	47	11.7	Moderately Agree	20	11.7
		Moderately Agree	90	22.4	Strongly Agree	86	21.4	Strongly Agree	22	21.4
		Strongly Agree	156	38.8						
26	Nurses that provide information to patients about patient care are acting as patient advocates	Strongly Disagree	6	1.5	Strongly Disagree	8	2.0	Strongly Disagree	8	2.0
		Moderately Disagree	23	5.7	Moderately Disagree	17	4.2	Moderately Disagree	17	4.2
		Neither Agree or Disagree	79	19.7	Neither Agree or Disagree	46	11.4	Neither Agree or Disagree	46	11.4
		Moderately Agree	118	29.4	Moderately Agree	63	15.7	Moderately Agree	33	15.7
		Strongly Agree	48	11.9	Strongly Agree	40	10.0	Strongly Agree	40	10.0
27	Patients have varying	Strongly Disagree	2	.5	Moderately Disagree	2	.5	Moderately Disagree	2	.5

	degrees of ability to advocate for themselves	<table border="1"> <tbody> <tr> <td>Moderately Disagree</td> <td>4</td> <td>1.0</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>25</td> <td>6.2</td> </tr> <tr> <td>Moderately Agree</td> <td>130</td> <td>32.3</td> </tr> <tr> <td>Strongly Agree</td> <td>112</td> <td>27.9</td> </tr> </tbody> </table>	Moderately Disagree	4	1.0	Neither Agree or Disagree	25	6.2	Moderately Agree	130	32.3	Strongly Agree	112	27.9	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>8</td> <td>2.0</td> </tr> <tr> <td>Moderately Agree</td> <td>74</td> <td>18.4</td> </tr> <tr> <td>Strongly Agree</td> <td>90</td> <td>22.4</td> </tr> </tbody> </table>	Neither Agree or Disagree	8	2.0	Moderately Agree	74	18.4	Strongly Agree	90	22.4	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>8</td> <td>2.0</td> </tr> <tr> <td>Moderately Agree</td> <td>74</td> <td>18.4</td> </tr> <tr> <td>Strongly Agree</td> <td>90</td> <td>22.4</td> </tr> </tbody> </table>	Neither Agree or Disagree	8	2.0	Moderately Agree	74	18.4	Strongly Agree	90	22.4															
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28	Vulnerable patients need my protection in harmful situations	<table border="1"> <tbody> <tr> <td>Moderately Disagree</td> <td>1</td> <td>.2</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>29</td> <td>7.2</td> </tr> <tr> <td>Moderately Agree</td> <td>115</td> <td>28.6</td> </tr> <tr> <td>Strongly Agree</td> <td>129</td> <td>32.1</td> </tr> </tbody> </table>	Moderately Disagree	1	.2	Neither Agree or Disagree	29	7.2	Moderately Agree	115	28.6	Strongly Agree	129	32.1	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>12</td> <td>3.0</td> </tr> <tr> <td>Moderately Agree</td> <td>54</td> <td>13.4</td> </tr> <tr> <td>Strongly Agree</td> <td>108</td> <td>26.9</td> </tr> </tbody> </table>	Neither Agree or Disagree	12	3.0	Moderately Agree	54	13.4	Strongly Agree	108	26.9	<table border="1"> <tbody> <tr> <td>Neither Agree or Disagree</td> <td>12</td> <td>3.0</td> </tr> <tr> <td>Moderately Agree</td> <td>54</td> <td>13.4</td> </tr> <tr> <td>Strongly Agree</td> <td>108</td> <td>26.9</td> </tr> </tbody> </table>	Neither Agree or Disagree	12	3.0	Moderately Agree	54	13.4	Strongly Agree	108	26.9															
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29	Increased nursing experience does not increase the nurse's ability to act as a patient advocate	<table border="1"> <tbody> <tr> <td>Strongly Disagree</td> <td>15</td> <td>3.7</td> </tr> <tr> <td>Moderately Disagree</td> <td>38</td> <td>9.5</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>62</td> <td>15.4</td> </tr> <tr> <td>Moderately Agree</td> <td>102</td> <td>25.4</td> </tr> <tr> <td>Strongly Agree</td> <td>57</td> <td>14.2</td> </tr> </tbody> </table>	Strongly Disagree	15	3.7	Moderately Disagree	38	9.5	Neither Agree or Disagree	62	15.4	Moderately Agree	102	25.4	Strongly Agree	57	14.2	<table border="1"> <tbody> <tr> <td>Strongly Disagree</td> <td>5</td> <td>1.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>12</td> <td>3.0</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>39</td> <td>9.7</td> </tr> <tr> <td>Moderately Agree</td> <td>72</td> <td>17.9</td> </tr> <tr> <td>Strongly Agree</td> <td>46</td> <td>11.4</td> </tr> </tbody> </table>	Strongly Disagree	5	1.2	Moderately Disagree	12	3.0	Neither Agree or Disagree	39	9.7	Moderately Agree	72	17.9	Strongly Agree	46	11.4	<table border="1"> <tbody> <tr> <td>Strongly Disagree</td> <td>5</td> <td>1.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>12</td> <td>3.0</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>39</td> <td>9.7</td> </tr> <tr> <td>Moderately Agree</td> <td>72</td> <td>17.9</td> </tr> <tr> <td>Strongly Agree</td> <td>46</td> <td>11.4</td> </tr> </tbody> </table>	Strongly Disagree	5	1.2	Moderately Disagree	12	3.0	Neither Agree or Disagree	39	9.7	Moderately Agree	72	17.9	Strongly Agree	46	11.4
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		Moderately Disagree	82	20.4	Moderately Disagree	68	16.9	Moderately Disagree	68	16.9
		Neither Agree or Disagree	83	20.6	Neither Agree or Disagree	43	10.7	Neither Agree or Disagree	43	10.7
		Moderately Agree	18	4.5	Moderately Agree	21	5.2	Moderately Agree	21	5.2
		Strongly Agree	5	1.2	Strongly Agree	4	1.0	Strongly Agree	4	1.0
34	When nurses inform and educate patients about patients' rights in the clinical setting, the nurses may place	Strongly Disagree	116	28.9	Strongly Disagree	57	14.2	Strongly Disagree	57	14.2
		Moderately Disagree	114	28.4	Moderately Disagree	71	17.7	Moderately Disagree	71	17.7
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36	Nurses can protect patients from harmful situations by physically barring a procedure from occurring	<table border="1"> <tr><td>Strongly Disagree</td><td>32</td><td>8.0</td></tr> <tr><td>Moderately Disagree</td><td>67</td><td>16.7</td></tr> <tr><td>Neither Agree or Disagree</td><td>117</td><td>29.1</td></tr> <tr><td>Moderately Agree</td><td>45</td><td>11.2</td></tr> <tr><td>Strongly Agree</td><td>13</td><td>3.2</td></tr> </table>	Strongly Disagree	32	8.0	Moderately Disagree	67	16.7	Neither Agree or Disagree	117	29.1	Moderately Agree	45	11.2	Strongly Agree	13	3.2	<table border="1"> <tr><td>Strongly Disagree</td><td>14</td><td>3.5</td></tr> <tr><td>Moderately Disagree</td><td>14</td><td>3.5</td></tr> <tr><td>Neither Agree or Disagree</td><td>77</td><td>19.2</td></tr> <tr><td>Moderately Agree</td><td>61</td><td>15.2</td></tr> <tr><td>Strongly Agree</td><td>9</td><td>2.2</td></tr> </table>	Strongly Disagree	14	3.5	Moderately Disagree	14	3.5	Neither Agree or Disagree	77	19.2	Moderately Agree	61	15.2	Strongly Agree	9	2.2	<table border="1"> <tr><td>Strongly Disagree</td><td>14</td><td>3.5</td></tr> <tr><td>Moderately Disagree</td><td>14</td><td>3.5</td></tr> <tr><td>Neither Agree or Disagree</td><td>77</td><td>19.2</td></tr> <tr><td>Moderately Agree</td><td>61</td><td>15.2</td></tr> <tr><td>Strongly Agree</td><td>9</td><td>2.2</td></tr> </table>	Strongly Disagree	14	3.5	Moderately Disagree	14	3.5	Neither Agree or Disagree	77	19.2	Moderately Agree	61	15.2	Strongly Agree	9	2.2
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37	Nurses are acting as																																																

	advocate s when nurses protect the right of patients to make their own decision s	Strongly Disagree	6	1.5	Strongly Disagree	6	1.5	Strongly Disagree	6	1.5
		Moderately Disagree	18	4.5	Moderately Disagree	14	3.5	Moderately Disagree	14	3.5
		Neither Agree or Disagree	52	12.9	Neither Agree or Disagree	38	9.5	Neither Agree or Disagree	38	9.5
		Moderately Agree	109	27.1	Moderately Agree	56	13.9	Moderately Agree	56	13.9
		Strongly Agree	89	22.1	Strongly Agree	61	15.2	Strongly Agree	61	15.2
38	Nurses should not advocate for patients when treatmen ts cause sufferin g without patient benefit	Strongly Disagree	52	12.9	Strongly Disagree	28	7.0	Strongly Disagree	28	7.0
		Moderately Disagree	46	11.4	Moderately Disagree	39	9.7	Moderately Disagree	39	9.7
		Neither Agree or Disagree	114	28.4	Neither Agree or Disagree	59	14.7	Neither Agree or Disagree	59	14.7
		Moderately Agree	38	9.5	Moderately Agree	42	10.4	Moderately Agree	42	10.4
		Strongly Agree	23	5.7	Strongly Agree	7	1.7	Strongly Agree	7	1.7
39	The more years that I work in nursing,	Strongly Disagree	75	18.7	Strongly Disagree	81	20.1	Strongly Disagree	81	20.1
		Moderately Disagree	108	26.9	Moderately Disagree	54	13.4	Moderately Disagree	54	13.4
		Neither Agree or Disagree	78	19.4	Neither Agree or Disagree	36	9.0	Neither Agree or Disagree	36	9.0

	the less effective I am at advocating for my patients	<table border="1"> <tr> <td>Moderately Agree</td> <td>9</td> <td>2.2</td> </tr> <tr> <td>Strongly Agree</td> <td>3</td> <td>.7</td> </tr> </table>	Moderately Agree	9	2.2	Strongly Agree	3	.7	<table border="1"> <tr> <td>Moderately Agree</td> <td>2</td> <td>.5</td> </tr> <tr> <td>Strongly Agree</td> <td>1</td> <td>.2</td> </tr> </table>	Moderately Agree	2	.5	Strongly Agree	1	.2	<table border="1"> <tr> <td>Moderately Agree</td> <td>2</td> <td>.5</td> </tr> <tr> <td>Strongly Agree</td> <td>1</td> <td>.2</td> </tr> </table>	Moderately Agree	2	.5	Strongly Agree	1	.2																											
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40	I am less effective at speaking out for my patients when I am tired	<table border="1"> <tr> <td>Strongly Disagree</td> <td>48</td> <td>11.9</td> </tr> <tr> <td>Moderately Disagree</td> <td>69</td> <td>17.2</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>78</td> <td>19.4</td> </tr> <tr> <td>Moderately Agree</td> <td>64</td> <td>15.9</td> </tr> <tr> <td>Strongly Agree</td> <td>15</td> <td>3.7</td> </tr> </table>	Strongly Disagree	48	11.9	Moderately Disagree	69	17.2	Neither Agree or Disagree	78	19.4	Moderately Agree	64	15.9	Strongly Agree	15	3.7	<table border="1"> <tr> <td>Strongly Disagree</td> <td>42</td> <td>10.4</td> </tr> <tr> <td>Moderately Disagree</td> <td>42</td> <td>10.4</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>53</td> <td>13.2</td> </tr> <tr> <td>Moderately Agree</td> <td>34</td> <td>8.5</td> </tr> <tr> <td>Strongly Agree</td> <td>4</td> <td>1.0</td> </tr> </table>	Strongly Disagree	42	10.4	Moderately Disagree	42	10.4	Neither Agree or Disagree	53	13.2	Moderately Agree	34	8.5	Strongly Agree	4	1.0	<table border="1"> <tr> <td>Strongly Disagree</td> <td>42</td> <td>10.4</td> </tr> <tr> <td>Moderately Disagree</td> <td>42</td> <td>10.4</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>53</td> <td>13.2</td> </tr> <tr> <td>Moderately Agree</td> <td>34</td> <td>8.5</td> </tr> <tr> <td>Strongly Agree</td> <td>4</td> <td>1.0</td> </tr> </table>	Strongly Disagree	42	10.4	Moderately Disagree	42	10.4	Neither Agree or Disagree	53	13.2	Moderately Agree	34	8.5	Strongly Agree	4	1.0
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41	I am not an effective advocate because I am suffering burnout	<table border="1"> <tr> <td>Strongly Disagree</td> <td>50</td> <td>12.4</td> </tr> <tr> <td>Moderately Disagree</td> <td>59</td> <td>14.7</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>71</td> <td>17.7</td> </tr> <tr> <td>Moderately Agree</td> <td>77</td> <td>19.2</td> </tr> <tr> <td>Strongly Agree</td> <td>15</td> <td>3.7</td> </tr> </table>	Strongly Disagree	50	12.4	Moderately Disagree	59	14.7	Neither Agree or Disagree	71	17.7	Moderately Agree	77	19.2	Strongly Agree	15	3.7	<table border="1"> <tr> <td>Strongly Disagree</td> <td>21</td> <td>5.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>38</td> <td>9.5</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>60</td> <td>14.9</td> </tr> <tr> <td>Moderately Agree</td> <td>46</td> <td>11.4</td> </tr> <tr> <td>Strongly Agree</td> <td>9</td> <td>2.2</td> </tr> </table>	Strongly Disagree	21	5.2	Moderately Disagree	38	9.5	Neither Agree or Disagree	60	14.9	Moderately Agree	46	11.4	Strongly Agree	9	2.2	<table border="1"> <tr> <td>Strongly Disagree</td> <td>21</td> <td>5.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>38</td> <td>9.5</td> </tr> <tr> <td>Neither Agree or Disagree</td> <td>60</td> <td>14.9</td> </tr> <tr> <td>Moderately Agree</td> <td>46</td> <td>11.4</td> </tr> <tr> <td>Strongly Agree</td> <td>9</td> <td>2.2</td> </tr> </table>	Strongly Disagree	21	5.2	Moderately Disagree	38	9.5	Neither Agree or Disagree	60	14.9	Moderately Agree	46	11.4	Strongly Agree	9	2.2
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42	Because I don't like working	<table border="1"> <tr> <td>Strongly Disagree</td> <td>105</td> <td>26.1</td> </tr> <tr> <td>Moderately Disagree</td> <td>61</td> <td>15.2</td> </tr> </table>	Strongly Disagree	105	26.1	Moderately Disagree	61	15.2	<table border="1"> <tr> <td>Strongly Disagree</td> <td>69</td> <td>17.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>38</td> <td>9.5</td> </tr> </table>	Strongly Disagree	69	17.2	Moderately Disagree	38	9.5	<table border="1"> <tr> <td>Strongly Disagree</td> <td>69</td> <td>17.2</td> </tr> <tr> <td>Moderately Disagree</td> <td>38</td> <td>9.5</td> </tr> </table>	Strongly Disagree	69	17.2	Moderately Disagree	38	9.5																											
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	as a nurse, I am less willing to act as a patient advocate	Neither Agree or Disagree	46	11.4	Neither Agree or Disagree	40	10.0	Neither Agree or Disagree	40	10.0
		Moderately Agree	47	11.7	Moderately Agree	18	4.5	Moderately Agree	18	4.5
		Strongly Agree	15	3.7	Strongly Agree	10	2.5	Strongly Agree	10	2.5
43	I lack the dedication to the nursing profession to act as a patient advocate	Strongly Disagree	131	32.6	Strongly Disagree	72	17.9	Strongly Disagree	72	17.9
		Moderately Disagree	64	15.9	Moderately Disagree	45	11.2	Moderately Disagree	45	11.2
		Neither Agree or Disagree	48	11.9	Neither Agree or Disagree	37	9.2	Neither Agree or Disagree	37	9.2
		Moderately Agree	20	5.0	Moderately Agree	8	2.0	Moderately Agree	8	2.0
		Strongly Agree	9	2.2	Strongly Agree	12	3.0	Strongly Agree	12	3.0

Table 4.3: Measuring Protective Nursing Advocacy

This quantitative research elicited the following findings from 175 nursing students who filled the post questionnaire and out of these 175, there were only 48 nursing students who actually filled both pre and post questionnaires. First, the nursing student interest in advocacy was boosted when they were exposed to dramatic presentations. This finding is aligned with those of the previous studies on drama based pedagogy: that drama based pedagogy boosts students` interest in learning because of its interactive and multimodal platform, meeting students` need for an interesting instructional style (Cawthon et al., 2019). The task of galvanising students` interest in patient advocacy has been ignored in the field of general education and in the writing classroom.

Second, the students in this study felt that their exposure to drama based pedagogy gave them valuable opportunities to develop interest in patient advocacy. Through the engaging learning context offered by drama based pedagogy, the students gained an enhanced or refined understanding of patient advocacy. Even the previous studies that touched on drama based pedagogy focused on the outcomes of student learning rather than on the students` process of developing interest in patient advocacy (Gainey, 2019). In other words, this study contributed to the literature on teaching interagency working and patient advocacy through drama based pedagogy, detailing the students` feelings about and during the process. Third, this study showed the close relationships among the students` interest in advocacy and their feelings about drama based pedagogy. When exposed to drama based pedagogy, the students` interest in patient advocacy never abated. In terms of nursing students` awareness of patient advocacy, the students felt more strongly about the benefits of drama based pedagogy in that regard.

#### **4.3 Instrument Validity and Reliability**

PNAS has a high degree of dependability (Cronbach's alpha = 0.94), according to Hanks (2010). Hanks (2010) calculated the total scale content validity index of 0.79 using the approach proposed by Lynn in 1986 and applied to a panel of eight medical surgical nursing experts. Experts judge the content relevance of items to the constructs being measured using a 5-point Likert scale in this procedure. Convergent validity investigated the relationship between two independent methods of measuring an attribute by correlating them. The total scores of the Nursing Professional Values Scale Revised and Protective Nursing Advocacy Scale are related with total PNAS scores in this example to support convergent validity. A positive association between PNAS and NPVSR total scores was hypothesised for this study. The Pearson correlation value estimated for total PNAS and total NPVSR scores was 0.256, which was statistically significant at the 0.01 level and shows that these two scales have a good relationship (Hanks, 2010).

#### **4.4 Quantitative Analysis**

Prior to and after the intervention, the PNAS scale (Hanks 2010) was employed. The Statistical Package for Social Sciences (SPSS) version 23 was used to conduct the statistical analysis of the data obtained. The mean, percentage, and standard deviation were calculated as descriptive statistics. For PNAS, pre- and post-module scores were determined. A paired Student's t-test was used to compare pre and post scores, with a P-value of P 0.05 considered significant. Before the session, the participants scored an average of 160 (SD= 18.4) on the advocacy scale, however after the intervention, they scored an average of 200 (SD= 23.3). This suggests that following the module, there was a considerable increase of 26.3 percent.

Table 4.4: Mean Pre and Post-test Scores and P-Value

<b>Subscale</b>	<b>Mean Pre-test score</b>	<b>Mean Post-test Score</b>	<b>Difference in Scores</b>	<b>P- Value</b>
Advocacy	160 (SD=18.4)	200 (SD=23.3)	Increase by 26.3%	(P < 0.05)

#### **4.5 Analysis through Hanks (2010) PNAS Research:**

Hanks directed PNAS in 2010. He classified the 43 elements into four categories. The first component, 'acting as advocate,' contains 16 items that reflect actions taken by nurses when advocating for patients, such as the ethical and legal requirements for acting as a nursing advocate for patients, protecting vulnerable patients, acting on their behalf, and providing information to patients. The 'work status and advocacy actions' components in the second component indicate the potential repercussions of advocating for patients in the workplace. The third component, 'environment and educational factors,' includes eight items that assess how nurses use their personal knowledge and internal environment to advocate, such as confidence, personal values, and beliefs. The fourth component, named 'support and barriers to advocacy', consists of 8 items that indicate external support for nursing advocacy, including the influence of physician support and the work environment (Hanks, 2010). The remaining six items (24, 29, 35, 36, 38, 39) appeared to load on to a fifth component; however, theoretically, they are not reflecting a unified concept. It is this lack of theoretical connectivity between these six items that excludes them from being included in a fifth component (Hanks, 2010).

<b>Component</b>	<b>No. of items</b>
Acting as advocate	16
Work status and advocacy actions	5

Environment and educational influences	8
Support and barriers to advocacy	8

**Figure 4.5 showing four components in PNAS Scale**

<b>Components</b>	<b>Before module mean score</b>	<b>After module mean scores</b>	<b>Mean Difference</b>
<b>Acting as an Advocate</b>	<b>55</b>	<b>70</b>	<b>15</b>
<b>Work status and advocacy actions</b>	<b>12</b>	<b>20</b>	<b>8</b>
<b>Environment and educational influences</b>	<b>28</b>	<b>36</b>	<b>8</b>
<b>Support and barriers to advocacy</b>	<b>29</b>	<b>38</b>	<b>9</b>

**Figure 4.6 showing each component mean score and difference before/after module**

The first component, `acting as advocate`, containing 16 items is reflected as actions taken by nurses when advocating for patients which is quite evident in student nurses after taking module shown in figure 4.7 as the parameter of strongly agree for component 1 items has increased post module and in figure 4.6 mean score difference has increased by 15. The 5 items in the second component, labelled `work status and advocacy actions`, reflect the possible consequences of advocating for patients in the work setting which is quite evident in figure 4.8 that participants are more confident in advocating for the patients after taking the module which also shows important increase in strongly agree parameter of 5 items in component 2 and in figure 4.6 mean score difference has increased by 8. The third

component, called `environment and educational influences`, includes 8 items that measure the use of personal knowledge and nurses` internal environment to act as advocates, including confidence, personal values, and beliefs which shows that student nurses are quite efficiently able to use their environment and education in patient advocacy which is also significantly improved as shown by increasing percentage of strongly agree in post module 8 items data in 3rd component (figure 4.9) and in figure 4.6 mean score difference has increased by 8. The fourth component, named `support and barriers to advocacy`, consists of 8 items that indicate external support for nursing advocacy, including the influence of physician support and the work environment. The fourth component eight items statements show that participants will not let barriers to hinder patient advocacy therefore there is a sudden rise in strongly disagree parameter of post module 8 items that participants will not get affected by any external barrier while doing patient advocacy as shown in figure 5.0 and in figure 4.6 mean score difference has increased by 9 which is quite significant as reverse coding was done for negatively worded 4<sup>th</sup> component 8 items.

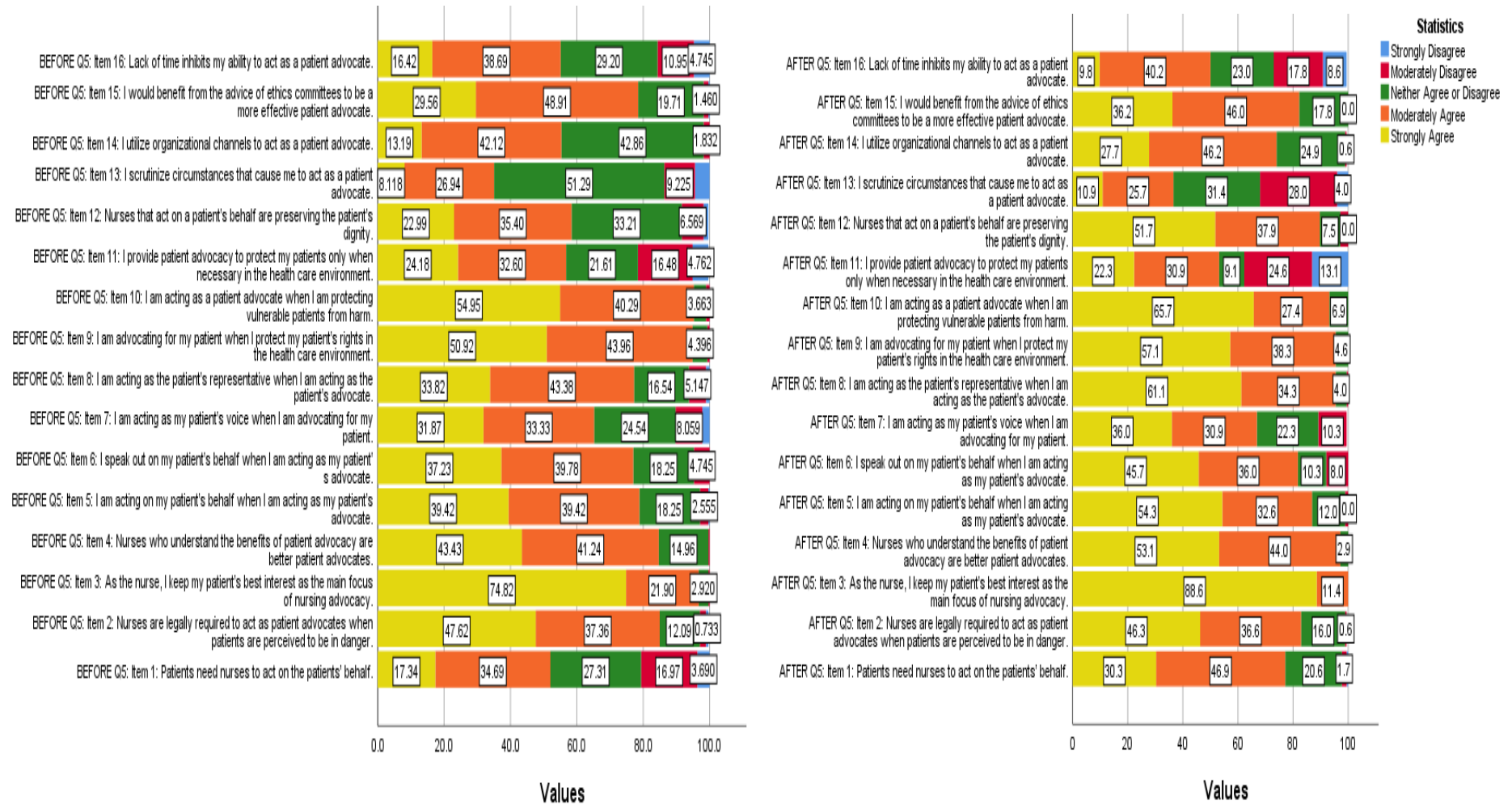


Figure 4.7: Stacked Bars showing Comparison between before and after module 16 items in PNAS Component 1

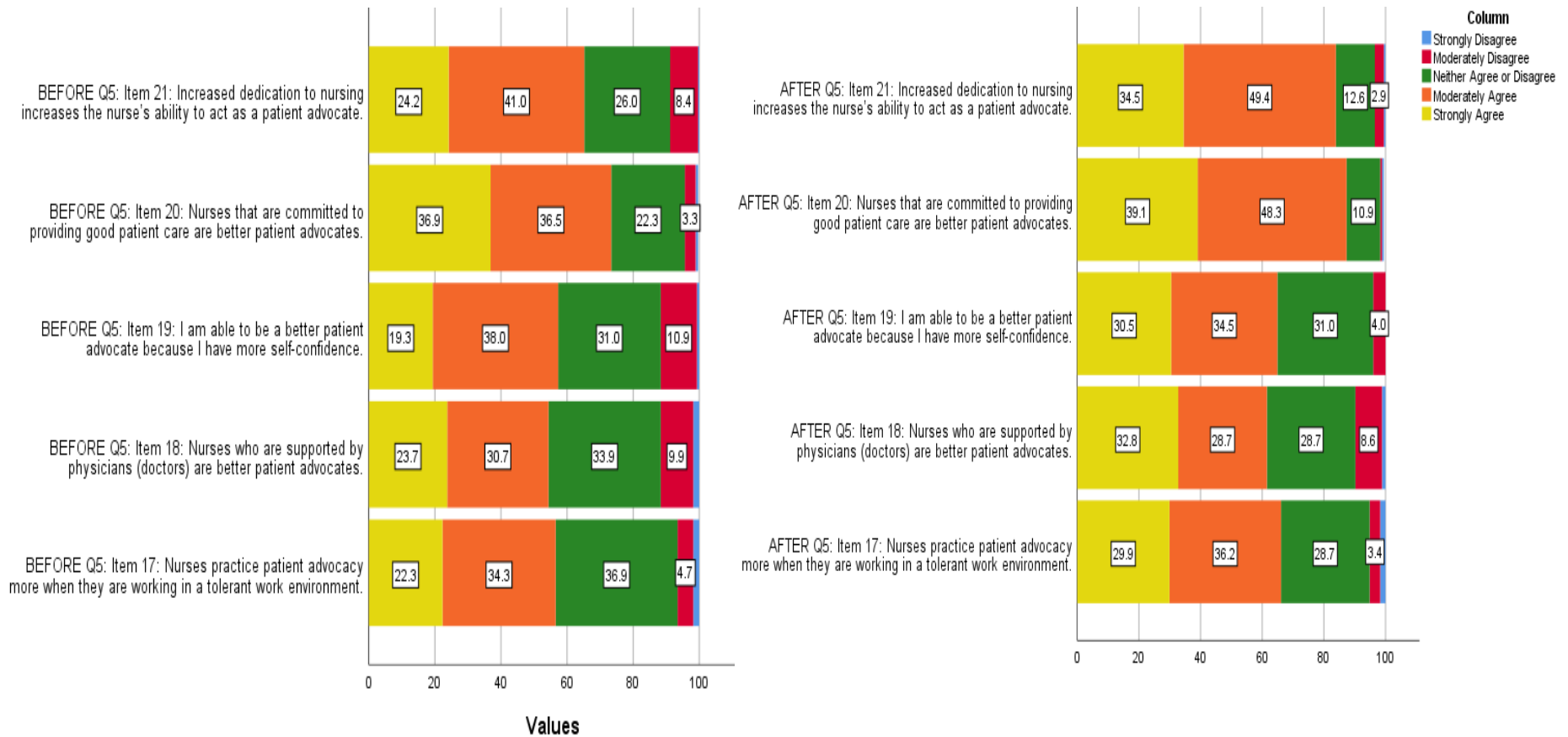


Figure 4.8: Stacked Bars showing Comparison between before and after module 5 items in PNAS Component 2



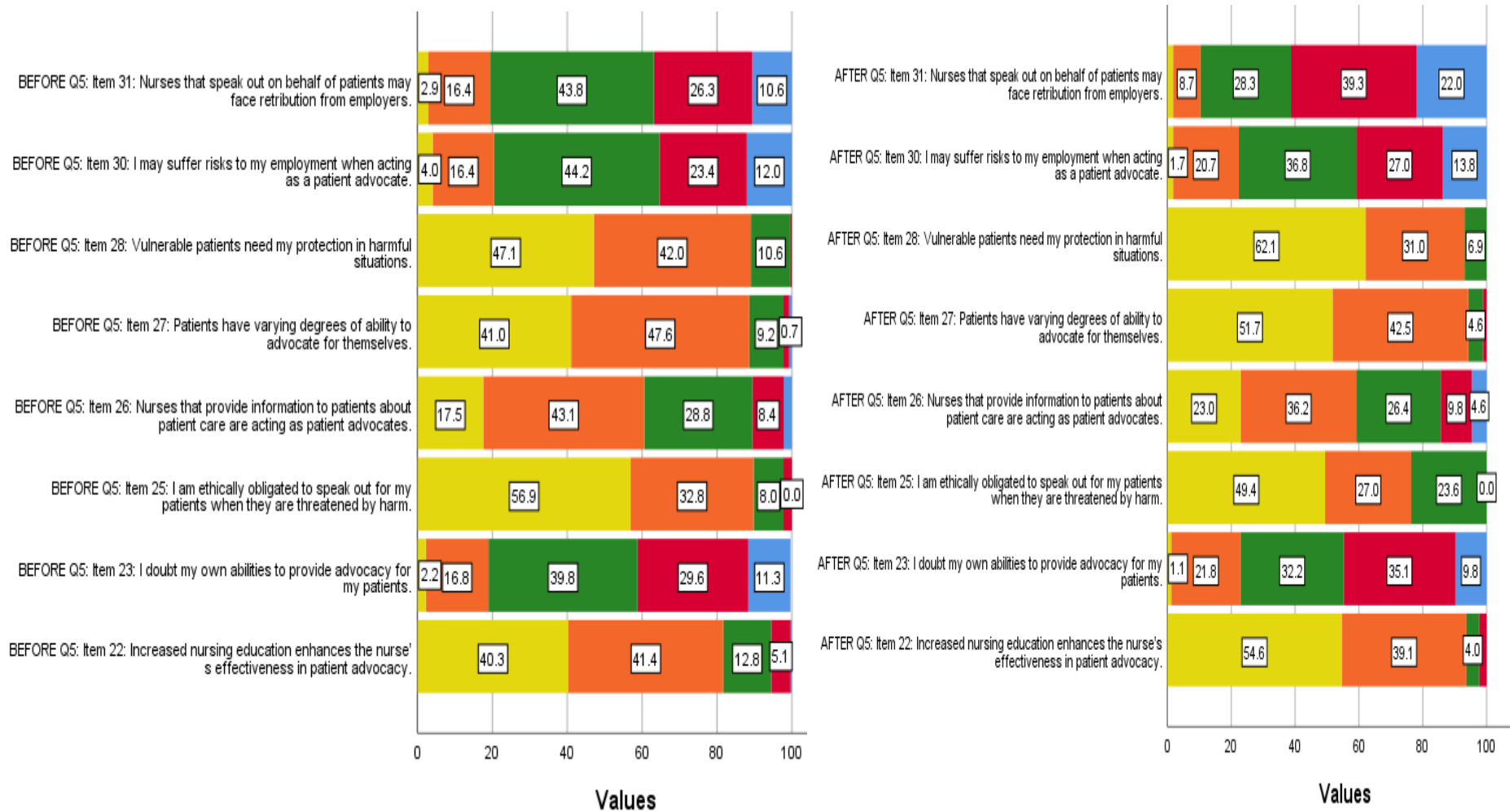


Figure 4.9: Stacked Bars showing Comparison between before and after module 8 items in PNAS Component 3

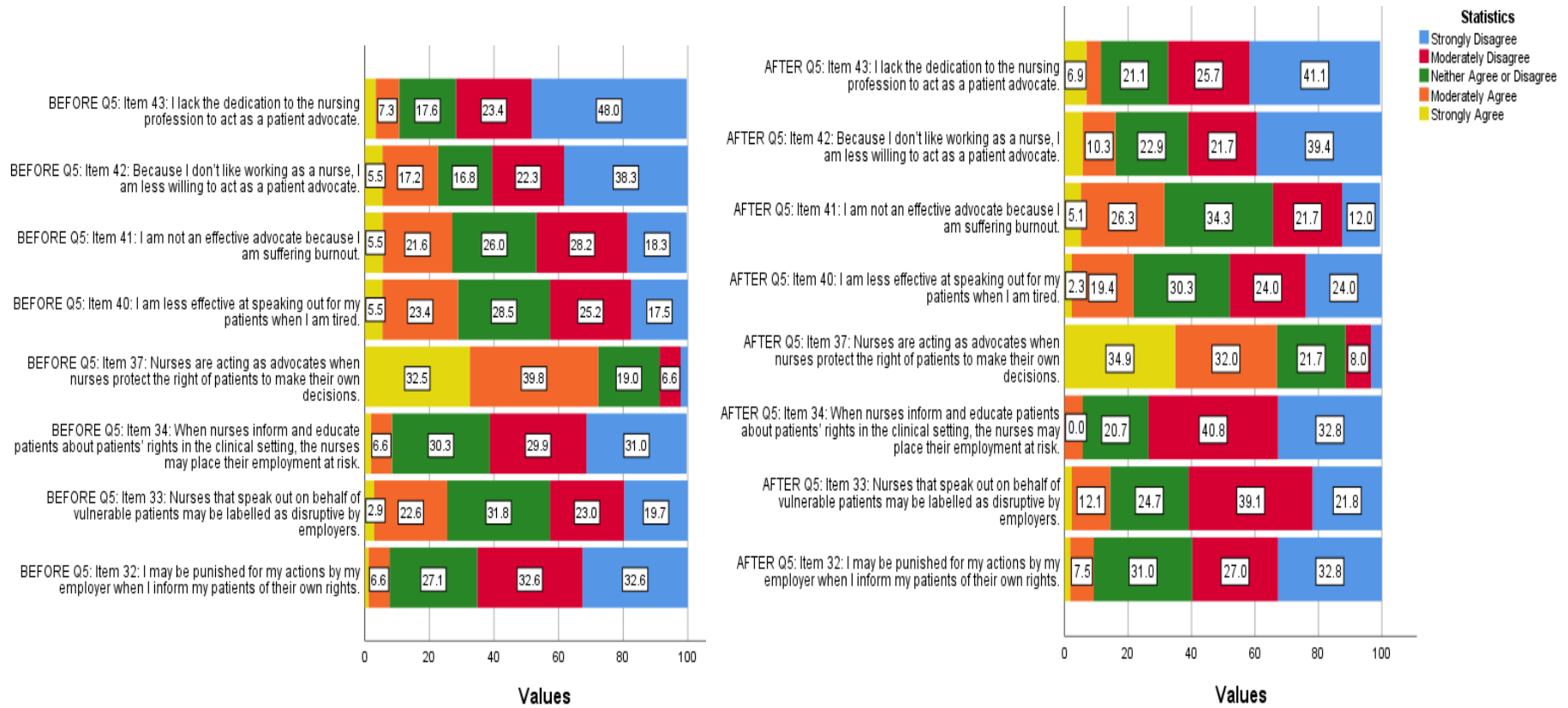


Figure 5.0: Stacked Bars showing Comparison between before and after module 8 items in PNAS Component 4

## **Chapter 5-Discussion and Analysis of Findings**

This chapter will cover a variety of topics relevant to the research. The overview of the important findings will be discussed first. The findings will also be discussed in relation to the findings of other investigations. Following then, the study's merits and limitations will be examined. A cost-benefit analysis of Drama Based Education will also be given.

### **5.1 Key Findings:**

The results show that the Protective Nursing Advocacy Scale (Hanks 2010) represents a valid and reliable instrument for the evaluation of beliefs and health advocacy actions, contributing to guide the advocacy practice in nursing and providing bases for research in this area. As a pedagogical strategy drama was used to help the students to develop skills needed in their future profession. Drama was used to prepare students for patient advocacy in near future and to realize its importance. Drama proved to be an effective educational approach used in various stages and courses in nursing education to enhance students learning of patient advocacy. Also, results also showed that drama can be flexible and adjusted to various purposes, designs and locations in nursing education for enhanced learning of student nurses.

This study also proves that nurses must engage in the patient's experience and learn techniques to form support units, and theatre can give students the opportunity to examine their experience from different perspectives.

In addition, this study showed that theatre can be seen as a way for students to learn lifelong learning techniques that allow them to understand the framework of professional care. By exploring the complexity of human behaviour in dramas, students were given the opportunity to grow as more advanced practitioners.

By examining one's feelings about patient advocacy, students can learn strategies for overcoming barriers to patient advocacy that may help advocate for patients in the future.

Another important finding was that by dramatically observing the care situation, students

were able to replace their fears with self-confidence and self-confidence. Unique forms of creative expression, drama, and drama helped nursing students to express their creative ideas in an interactive and nurtured environment. The drama promoted creativity and helped trainee nurses use their imagination to respond to different scenarios. The drama deepened sympathy as nursing students were better able to engage in patient advocacy with a good understanding of characters, roles and plays. This allowed the participants to deepen their empathy. The ability to see the world from the perspective of others without making judgments. This uses your imagination to strengthen the emotional intelligence of the participants. The drama increased concentration. The drama has developed the ability of nursing students to focus on the patient's scenario and the patient's suffering. The drama taught nursing students to understand the need to stand up for their patients.

## **5.2 Discussion of Findings of the Current Study with Respect to Available Literature**

This studies sought to benefit perception into the blessings of drama in nursing schooling and exposed quite a number methods drama can guide scholar getting to know and expert improvement. Drama became observed to beautify nursing college students` expertise of the affected person revel in via the improvement of empathy abilities. Empathy has been described because the system wherein a nurse develops an expertise of a affected person's global with the aid of using growing a cognitive and emotional reference to them (Oh et al., 2012). The capacity to illustrate empathy, as a nurse, is paramount in fostering affected person consider and improvement of a healing relationship. These relationships make a contribution to great care (Oh et al., 2012).

While studies identifies that nurses do have issue in expressing and speaking empathy (O'Toole, 2012), empathy is a talent that may be superior via using drama in schooling. Consistent with studies, one of the only techniques to educate nursing college students the

communication abilities required to enhance empathy had been simulations that immersed the scholar within the revel in with embedded possibilities for mirrored image and debriefing (O'Toole, 2012). This evaluate has validated that drama offers a conduit for this immersive revel in, simulating the revel in for nursing college students of `placing oneself in a person else's shoes`. The acquisition of this talent interprets into extra self-assurance and preparedness to set up healing alliances with others (O'Toole, 2012).

The evaluation highlighted that drama also can guide nursing students in expertise and consolidating their expert identification as nurses, via the system of self-discovery, self-cognizance, and self-mirrored image. These findings mirror the ones of Pitt et al., (2012) who validated how drama instructors used overall performance to mirror on and in addition expand their feel of expert identification, which extended non-public and expert resilience and wellbeing. Pitt et al., (2012) additionally recognized the blessings past improvement of nursing abilities to expertise the expert nursing attributes and production of one's expert responsibility and identification via using drama primarily based totally simulated environments which emulated a coroner's courtroom docket for intellectual fitness nursing college students.

Further, using drama in nursing schooling became observed to enhance the communication abilities of nursing students of their interactions with sufferers (Pitt et al., (2012). A take a look at with the aid of using Reams and Bashford (2011) showed that the verbal communication abilities and non-verbal frame language of nursing students stepped forward via enacted nurse and affected person interactions. Skills regarding empathy and listening had been cited to enhance for students who engaged because the nurse with the ones enacting an affected person role (Reams & Bashford, 2011). They additionally observed that scholars expressed extended empathy of their non-verbal communication via their tone of voice, eye

contact, sitting with the affected person, and taking note of the affected person's issue even as they're giving care (Reams & Bashford, 2011). Significantly, using drama supplied a secure getting to know surroundings for nursing students enacting the jobs of healthcare specialists and this superior their expertise of communication techniques in practise for medical placements (Reams & Bashford, 2011).

Sociolinguistic research on conversational evaluation in drama-base schooling discovered that those getting to know processes superior the communication abilities of healthcare specialists (Schon, 2015). Drama superior communication capabilities in having the ability to `assume on one's feet` in healthcare interactions with sufferers, family and colleagues, and it stepped forward the capacity to mirror on communication and get hold of feedback (Schon, 2015). The use of drama also can growth scholar cognizance of ways verbal and non-verbal communication are used to reassure sufferers and additionally steady affected person cooperation all through strategies of care (Schon, 2015). Schon (2015) contend that this takes place with the aid of using growing the reflective and self-cognizance abilities of nursing students the use of drama as a framework to enhance on interactions for medical practice. Additionally, those drama primarily based totally getting to know reports can also additionally assist lessen scholar tension and pressure that may arise all through healthcare placements in medical settings with sufferers (SmithBattle,2012). Deep getting to know reports may be fostered via using drama and serve to beautify the healing communication abilities of cnursing students (SmithBattle, 2012), in addition to expand abilities in self-mirrored image which furthers information, self-care abilities and improves the care of sufferers (SmithBattle, 2012). Critical questioning abilities utilized by nursing students may be stepped forward the use of drama with the intention to pick out gaps of their personal information and abilities, and benefit insights into the views of others (SmithBattle, 2012). Notably, getting to know the use of drama can facilitate scholar abilities in coping with and

resolving conflicts, and decreases pressure and tension for nursing students (SmithBattle, 2012).

### **5.3 Strengths of the study:**

The current research population consisted of second-year undergraduate nursing students and pre-registered second-year master's students in adult nursing. At the time of the study, students in these classes acquired skills similar to theoretical knowledge in the laboratory simulation laboratory on how to deal with sepsis, and as a result were able to comment and compare their effectiveness. , Selected as a research group. Researchers in drama-based education related to other pedagogical methods believe that including different levels of pre-registered students in nursing helped to gather a broader perspective. Next, a quantitative approach was used in the study. This is another strength that researchers see. According to the literature, quantitative methods provide broader and deeper insights into the complex phenomena of health research (Watson, 2012). The quantitative approach provided a general overview of specific areas of research aimed at generalization (Watson, 2012). The next strength of the study is the use of the PNAS scale (Hanks, 2010), which has been validated at the quantitative stage of the study, to measure the effect of drama education on the patient advocacy of participants. Because the level of self-confidence and anxiety strongly influences clinical decision-making, the PNAS scale was developed with the aim of assessing changes in the level of patient advocacy associated with decision-making in the clinical setting (Hanks 2010). Hanks (2010) also emphasizes that the scale was checked for validity and reliability at several stages and modified accordingly during the development stage. It was subsequently used in several studies in the field of nursing research (Hanks 2010). In addition, this scale has also been modified, translated and validated into the Brazilian language (Wasytko & Stickley, 2013). PNAS-scale pre-module and post-module management helped achieve

current research goals by assessing the impact of drama-based education on attendee patient support.

#### **5.4 Limitations of the study:**

There was nothing about drama pedagogy in nursing, so it was difficult to find a quantitative study to support the study. In addition, the post-survey questionnaire did not include questions about bio-data, making it difficult to get a basic explanation of the survey participants. Also, because it was a convenience sampling, there was a high possibility of bias. In addition, the number of matching pairs is significantly smaller, equivalent to 48, making it very difficult to analyse the data for real results. Even if the mixed approach was adopted, the results were more powerful to support the idea of using drama education to improve patient advocacy. One of the limitations of this study is the small sample size in the quantitative phase of the study. The intended sample size of pre-registered participants at the quantitative stage of the study was 544, but only 275 students volunteered and there were only 48 matching pairs. However, there are some possible explanations for this. First, it could be because you were already busy with the planned learning module. Therefore, they may have been reluctant to participate in the study because they had to allocate additional time to the module. In addition, because there are only 48 matching pairs, generalization of survey results may not be applicable to all students and may be difficult to generalize to all students. Also, post survey attendance rate is unknown that how many students were there in the class during post survey out of which 175 filled post survey form.

#### **5.5 Cost-Analysis of this research:**

This research received Teaching Fellow Grant from Edinburgh Napier University.

### **Chapter 6 – Conclusion, Implications and Recommendations**

#### **6.1 Conclusion**



The goal of a quantitative study at Edinburgh Napier University was to see how drama-based instruction affected pre-registration nursing students' patient advocacy. The study's goal was met by conducting a convenience sampling cohort quantitative study. Drama education increased pre-registration nursing students' patient advocacy skills by 26.3 percent (P 0.05), according to the quantitative part of the study.

To sum up, the study's findings indicate that theatre is regarded as a useful and appropriate supplement to nursing education. As a result, in today's world of science and technology, it could be a promising pedagogic strategy to apply to educate nursing students. While this drama was created with the primary goal of increasing nursing students' competence in patient advocacy, the researchers believe that rather than using a single teaching method, combining both (Drama and classroom learning) will provide the greatest benefit to the students by complementing each other's inadequacies.

## **6.2 Implications of the Study to Practice**

This examine decided that, as compared with the direct preparation technique, schooling that makes use of the innovative-drama approach had a extra advantageous impact on nursing students' attitudes closer to advocacy for sufferers; consequently, the innovative-drama is advanced as mastering as compared to direct-preparation furnished on this way. In addition, receiving advantageous remarks from innovative drama organization nursing students turned into vital for achieving anticipated mastering goals concerning the advocacy of sufferers, growing the best of schooling thru a student-participation technique, and reflecting this technique within the care furnished to sufferers. In accordance with the studies' findings, it's far advocated to generalize the usage of innovative drama as a mastering technique within the schooling of nursing college students regarding advocacy of sufferers. It is likewise advocated that in addition researches are performed at the concern to higher imply the effectiveness of innovative drama schooling in growing the attitudes of nursing college

students closer to being concerned for sufferers earlier than the nursing college students' graduation.

### **6.3 Recommendations for Future Studies**

1. Further studies on drama primarily based totally schooling with a bigger pattern length and random choice of the examine pattern is suggested to growth the generalization of the effects.
2. Randomized controlled trial may be achieved in destiny to evaluate the effectiveness of school room mastering and drama in growing the understanding and choice making talents amongst nursing college students.
3. A loss of studies concerning the software of drama in nursing schooling on a complicated stage is every other deficiency that have become clean thru this studies which desires to be achieved.
4. Also, nursing college students' participation within the drama associated with medical settings may be recommended to sell higher understanding.

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## Appendix:

### Appendix 1:

#### ➤ Pre-module Questionnaire:

## Dramatic Effect: Enhancing Student Engagement Through Performance Research Evaluation

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### Consent Form

Please complete the **Consent Form** below before completing the questionnaire.

This page will be separated from the questionnaire to ensure your responses are anonymous.

Please initial  
box

1. I confirm that I have read and understood the **Participant Information Sheet (Version 1, 03/04/19)**. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, without any of my rights being affected. I understand that if I choose to withdraw from the study all data collected from me will be destroyed.

3. The information I provide will be treated confidentially and will be stored securely in electronic and paper form.

4. I give permission for the information I provide to be used in reports, publications and presentations with preservation of anonymity.

5. I agree to take part in this study.

\_\_\_\_\_  
Your Name (PLEASE PRINT)                      Today's Date                      Your Signature

\_\_\_\_\_  
of person taking consent                      Date                      Signature                      Name

If you would like to receive a summary of the **anonymised findings by email** please write your email address here: \_\_\_\_\_

### Section 1: Create Your Unique Anonymous Identifier

We will ask you to complete some questions in this survey again after you have completed the Module. So that we are able to link your responses to this questionnaire to a future questionnaire, please create a **unique anonymous identifier** for the study known only to you by:

Writing the **first two letters** of your **first name** in these boxes  
(e.g., if **Richard**, write **R I**)

R	I
---	---

Writing the month of your **birthday** in these boxes  
(e.g., if July, write **0 7**)

0	7
---	---

Writing the **last two letters** of your **mother's maiden name** in these boxes  
(e.g., if **Smith**, write **T H**)

T	H
---	---

### Section 4: Protective Nursing Advocacy Scale (Hanks 2010)

Please indicate your rating using strongly disagree, moderately disagree, moderately agree, and strongly agree for each of the following statements. Please indicate your rating using a ✓ in the box to the right of each statement.



<b>Item no.</b>	<b>Item</b>	<b>Strongly Disagree</b>	<b>Moderately Disagree</b>	<b>Moderately Agree</b>	<b>Strongly Agree</b>
1	Patients need nurses to act on the patients' behalf				
2	Nurses are legally required to act as patient advocates when patients are perceived to be in danger				
3	As the nurse, I keep my patient's best interest as the main focus of nursing advocacy				
4	Nurses who understand the benefits of patient advocacy are better patient advocates				
5	I am acting on my patient's behalf when I am acting as my patient's advocate				
6	I speak out on my patient's behalf when I am acting as my patient's advocate				
7	I am acting as my patient's voice				

	when I am advocating for my patient				
8	I am acting as the patient's representative when I am acting as the patient's advocate				
9	I am advocating for my patient when I protect my patient's rights in the health care environment				
10	I am acting as a patient advocate when I am protecting vulnerable patients from harm				
11	I provide patient advocacy to protect my patients only when necessary in the health care environment				
12	Nurses that act on a patient's behalf are preserving the patient's dignity				
13	I scrutinize circumstances that				

	cause me to act as a patient advocate				
14	I utilize organizational channels to act as a patient advocate				
15	I would benefit from the advice of ethics committees to be a more effective patient advocate				
16	Lack of time inhibits my ability to act as a patient advocate				
17	Nurses practice patient advocacy more when they are working in a tolerant work environment				
18	Nurses who are supported by physicians are better patient advocates				
19	I am able to be a better patient advocate because I have more self-confidence				
20	Nurses that are				

	committed to providing good patient care are better patient advocates				
21	Increased dedication to nursing increases the nurse's ability to act as a patient advocate				
22	Increased nursing education enhances the nurse's effectiveness in patient advocacy				
23	I doubt my own abilities to provide advocacy for my patients				
24	Nurses do not provide advocacy for their patients in the clinical setting				
25	I am ethically obligated to speak out for my patients when they are threatened by harm				
26	Nurses that provide information to patients about patient care are				

	acting as patient advocates				
27	Patients have varying degrees of ability to advocate for themselves				
28	Vulnerable patients need my protection in harmful situations				
29	Increased nursing experience does not increase the nurse's ability to act as a patient advocate				
30	I may suffer risks to my employment when acting as a patient advocate				
31	Nurses that speak out on behalf of patients may face retribution from employers				
32	I may be punished for my actions by my employer when I inform my patients of their own rights				
33	Nurses that speak out on behalf of				

	vulnerable patients may be labeled as disruptive by employers				
34	When nurses inform and educate patients about patients' rights in the clinical setting, the nurses may place their employment at risk				
35	When nurses act as patient advocates, they are not supporting patients				
36	Nurses can protect patients from harmful situations by physically barring a procedure from occurring				
37	Nurses are acting as advocates when nurses protect the right of patients to make their own decisions				
38	Nurses should not advocate for patients when treatments cause suffering without				

	patient benefit				
39	The more years that I work in nursing, the less effective I am at advocating for my patients				
40	I am less effective at speaking out for my patients when I am tired				
41	I am not an effective advocate because I am suffering burnout				
42	Because I don't like working as a nurse, I am less willing to act as a patient advocate				
43	I lack the dedication to the nursing profession to act as a patient advocate				

### Section 5: About You

**Question 9:** What is your age? (Please tick one box.)

Under 20	<input type="checkbox"/> 1	41-60	<input type="checkbox"/> 4
21-30	<input type="checkbox"/> 2	61 and over	<input type="checkbox"/> 5
31-40	<input type="checkbox"/> 3		

**Question 10:** What **gender** do you identify as? (Please tick one box.)

Female	<input type="checkbox"/> 1	Trans	<input type="checkbox"/> 3
Male	<input type="checkbox"/> 2	Other	<input type="checkbox"/> 4
		Prefer not to say	<input type="checkbox"/> 5

**Question 11:** What is the **primary ethnicity** that you identify as? (Please tick one box.)

White / Caucasian	<input type="checkbox"/> 1	Asian	<input type="checkbox"/> 3
Black	<input type="checkbox"/> 2	Other	<input type="checkbox"/> 4
		Prefer not to say	<input type="checkbox"/> 5

**Question 12:** What was your **highest educational level** before starting your nursing programme? (Please tick one box.)

Secondary / High School	<input type="checkbox"/> 1	Bachelor's / Undergraduate Degree	<input type="checkbox"/> 3
College	<input type="checkbox"/> 2	Master's / Postgraduate Degree	<input type="checkbox"/> 4
		PhD	<input type="checkbox"/> 5

**Question 13:** Did you have previous **healthcare-related experience** before starting your nursing programme? (Please tick one box.)

Yes	<input type="checkbox"/> 1	No	<input type="checkbox"/> 0
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➤ **Post-module Questionnaire:**

**Dramatic Effect: Enhancing Student Engagement Through Performance**

**Research Evaluation**

**Consent Form**

Please complete the **Consent Form** below before completing the questionnaire.

This page will be separated from the questionnaire to ensure your responses are anonymous.

	Please initial box
6. I confirm that I have read and understood the <b>Participant Information Sheet (Version 1, 03/04/19)</b> . I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
7. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, without any of my rights being affected. I understand that if I choose to withdraw from the study all data collected from me will be destroyed.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
8. The information I provide will be treated confidentially and will be stored securely in electronic and paper form.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
9. I give permission for the information I provide to be used in reports, publications and presentations with preservation of anonymity.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
10. I agree to take part in this study.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>

\_\_\_\_\_ Today's Date \_\_\_\_\_ Your Signature

Your Name (PLEASE PRINT)

\_\_\_\_\_ Name

of person taking consent \_\_\_\_\_ Date \_\_\_\_\_ Signature

If you would like to receive a summary of the **anonymised findings by email** please write your email address here: \_\_\_\_\_

### Section 1: Create Your Unique Anonymous Identifier

We will ask you to complete some questions in this survey again after you have completed the Module. So that we are able to link your responses to this questionnaire to a future questionnaire, please create a **unique anonymous identifier** for the study known only to you by:

Writing the **first two letters** of your **first name** in these boxes  
(e.g., if **Richard**, write **R I**)

R	I
---	---

Writing the month of your **birthday** in these boxes  
(e.g., if July, write **0 7**)

0	7
---	---

Writing the **last two letters** of your **mother's maiden name** in these boxes  
(e.g., if **Smith**, write **T H**)

T	H
---	---

### Section 2: Inter-professional working

**Question 1:** What **field** of nursing are you studying? (Please tick one box.)

- |                     |                            |               |                            |
|---------------------|----------------------------|---------------|----------------------------|
| Adult Health        | <input type="checkbox"/> 1 | Mental Health | <input type="checkbox"/> 4 |
| Learning Disability | <input type="checkbox"/> 2 | Child Health  | <input type="checkbox"/>   |

**Question 2:** What **qualification** are you studying for? (Please tick one box.)

- |                            |                            |                          |                            |
|----------------------------|----------------------------|--------------------------|----------------------------|
| Bachelor's in Nursing (BN) | <input type="checkbox"/> 0 | Master's in Nursing (MN) | <input type="checkbox"/> 1 |
|----------------------------|----------------------------|--------------------------|----------------------------|

### Section 4: Protective Nursing Advocacy Scale (Hanks 2010)

Please indicate your rating using strongly disagree, moderately disagree, moderately agree, and strongly agree for each of the following statements. Please indicate your rating using a ✓ in the box to the right of each statement.

Item no.	Item	Strongly Disagree	Moderately Disagree	Moderately Agree	Strongly Agree
1	Patients need nurses to act on the patients' behalf				
2	Nurses are legally required to act as patient advocates when patients are perceived to be in danger				
3	As the nurse, I keep my patient's best interest as the main focus of nursing advocacy				
4	Nurses who understand the benefits of patient advocacy are better patient advocates				
5	I am acting on my patient's behalf when I am acting as my patient's advocate				
6	I speak out on my patient's behalf				

	when I am acting as my patient's advocate				
7	I am acting as my patient's voice when I am advocating for my patient				
8	I am acting as the patient's representative when I am acting as the patient's advocate				
9	I am advocating for my patient when I protect my patient's rights in the health care environment				
10	I am acting as a patient advocate when I am protecting vulnerable patients from harm				
11	I provide patient advocacy to protect my patients only when necessary in the health care environment				
12	Nurses that act on a				

	patient's behalf are preserving the patient's dignity				
13	I scrutinize circumstances that cause me to act as a patient advocate				
14	I utilize organizational channels to act as a patient advocate				
15	I would benefit from the advice of ethics committees to be a more effective patient advocate				
16	Lack of time inhibits my ability to act as a patient advocate				
17	Nurses practice patient advocacy more when they are working in a tolerant work environment				
18	Nurses who are supported by physicians are better patient advocates				
19	I am able to be a				

	better patient advocate because I have more self-confidence				
20	Nurses that are committed to providing good patient care are better patient advocates				
21	Increased dedication to nursing increases the nurse's ability to act as a patient advocate				
22	Increased nursing education enhances the nurse's effectiveness in patient advocacy				
23	I doubt my own abilities to provide advocacy for my patients				
24	Nurses do not provide advocacy for their patients in the clinical setting				
25	I am ethically obligated to speak out for my patients when they are				

	threatened by harm				
26	Nurses that provide information to patients about patient care are acting as patient advocates				
27	Patients have varying degrees of ability to advocate for themselves				
28	Vulnerable patients need my protection in harmful situations				
29	Increased nursing experience does not increase the nurse's ability to act as a patient advocate				
30	I may suffer risks to my employment when acting as a patient advocate				
31	Nurses that speak out on behalf of patients may face retribution from employers				
32	I may be punished for my actions by my employer when				

	I inform my patients of their own rights				
33	Nurses that speak out on behalf of vulnerable patients may be labeled as disruptive by employers				
34	When nurses inform and educate patients about patients' rights in the clinical setting, the nurses may place their employment at risk				
35	When nurses act as patient advocates, they are not supporting patients				
36	Nurses can protect patients from harmful situations by physically barring a procedure from occurring				
37	Nurses are acting as advocates when nurses protect the right of patients to make their own decisions				



38	Nurses should not advocate for patients when treatments cause suffering without patient benefit				
39	The more years that I work in nursing, the less effective I am at advocating for my patients				
40	I am less effective at speaking out for my patients when I am tired				
41	I am not an effective advocate because I am suffering burnout				
42	Because I don't like working as a nurse, I am less willing to act as a patient advocate				
43	I lack the dedication to the nursing profession to act as a patient advocate				

## Appendix 2:

### SHSC Ethical Approval Form

<b>Project title: Dramatic effect: enhancing student engagement through performance - research evaluation</b>		<b>Version no: 1</b>
<b>Full name &amp; title: Dr Catherine Mahoney (Lecturer in Nursing, SHSC)</b>		<b>School: School of Nursing, Midwifery &amp; Social Care</b>
<b>E-mail address: c.mahoney@napier.ac.uk</b>		<b>Telephone: 5627</b>
<b>Postal address: Room 3.B.42 Sighthill Campus</b>		
<b>Status: Staff (Edinburgh Napier University) <input checked="" type="checkbox"/></b>		<b>Student (Edinburgh Napier University) <input type="checkbox"/></b>
<b>External Applicant <input type="checkbox"/></b>		<i>Please provide additional details below:</i>
<b>Other researchers (name, role &amp; affiliation): Dr Richard Kyle (Reader SHSC), Fiona Bastow (Lecturer SHSC), Patricia Jeram (MN Nursing Student SHSC)</b>		<b>Matriculation Number:</b> Click here to enter text.
<b>Independent advisor: Dr Anne Rowat</b>		<b>Degree programme:</b> Click here to enter text.
<b>Level of study:</b> Choose an item.		
<b>Financial support from outside Edinburgh Napier University (amount &amp; source):</b> Click here to enter text.		
<b>Project start date:</b> April 2019		<b>Project duration:</b> 8 months
<b>Date application submitted:</b> 14/03/19		<b>Ref no. (LEAVE BLANK):</b> Click here to enter text.

YOU MUST ANSWER ALL QUESTIONS		YES	NO	N/A
1	Will you describe the main procedures to participants in advance, so that they are informed about what to expect in your study?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Will you tell participants that their participation is voluntary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Will your participants be able to read and understand the participant information sheet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Will you obtain written consent for participation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If the research is observational (including tape and video), will you ask participants for their consent to being observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Will you tell participants that they may withdraw from the research without penalty and without reason?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	With questionnaires and interviews, will you give participants the option of omitting questions they do not want to answer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are the data to be stored anonymously (i.e. the identity of the person is NOT linked directly or indirectly with their data)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study and an opportunity to ask questions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Will the research involve deliberately misleading participants (deception) in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Is the information gathered from participants of a sensitive, personal or contentious nature?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Will any payment or reward be made to participants, beyond reimbursement or out-of-pocket expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Do participants fall into any of the following special groups? <i>If the answer is YES, indicate which group(s) by checking the appropriate box(es).</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Children (under 18 years) or <input type="checkbox"/> Children in local authority care <input type="checkbox"/> Clinical population <input type="checkbox"/> People with mental health issues <input type="checkbox"/> People in custody <input type="checkbox"/> People with learning or communication difficulties <input type="checkbox"/> People engaged in illegal activities (e.g. drug-taking)			
	<i>NOTE: You may also need to obtain clearance from Disclosure Scotland or an equivalent authority.</i>			

You must check **either Box A or Box B** below and provide **all** relevant information in support of your application in the Details of Project section. If you answered **NO** to any of **questions 1-10**, or **YES** to any of **questions 11-15** (with a shaded background), then you **must** check Box B.

## DETAILS OF PROJECT

### 1. Background information (300 words maximum; references should be cited and listed)

Health and social care integration (HCI) is an important policy priority across the United Kingdom (Scottish Government 2014). HCI is a complex process, not least because it results in blurring and redefinition of professional roles. Because nurses are at the forefront of HCI it is vital that nursing students are equipped to practice in this emerging integrated landscape. However, education about HCI comes at a time when students are developing their professional identity as nurses. This may lead to disengagement with the theory and practice of HCI. Authentic learning focussed on real-life experiences and environments has potential to bridge this gap (Kyle and Atherton, 2016; Educational Research, 2007). Drama, in particular, provides an accessible entry-point into complex healthcare environments through the stories of individuals experiencing care (Arveklev et al.2015). To support student nurses' engagement with the complexity of HCI, in November 2017 nursing students following a Bachelor/Master of Nursing (BN/MN) programme formed a drama group. Six students performed a play *Mad, Bad, Invisible* that told the story of a woman experiencing mental health crisis as she tried (and failed) to receive care and support from a range of health and social care services. Following public performance, the video-recorded play and associated educational materials, including cartoons, were incorporated into a module focussed on HCI in the BN/MN programme. Student nurse performers noted that involvement had been a 'highly meaningful' learning experience that enabled them to 'explore a different perspective' and 'get a glimpse' into the world of people for whom they

care. Students engaging with module materials noted it was ‘novel’, ‘innovative’ and ‘relevant’. Following an initial public engagement event, one student actor has scripted a sequential drama ‘*Old, Sad, Invisible*’ demonstrating the progression of HCI for future students.

## References

1. Arveklev, SH, Wigent, H, Berg, L, Burton, B. and Lepp, M. (2015). The use and application of drama in nursing education; an integrative review of the literature. *Nurse Educ Today*. 35(7)
2. Educational Research (2007) The four characteristics of authentic learning. <https://www.ernweb.com/educational-research-articles/the-four-characteristics-of-authentic-learning/>
3. Kyle, R and Atherton, I (2016) Biogeography as critical nursing pedagogy: Breathing life into nurse education. *Nurse Education in Practice*. 20 pp76-79
4. Scottish Government (2014) The Public Bodies Joint Working Act (Scotland) 2014. <http://www.legislation.gov.uk/asp/2014/9/contents/enacted> accessed: [27/04/19]

## 2. Aims & research questions

The Aim of this study is to explore the impact of peer-initiated authentic drama on student learning and perceptions of relevance using technology enhanced learning. The following **research questions** will be addressed:

1. Does authentic learning increase student nurses’ **knowledge and understanding** of health and social care integration?
2. Does authentic learning increase student nurses’ perceptions of the **relevance** of education around health and social care integration?
3. Does authentic learning increase student nurses’ perceived **confidence** to work within integrated health and social care landscapes?
4. What are student nurse performers’ **experiences** of participating in the production of a play and co-production of educational materials?

## 3. Participants

- **Number & nature of sample:** Quantitative paper questionnaire open to ~540 student nurses; 2 focus groups with 6-8 students in each group (n=12-16); 1x focus group with student nurse performers (n=12); online blog open to ~540 student nurses.
- **Inclusion/exclusion criteria:** Students will be eligible for inclusion in the study if they are second year nursing students studying the module NUR08101 & NUR11117 Effective Interagency Working in Health and Social Care (4A) at Edinburgh Napier University. Students will be excluded from the study if they are students who are not studying these modules. Thus, students will not be excluded based on age, gender, field of practice or other socio-demographic information.

4. **Recruitment of participants:** Participants for the study will be recruited through an announcement on the students’ virtual learning environment (Moodle). The students will be informed about the project and its aims, and a contact email address for students to seek further information (c.mahoney@napier.ac.uk) will be provided. Students will volunteer to take part in focus groups through a question at the end of the online questionnaire survey.

## 5. Outline of methods & measurements (approx. 500 words)

A before and after research evaluation using a mixed methods approach. Anonymous data from completed module evaluations of previous modules addressing Health and Social Care Integration (HCI) and interagency working

(Module NUR08101/NUR11117) on the BN/MN programme (2016-2019) will be collated in order to establish a baseline of student perceived relevance about HCI. The play *Old, Sad, Invisible* will be performed by student nurse actors in a private space while being filmed by film students from the School of Arts and Creative Industry (SACI). Actors will be asked to complete consent for filming. The recording will be edited by film students to ensure a high quality professional production of no more than 30mins. The video will be incorporated into a module on the BN/MN programme (NUR08101

/NUR11117) in collaboration with the student nurse actors.

To address **research questions 1-3**, during module delivery qualitative and quantitative data will be collected from students completing the module. First, a paper and pen survey will be administered to a convenience sample of students present in class at the outset of the module to assess baseline knowledge and understanding of health and social care integration, perceived relevance of education around HCI, and confidence to work in HCI landscapes. This survey will be repeated at the end of the module. Participants will be asked to create an anonymous identifier known only to them to enable before and after responses to be linked and paired statistical analysis to be conducted. Second, students will also be invited to take part in an online blog and focus groups (n=2) to enable qualitative exploration of anonymised survey responses. To address **research question 4**, student performers will be invited to a focus group to explore their experiences of performing in the play.

**Data Analysis** – Survey data will be entered into SPSS to enable descriptive analysis; focus group and online blog data will be analysed using thematic analysis.

## **6. Risks to participants, university or the researcher (Please consult the Risk Assessment Folder on web page )**

There are no significant risks to participants. Nonetheless, it is possible that the concepts of dementia and learning disability addressed in the play may be considered by some students to be a sensitive topic.

Therefore, the researchers will remind the students of their right to withdraw at any time during the study, without giving a reason for doing so. Moreover, students will be informed that exercising the right to withdraw will not impact their education. This information will also be included in the information sheet and the informed consent form (see **Appendix 1: Participants information sheet; Appendix 2: Informed consent form**).

## **7. Consent and participant information arrangements, debriefing**

There are no potential risks to the research team.

## **8. Ethical considerations raised by the project and how you intend to deal with them.**

**Anonymity** – addressed through a participant-generated unique identifier known only by the participant (questionnaire data) and a researcher-generated identifier known only by the research team (focus group data).

**Data security** – paper questionnaires will be input into a password-protected database on a secure drive accessible only to the research team. The breach of anonymity of the students would be the main risk to data security. In order to safeguard against this risk, all the data in SPSS and NVivo software files will be anonymised in a way that participants are not identifiable in the results of both the research report and publication. A unique participant identifier will be allocated (e.g. Student A, Focus group 1). Audio-records will be destroyed after the study has been completed to minimise the risk of re-identification. The anonymised transcript of the focus groups will be retained for 10 years in line with Edinburgh Napier University policy. SPSS and Nvivo software for data analysis, transcripts and audio records will be stored securely on the X: drive allocated to the project and only accessible by the research

team named in the SHSC ethical approval application form.

### DECLARATION

*There is an obligation on the researcher to bring to the attention of the Faculty Research Ethics Approval Sub-Group any issues with ethical implications not clearly covered by this application form.*

**I request ethical and governance approval for the research described in this application. I have read Edinburgh Napier University's policies and guidelines relating to ethics and governance in research, and those of relevant professional bodies (e.g. BPS, BSA, IFPA, SIR, NMC) and agree to abide by these.**

- |                                       |   |
|---------------------------------------|---|
| A <input checked="" type="checkbox"/> | <b>I consider that this project has no significant ethical implications to be brought to the attention of the Faculty Research Ethics Approval Sub-Group</b>          |
| B <input type="checkbox"/>            | <b>I consider that this project <u>may</u> have significant ethical implications to be brought to the attention of the Faculty Research Ethics Approval Sub-Group</b> |

Signature



Date 27/04/19

**I am the Director of Studies or supervisor for this research. I have read this application and approve it. I do not consider that any part of the research process will cause physical and/or psychological harm to participants, or be detrimental to the reputation of Edinburgh Napier University.**

Signature

Date

- You must also attach Participant Information Sheet(s), Consent Form(s), as well as copies of any questionnaires, details of interview questions you plan to use, debrief sheets and notices advertising the study. You may need to create different versions of these materials (e.g. parental Participant Information Sheet and Consent Form if research involves children); if so, all the different versions should be attached. Materials should be printed on paper headed with the University logo.
- If you will be recruiting participants via an outside organisation and/or will be conducting research on the premises of an outside organisation, you must provide a copy of written permission from the appropriate organisation(s). Submit the completed and signed form (with supporting materials) to Hilary Sawers, Hilary [H.Sawers@napier.ac.uk](mailto:H.Sawers@napier.ac.uk) 3.B.43, Sighthill Campus, Sighthill Court, Edinburgh, EH11 4BN; an electronic copy should also be sent to: [ethics.fhlss@napier.ac.uk](mailto:ethics.fhlss@napier.ac.uk)

### Appendix 3:

#### Record of meetings with Supervisor:

<b>Date</b>	<b>Mode</b>	<b>Meeting Topic</b>
<b>20/08/2021</b>	<b>Online</b>	<b>Research Introduction</b>
<b>01/10/2021</b>	<b>Face to face</b>	<b>Learned pre and post data reporting on SPSS</b>
<b>02/11/2021</b>	<b>Online</b>	<b>Feedback on Literature Review</b>
<b>17/11/2021</b>	<b>Online</b>	<b>Feedback on Research Methodology</b>
<b>30/11/2021</b>	<b>Online</b>	<b>Discussion on how to analyse results</b>
<b>11/12/2021</b>	<b>Online</b>	<b>Feedback on Analysis Section</b>
<b>21/12/2021</b>	<b>Online</b>	<b>Feedback on Conclusion, limitations and recommendations</b>
<b>14/01/2022</b>	<b>Face to face</b>	<b>Feedback on research presentation</b>
<b>24/01/2022</b>	<b>Online</b>	<b>Feedback on complete article</b>



## Appendix 4: Picture of Drama Module on Moodle

Picture of Drama Module on Moodle in which BN and MN 2<sup>nd</sup> year nursing students were enrolled.



## WELCOME TO MODULE 4A NUR08101 [BN] & NUR11111 [MN]

