**Teaching and Learning in Medicine**

**An International Journal**

**ISSN: 1040-1334 (Print) 1532-8015 (Online) Journal homepage:** [**https://www.tandfonline.com/loi/htlm20**](https://www.tandfonline.com/loi/htlm20)



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**To cite this article:** James Dalton, Kimberley Ivory, Paul Macneill, Louise Nash, Jo River, Paul

Dwyer, Claire Hooker, David Williams & Karen M. Scott (2020): Verbatim Theater: Prompting Reflection and Discussion about Healthcare Culture as a Means of Promoting Culture Change, Teaching and Learning in Medicine, DOI: [10.1080/10401334.2020.1768099](https://www.tandfonline.com/action/showCitFormats?doi=10.1080/10401334.2020.1768099)

**To link to this article:** <https://doi.org/10.1080/10401334.2020.1768099>



Published online: 03 Jun 2020.



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<https://doi.org/10.1080/10401334.2020.1768099>



EDUCATIONAL CASE REPORTS

Verbatim Theater: Prompting Reflection and Discussion about Healthcare Culture as a Means of Promoting Culture Change

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ABSTRACT

Problem: The mistreatment of medical and nursing students and junior health professionals has been reported internationally in research and the media. Mistreatment can be embedded and normalized in hierarchical healthcare workplaces, limiting the effectiveness of policies and reporting tools to generate change; as a result, some of those who experi-ence mistreatment later perpetuate it. We used a novel, creative approach, verbatim theater, to highlight the complexity of healthcare workplaces, encourage critical reflection, and sup-port long-term culture change. Intervention: Verbatim theater is a theater-for-change docu-mentary genre in which a playscript is devised using only the words spoken by informants. In 2017, 30 healthcare students and health professionals were recruited and interviewed about their experience of work and training by the multidisciplinary Sydney Arts and Health Collective using semi-structured interviews. Interview transcripts became the primary mater-ial from which the script for the verbatim theater play ‘Grace Under Pressure’ was developed. The performing arts have previously been used to develop the communication skills of health professional students; this esthetic expression of the real-life effects of healthcare workplace culture on trainees and students was implemented to stimulate consciousness of, and dialogue about, workplace mistreatment in healthcare work and training. Context: The play premiered at a major Sydney theater in October 2017, attended by the lay public and student and practicing health professionals. In November 2017, three focus groups were held with a sample of audience members comprising healthcare professionals and students. These focus groups explored the impact of the play on reflection and discussion of health-care culture and/or promoting culture change in the health workplace. We analyzed the focus group data using theoretical thematic analysis, informed by Turner’s theory of the relation between ‘social’ and ‘esthetic’ drama to understand the impact of the play on its audience. Impact: Focus group members recognized aspects of their personal experience of professionalism, training, and workplace culture in the play, Grace Under Pressure. They reported that the play’s use of real-life stories and authentic language facilitated their critical reflection. Participants constructed some learning as ‘revelation,’ in which the play enabled them to gain significant new insight into the culture of health care and opened up discus-sions with colleagues. As a result, participants suggested possible remedies for unhealthy aspects of the culture, including systemic issues of bullying and harassment. A small number of participants critiqued aspects of the play they believed did not adequately reflect their experience, with some believing that the play over-emphasized workplace mistreatment. Lessons Learned: Verbatim theater is a potent method for making personal experiences of healthcare workplace and training culture more visible to lay and health professional audien-ces. In line with Turner’s theory, the play’s use of real-life stories and authentic language enabled recognition of systemic challenges in healthcare workplaces by training and practic-ing health professionals in the audience. Verbatim theater provides a means to promote awareness and discussion of difficult social issues and potential means of addressing them.



KEYWORDS

Medical humanities; health humanities; arts and health; performing arts; verbatim theater

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Introduction

Mistreatment of student and junior health professio-nals has been reported internationally in research and the media.1–3 In international cross-sectional surveys, Leisy and Ahmad found bullying and sexual harass-ment prevalence in junior doctors ranged from 30% to 89%.4 Surveys of Australian junior doctors in 2015 and 2016 found that 54% and 57% (respectively) had been bullied and 16% and 19% (respectively) subjected to sexual harassment.5 A 2014 survey of medical stu-dents in Australia found 74% had experienced and 83% witnessed ‘teaching by humiliation’ in clinical placements.6,7 Bullying and harassment has been reported by 15% to 44% of nurses;8 34% of student nurses have reported bullying from nurses and med-ical staff.9 Effects of mistreatment among healthcare staff and students include decreased job satisfaction and engagement,10 poor mental health and suicidal

ideation,11 and potential for decreased patient safety.12,13

Mistreatment is at times embedded and normalized in the hierarchical health culture, both in university health faculties and hospitals.14,15 To address these issues, a range of approaches is needed for long-term cultural change. It is notable that existing policies and processes are frequently not trusted by those suffering from mistreatment in healthcare workplaces.14 While culture change will require formal changes initiated by educational and hospital administrations, specialist colleges, and governments, such steps only partially address the ethos of workplace culture.16–18 Methods that illuminate the complexity of experiences in healthcare practice are crucial, as are those that encourage critical thought through deeper ties to the humanities.19 This paper explores the use of the per-forming arts to prompt reflection and debate, which we hoped would contribute to culture change in the health workplace.

The performing arts have often been employed to discuss and address difficult social issues in health care. The performing arts offer powerful resources for training health professionals, including workshop activities to foster essential skills, such as communica-tion, empathy, interprofessional teamwork, and pro-fessionalism.20–23 Such resources provide frames and structures for health professionals to adapt for use in their workplace, however these may not necessarily provide participants with the security for or means of articulating their own experiences of mistreatment. This paper presents an alternative performing arts technique, verbatim theater, which may be effective in creating both a safe public sphere for discussing

mistreatment, as well as offering audiences previously unnoticed ways of observing and articulating their own mistreatment.

Verbatim theater is a dramatic form constrained by the requirement to create play scripts using real informants’ exact words that are spoken, for example, during semi-structured interviews.24,25 Script develop-ment is an artistic, creative inquiry involving a search for common themes across transcripts, combining contrasting reflections of interviewees and placing these into a narrative arc to be spoken by actors for a public theater audience.26–29 In some scripts actors represent named persons interviewed, but other plays anonymize voices and mix them across actors to pro-tect identities. The process shares many assumptions and procedures with qualitative research, particularly ethnography, narrative/phenomenological inquiry, and grounded theory.25,30 It assumes that information may be gleaned from how people speak as well as what they say.

Verbatim theater sits in a wider group of reality or documentary theater,25 in which the link between audience and reality is central. Verbatim, vernacular language is valuable to an audience because it corrob-orates that something really happened.31 Spectators accept this trace of reality and more readily consider their own life experiences in relation to those voiced.31 Located outside of state, market, and educa-tional jurisdiction,31,32 reality theater creates a public space to voice problems that are otherwise constricted by “social laryngitis”—a sense of being unable to speak—within institutions.33 Witnessing such prob-lems re-presented on stage is a first step to spectators acknowledging these as wider systemic issues.32 With well-supported framing, these staged representations may affect social consciousness.34

This paper presents one such framing for verbatim theater, based on the work of anthropologist Victor Turner,35 which we discuss in the following section. Turner posits that esthetic representation of reality might afford audience members new ways to identify and articulate systemic issues occurring in their social settings, both immediately following their viewing of a verbatim play and when they return to the social set-ting of their own workplace, represented on stage.35

Methods

Developing Grace Under Pressure as a verbatim theater text

The authors of this paper form part of the Sydney Arts and Health Collective, a multidisciplinary

collaboration across health professionals, health professions educators, academics in health human-ities, and academic/practitioners in the performing arts, who use theater techniques to help medical students and health professionals navigate chal-lenges in healthcare settings.36 Following research team members’ publications in journals and aca-demic blogs,2,5–7,14,37–39 health professionals con-tacted us to share their experiences of mistreatment in professional settings, prompting the group to consider verbatim theater as the most appropriate form for our next project.40 Ethics approval to develop the play and associated research was obtained from the University of Sydney Human Research Ethics Committee (2016/1007).

The script for the play was developed from audio recorded, semi-structured interviews of 60-90 minutes duration with a total of 29 medical students and health professionals from nursing, medical, and para-medic backgrounds. Initial recruitment was through an invitation email to the health professionals who had sent us unsolicited emails about their experiences and personal professional networks. Additionally, recruitment flyers were sent to major organizations involved in the training of health workers in New South Wales, Australia. Those who responded were invited to interview. Due to the sensitive nature of the topics discussed in interviews, we extended our recruitment after this point using passive snowball sampling,41 asking participants to give our contact details to other health professionals who wanted to talk about their experiences.

Interviews were conducted by experienced research-ers (PD, DW, CH, JR) in Sydney and Melbourne from February to August 2017, continuing until core themes about healthcare workplace culture had emerged from multiple voices. The interviews explored why participants became health professionals, positive and negative experiences of training and work, future plans, and suggested changes to health care (Appendix A: Interview prompts). Interviews were held with individuals or two-to-three participants in a location of their choosing or via telephone.

Interviews were transcribed and coded to establish categories in participants’ experiences, identifying material for the script. From June to August 2017, the script was compiled and edited by DW and PD, then revised by the research team, alongside development of lighting, stage, and costume design concepts.42 The play was directed by DW and rehearsed with four professional actors (two of whom were trained health professionals) during September and October. It

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premiered with six public performances at Australia’s 2017 Big Anxiety Festival at a major Sydney theater.43 Audiences comprised members of the general public, healthcare students, current, and former health profes-sionals, and health administrators, policy makers and academics. Audience members were at times tearful, lingering after performances to talk together or reporting strong emotional reactions prompted by the experience.44

Focus group research exploring the impact of Grace Under Pressure

We took a qualitative approach using theoretical the-matic analysis to explore audience response to Grace Under Pressure.45,46 In the week following the per-formances, all University of Sydney medical and nurs-ing students, and all staff in the Faculties of Medicine and Nursing at the University of Sydney (including affiliates) who had seen the play were invited via email to participate in focus group research to explore their responses to the play. Three focus groups (84-126 minutes) were held in November 2017 at a University of Sydney meeting room, facilitated by experienced researchers (CH, JR, PM). Each had five participants, comprising students and/or faculty mem-bers. These were audio recorded and later transcribed professionally. Focus groups explored participants’ responses to the play, positive and negative experien-ces in health care, and suggested changes to healthcare culture (Appendix B: Focus group prompts). The research questions for the research into audience responses were: 1. In what ways did audience mem-bers identify with healthcare culture portrayed in Grace Under Pressure? 2. How did the play enable them to critically reflect on healthcare culture? 3. How could the play prompt discussion of potential changes to healthcare culture?

Analysis of focus group data The theoretical framework used to inform our exploration of the impact of Grace Under Pressure was anthropologist Victor Turner’s concept of the distinction between social and esthetic drama.35 Social drama is Turner’s term for conflict in actual social settings and esthetic drama refers to artistic (re)presentations of this con-flict (e.g., through theater or film). Social and esthetic drama can reciprocally inform one another in a pro-gressive feedback loop. Overt social drama (e.g., a clinical educator demeaning a trainee in front of peers through aggressive questioning)47 produces implicit social processes (e.g., power relations in hospital hier-archies) that can be staged as esthetic drama (e.g.,

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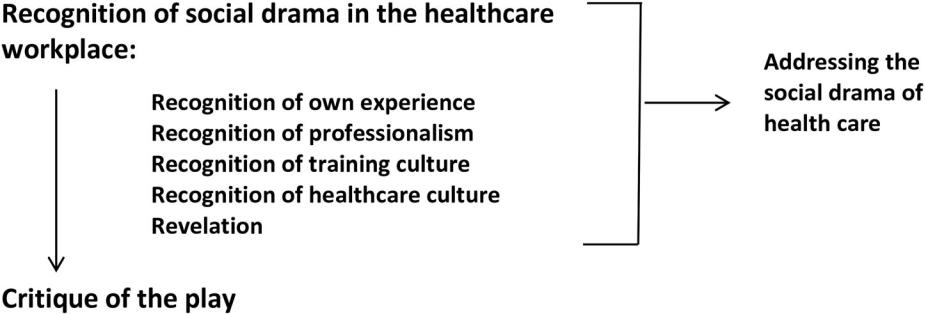


Figure 1. Thematic schema.

actors performing the effects of abuses of power in healthcare hierarchies), which introduces new ways of seeing and addressing the social drama (e.g., trainees can recognize abuses of power in clinical settings and begin to discuss this systemic issue).

Data were analyzed by experienced researchers (KI, PM, LN, JR, KS) through theoretical thematic analysis following Turner’s theory.35,46 We used line-by-line coding and the constant comparison process to identify key words, phrases, categories, and broader concepts. We independently analyzed one transcription, com-pared analyses, and agreed on a preliminary coding table. We used this to analyze the remaining tran-scripts, each of which was analyzed by two researchers.

The researchers who undertook the data analysis have backgrounds in health professional education and practice and performance arts, including clini-cians with experience and expertise in medicine and nursing. Therefore, our analysis necessarily involved

what Patton described as ‘the intimacy of the insider’s voice’.41(p65) We believe this increased our under-

standing of participants’ experiences and perspectives, and the social drama of the healthcare workplace. However, through multiple cycles of coding and dis-cussion, we engaged in reflective and respectful dis-cussion, remaining cognizant of our disciplinary perspectives and how this shaped our theoretical posi-tioning,48 sought to balance ‘critical and creative anal-yses, description and interpretation,41(p65) and communicate participants’ experiences and perspec-tives with credibility. All data were classified and dis-crepancies resolved. We identified that data saturation was reached, whereby no new information or themes were observed.49

Results

Fifteen participants attended the focus groups: 5 nurs-ing students, 2 medical students, 4 nurses, and 4 physicians. We identified three themes in the focus group data: recognition of social drama in the

healthcare workplace; addressing the social drama of health care; and critique. These are outlined below with illustrative quotations (each labeled with the partici-pant’s focus group number, e.g. Focus Group 1 ¼ FG1). Conceptual patterns and relationships among themes and sub-themes are represented in Figure 1.

Recognition of social drama in the healthcare workplace

In Grace Under Pressure, all participants recognized the social drama that played out in healthcare culture. Participants recognized their own experience in health care, positive and negative aspects of professionalism, training, and workplace culture. For some, the play revealed new insights into the social drama of health care. Each of these aspects of recognition are out-lined below.

Recognition of own experience

Firstly, for many participants, the play triggered rec-ognition of difficult aspects of healthcare culture that they had experienced or witnessed:

“I walked away being confronted, but not as, ‘I can’t believe that happened’ - it was as, ‘I know that happened’.” (FG3)

Other participants recognized bullying in healthcare culture and experiences of sexual harassment and misogyny:

“Where she was talking about when the lights turned off and then that doctor was just that little bit closer and then a little bit closer: I’ve been in that room.” (FG1)

Participants also acknowledged that bullying and harassment were related to the high rate of suicide among doctors and nurses and that “most people don’t seek help.” Participants remarked on the play’s use of vernacular language, which they believed demon-strated its fidelity to the interviews that had been

conducted with health professional staff or students. This engendered a need to respect the play’s portrayal of “what’s happened to real people and real experiences.” Some participants reported emotional reactions to these real-life portrayals for days afterwards:

“I didn’t really think about anything [else] for the next couple of days. It’s not that there were any particular questions, it was just the raw emotion of powerlessness and pain and isolation.” (FG1)

Memories of positive experiences in healthcare cul-ture were also precipitated by the play including par-ticipants’ own or others’ experiences of providing comfort to patients.

Recognition of professionalism

Secondly, the play enabled participants to recognize how health professionals treat each other and patients as an aspect of professionalism. Many reflected on experiences of professional conduct, which ranged across a continuum from supportive to hostile. At the supportive end was empathic behavior toward patients and colleagues:

“He [senior doctor] had such patience but then he would also be right on it and great in the resus [resuscitation] bays as well. He was … leading by example.” (FG2)

Further along the continuum, participants recog-nized situations that were similar to those portrayed in the play in which staff failed to show compassion toward colleagues or were publicly rude:

“Rude to somebody else in front of everyone – it happens all the time.” (FG2)

At the end of the continuum, participants acknowl-edged the mistreatment of students and junior staff that was portrayed in the play. They said this mis-treatment by senior health professionals was permitted due to their expertise but would not be accepted else-where in society:

“If that doctor was sexually harassing a woman on the street or in the shops or wherever, there would be

consequences because he doesn’t have that power of:

‘But I’m a doctor.’” (FG1)

The play touched on difficulties that can occur when working with some patients during times of cri-sis. Other difficulties reported by participants included working with abusive patients.

Recognition of training culture

Third, the play enabled participants to reflect on the difficulties of combating bullying and harassment in

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the health workplace due to systemic power issues involved in the training of health professionals and students. For example, one participant explained that because junior doctors’ clinical supervisors were also responsible for assessing their career progression, those reporting mistreatment would be consid-ered agitators:

“It’s all very well to speak up anonymously in a survey but if you speak up in practice, the people that are perpetrating this sort of sexual harassment have enormous control over your career … If someone’s a troublemaker, they won’t get the [next] job.” (FG2)

Participants also recognized the issue of training inadequacies in health care which could lead to unsafe clinical practice and “high anxiety learning.” Some said educators of nurses, social workers, and teachers had “thought about this a lot more than medicine.” Nursing participants described the benefits of using simulation models before trying procedures on patients, training with a facilitator who was not their clinical supervisor, and the provision of iterative train-ing and support in which students were expected to ask for help whenever they needed it:

“Having a facilitator lets you play with the role … In nursing, if I didn’t call for help, I would be reprimanded very severely.” (FG1)

In contrast, participants said medical education often involved unrealistic expectations of students and trainees that prevented them from requesting help:

“There’s still a very macho culture in medicine that if you need help, you are not up to it.” (FG2)

Participants said this created “an illusion of compe-tence”, where students and trainees were “invited to do procedures” on patients without adequate training or support.

Recognition of healthcare culture

Fourth, many participants recognized the healthcare culture portrayed in the play and its effects on staff and patients. Participants noted that work colleagues can become like family and outlined positive experien-ces of good team-work, relying on colleagues’ know-ledge and support:

“It was about the people that work there … a place where you had all these other gurus that you could work with for your patients … and learn from them and that sort of camaraderie of the other doctors that make[s] you a better doctor, and not being isolated.” (FG3)

Participants also reported negative workplace cul-ture including high attrition:

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“Healthcare culture is Darwinian … The survivors are the ones that are probably the fittest in terms of being able to put aside … the bullying and putting aside the down-putting and putting aside depression that comes from the work itself, and are able to continue. Whether they become the best people to serve health care or not is another issue.” (FG3)

For the sake of patients, participants said they needed to be seen to be coping, even when they were not. Others explained the continuation of bullying culture:

“The culture perpetuates itself … those who have been traumatized will go on to traumatize others. I saw this over and over.” (FG3)

Participants reported differences in culture across health between nursing and medicine, high and low-functioning teams, and between different medical positions, medical disciplines, hospitals, and med-ical courses.

Revelation

Fifth, several participants reported gaining insights from the play that led to new understandings about their workplace or personal situation in relation to health care. This included the importance of main-taining wellbeing, as depicted in the play:

“One [character] said they realized they needed to be mindful and present in the moments you have with your patients and your families and your colleagues as well. Yeah, I have been thinking about this in the last two weeks and maybe the play had somehow made me think about it.” (FG2)

For some, the play’s portrayal of the negative effects of healthcare culture highlighted the import-ance of health professionals’ mental health:

“It was the one sentence where she [the character] said, ‘I’m no longer safe’ … that stuck to me. I was actually thinking about it yesterday because … your own mental health is so important and just that one sentence … ‘Somebody needs to be here’ … it happens all the time.” (FG3)

One participant’s revelation came after the play when she and her colleagues discussed their experien-ces. She said that the fact that health professionals were having a conversation about mistreatment was a sign of improvement:

“I went [to the play] with some junior doctors … and some senior consultants that I work with … Being in the workplace and hearing them still talk about it and I’m like, ‘You know, that’s a little step but it’s such a big step at the same time.’” (FG3)

Participants generalized incidents in the play toward broader issues in society and other professions

such as law and business. One noted that “there’s so much more pressure in the health professions.”

Addressing the social drama of health care

Some participants were negative about the prospect of healthcare culture changing because “nobody does any-thing about it.” However, in keeping with Turner’s the-ory that verbatim theater’s portrayal of social drama can stimulate efforts to address it, the play led to active discussion about how health care could be improved; for example, through development of enforceable poli-cies with empowered administrations who held perpe-trators of bad behavior accountable and more opportunities for supervision and improvements in training to provide values-based education that builds self-confidence, emotional intelligence, and humility. One participant said health professionals needed to care for each other so they could care for patients:

“We really need to take care of ourselves as a big group because we all have the same goal to make patients get better, but then we need to make sure we are going on well first to achieve the goal.” (FG1)

Another participant suggested improving agency in low-stakes situations that would translate to high-stakes situations when needed:

“Create maybe forums for reflection … Have a framework for dealing with these issues that you’ve worked through in a low-pressure situation … so that when those situations come up, you have something.” (FG1)

The play also prompted discussion about the importance of collegial support and inclusive team-work and communication, all linking to good patient care:

“Better communication, that’s what I’d like in the team, and that all the professionals are, ‘It’s not my

patient, it’s our patient’ … You don’t have possession … you are all working together.” (FG2)

Participants said trainees should not be left with the burden of creating culture change.

Critique

Despite recognizing the social drama of healthcare in Grace Under Pressure and discussing ways to address it, a few participants said the play was unbalanced. Some said it was “a bit doctor/nurse-centric” and excluded allied health. Several said the play accentu-ated the negative side of healthcare culture and did not adequately portray the positive side that partici-pants had experienced:

“Medicine, nursing, healthcare is … a mixture of good days, bad days, lovely days, whatever.” (FG3)

One participant said accounts of connection and compassion among health professionals came sud-denly toward the end but failed to “justify everything” that had come before, leaving little hope for improvement.

Discussion

Grace Under Pressure offered an esthetic theater repre-sentation of the authentic experiences of self-selected student and practicing nurses and doctors and a para-medic. The unique value of verbatim theater is in illu-minating the complexities of lived experiences to encourage critical reflection by audiences on the issues portrayed and generate debate beyond the theater. Reflection and debate are perhaps some of the first steps in the extensive process of culture change. Our focus group analysis indicates that health professionals and students who were in the audience recognized workplace issues of mistreatment portrayed in Grace Under Pressure and the play stimulated new insights and discussions leading to suggested remedies to address some of these issues.

Turner’s concept of the interrelationship between esthetic and social drama in verbatim theater provided a useful theoretical underpinning to our analysis.35 Following Turner, Grace Under Pressure was created through interviews with student and practicing health professionals as a form of esthetic drama that would mirror the issues out of the social drama in healthcare culture. While not intended to be therapeutic, esthetic drama does more than merely entertain; it can pro-vide “a metacommentary, explicit or implicit, witting or unwitting on the social context it represents.”35

As Turner suggests, our findings indicate that ver-batim theater draws attention to real world experien-ces through the esthetics of drama. Audience members in our focus groups projected themselves into the performed experiences of the original inter-viewees. They recognized the trials and difficulties, moments of satisfaction, and need for care of self and others in the social drama of health care.31 In turn, they contributed rich descriptions of their own stimu-lated by the lived experience of others’ stories in the play.31 As identified by one participant, discussing personal experiences can be a first step for audience members to acknowledge systemic issues and voice their concerns.32,33 Further, our findings indicate that the use of vernacular language in Grace Under Pressure enhanced focus group participants’ ability to identify with the experiences portrayed.31 As Reinelt

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argues, recognition of others’ experiences is enabled through the stumbles, pauses, and interjections of ori-ginal testimonies which highlight the script’s basis in reality while artfully drawing particular experiences or structures into view.

White argues that an audience can perform an out-sider witness role which is “essential to the process of the acknowledgment and the authentication of peo-

ple’s claims … serving to amplify them and to author-ize them”.50(p178) As Kershaw notes, while audiences

cannot be more than spectators to the esthetic drama, the theater may transform them into “ethically impli-cated citizens” in the real-world social drama, which

may lay the foundations for the larger efforts required to effect culture change in health care.51(p117) Our

focus group analysis indicated that audience members went beyond mere recognition and acknowledgment of the experiences presented in Grace Under Pressure, such that they expressed shared values about collegial relationships and well-being and began to generate ideas for promoting culture change.

Turner conceptualized the interrelationship between esthetic and social drama as an infinite loop of continual modification.35 Through public perform-ances, messages contained in the esthetic drama can affect audience members, leading to change in the social drama, which can feed back into the esthetic drama. A demonstration of this perpetual dynamic occurred when a medical student audience member of Grace Under Pressure created her own esthetic response, a cartoon storyboard about healthcare cul-ture that was published in The Guardian newspaper.52 This in turn generated considerable comments from an audience speaking to their own experiences of this social drama.52

The feedback from some participants that the play over-emphasised negative experiences points to the need for generating hope to support cultural change processes. As White argues, transformative narrative storylines focus on the double story of strengths and struggles to provide people with the knowledge and desire to proceed.53 The critique that the play did not include allied health professional voices is reasonable, although to have done so was beyond the original scope of the play. Nevertheless we acknowledge that, in privileging doctors’ and nurses’ experiences, we may have inadvertently reinforced cultural dynamics in health care where allied health perspectives are fre-quently marginalized and subordinated.54 Generating hope and recognizing the contribution of all health professionals may be key elements in supporting steps toward culture change. This exemplifies the evolution

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of the shaped-by and shaping iterative interaction between social and esthetic drama.35

Limitations of this study included the small number of focus groups at one site, restricted to students from the University of Sydney and affiliated health professio-nals. However, student and practicing health professio-nals from medicine and nursing were included in the focus groups. The focus groups were not separated according to participants’ level of experience or health discipline. Although this can conceivably limit the con-tribution of participants at ostensibly lower levels of health or academic hierarchies, we found that all par-ticipants contributed. The nursing and medical students made significant contributions, and discussions com-paring experiences in nursing and medicine were espe-cially informative. An upcoming tour of Grace Under Pressure across four states of Australia in 2019 and 2020, with associated research, will enable a broader, longitudinal research program to explore how the play influences culture change. Finally, we acknowledge that writing and producing verbatim theater may be beyond the capacity of most health professional educators; however, this study highlights the benefit of broad multidisciplinary collaborations.

Conclusion

Through Grace Under Pressure, we employed verbatim theater to make personal experiences of healthcare workplaces more visible to lay and health professional audiences, with the broader aim of creating productive debate, especially where those experiences included bullying, harassment, and other abuses. In line with Turner’s theory, the play’s use of real-life stories and authentic language facilitated recognition of systemic challenges in healthcare workplaces by student and practicing health professionals in the audience. This prompted reflection and discussion about the import-ance of collegial relationships and wellbeing, and potential means of laying the foundations for the pro-cess of changing healthcare culture. Verbatim theater is useful for promoting conversations necessary to promote cultural change by those who work within health, policy makers, and the community.

Acknowledgments

We are grateful to the 29 interviewees whose personal expe-riences in health workplaces were woven into the play, Grace Under Pressure. We thank the research participants for sharing their responses to the play and their own per-sonal experiences. We are grateful to Professor Tim Wilkinson for his insightful revision of the manuscript.

Declaration of interest

The authors report no declarations of interest. The authors alone are responsible for the content and writing of this research paper.

Funding

This work was supported by the University of Sydney under a Strategic Education Grant; Sydney School of Public Health under a Research Collaborating grant; Seymour Center, Sydney; and the Big Anxiety Festival, Sydney.

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Appendix A: Interview prompts for students and health professionals interviewed for the making of grace under pressure

Starter Questions

—Could you start by explaining why you volunteered to speak to us?

—What was the ‘penny drop’ moment for you? How come you entered this profession?

—Could you describe the first nursing/medical/allied health procedure where you had to take full responsibility?

—What are the characteristics that one needs to have in abundance to do this job?

The transition from early training to early career as a health professional

—Overall, has the experience of being in this profession

matched up to expectations?

—What are some of the hard things that you’ve discovered?

—If you’ve had negative experiences, how did you man-age them?

—What have been some of the most magical, positive experiences you’ve had?

Looking forwards

—Have you ever had any thoughts about leaving the profession?

—Future Plans? Ambitions?

—In an ideal world, if there were to be sweeping changes to health workplace cultures, what would you like to see?

Appendix B: focus group prompts

How did you feel about the ‘Grace Under Pressure’ performance?

Which part of the performance did you relate to most? Why?

Which part of the performance did you relate to least? Why?

From your experience, what are the characteristics of health/hospital workplace cultures?

How do clinicians and students respond to mistreatment from other healthcare professionals?

What are the impacts of social hierarchy and managerial-ism in health workplaces?

Would you like to comment on the question, where is the pressure in health care?

Would you like to comment on the question, where is the grace in health care?

Overall, has the experience of training/working in this profession matched up to your expectations?

What changes would you like to see in health work-place cultures?