Drama in dementia education

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Become what you want to be
Why drama?

- Educational methods that engage staff on an emotional level could prompt staff to ‘re-kindle’ empathy and become more person-centred (Cowdell 2010)
- Ethnodrama communicates human experience to an audience: a way for healthcare professionals to immerse themselves in the lives of people with dementia and their families (Kontos and Naglie 2006)
- Ethnodramatic representations of health and illness can highlight the vulnerability and fragility, and often resilience, of participants (Saldaña 2010)
Barbara’s story project

- Guy’s and St Thomas’ NHS Foundation Trust (GSTT) is a large integrated Trust in London
- Goal: to improve awareness about dementia
- ‘Barbara’s story’: developed as a drama to ‘prick the conscience of the workforce’ - engages staff with the experience of a woman with dementia
- The films show Barbara’s healthcare experience as a story and through her eyes, as her health deteriorates and as she experiences care in hospital and community settings
- Longitudinal qualitative study of staff perspectives (Baillie & Sills, 2015; Baillie et al. 2016)
Phase 1 Barbara’s Story commenced September 2012

1) Immediate written responses
2) Focus groups conducted August-September 2013

Phase 2: Barbara's Story second film series shown September 2013-March 2014

Focus groups held April-September 2014
What can a drama offer?

• Impact and memories:
  • *She’s almost like a brand in herself, there’s something around her face, the journey, the name Barbara*
  • *That form of teaching is quite a good way of getting into people’s memories*
• An understanding of an individual and their perspective
• Emotional engagement and empathy with an individual
• Learning and behaviour change
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<th>Provides a person’s perspective</th>
<th>Everyone cares about their patients, so to see it through a patient’s eyes was much more effective. Lots of other resources developed to help you think about dementia or dignity are actually about observing somebody, so looking at somebody and trying to identify what you might do, whereas this was from her perspective, what she was seeing</th>
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<td>Appreciating a person’s history</td>
<td>Behind any patient there is a person with family, with interests, with a past and memories</td>
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<td>A story enables staff to get to know an individual</td>
<td>It’s a story, people are getting to know who Barbara is and they are going to see her until the end. To be able to give people a journey with one person, a very emotional rollercoaster for this person to go through</td>
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## Emotional engagement and empathy

| Evokes emotions | Feeling sad, tearful, upset, distressed, frustrated, happy, guilty, angry:  
| Most of us were affected by the power of the emotion |
| It must be a very bleak experience to be ignored and not spoken to |
| Relating to the individual | The sequence where she was thinking about her youth and with children and the nostalgia […] that enabled you, as an audience member, to relate to the individual.  
<p>| She resembles someone that we know, she’s a grandmother or an aunty or a mother |</p>
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<th>Thinking differently</th>
<th>You tend to think, ‘Okay, they’re all the same.’ But they’re not: each patient is different with different needs</th>
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<td>Changing behaviour</td>
<td>You put that bit of extra effort in because you think, ‘Yes, I can imagine if that was Barbara.’ I’ve seen a big change in the porters. I really have – maintaining patient’s dignity when they’re transferred. This film has changed my way of dealing with people</td>
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<td>Relating the film to practice</td>
<td>Staff saying of patients with dementia who needed support: ‘this is Barbara in the flesh here’ when arguing for resources</td>
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Making a drama effective

- Many staff commented on the storyline being realistic and lifelike and that they could identify with the characters and scenarios: “it’s almost like seeing a pattern of events that you can relate to patients that you see in hospital”

- Community staff recalled vividly the scenes shown in Barbara’s home, when she was struggling to cope, and staff commented ‘that was quite a good representation’.

- Some staff criticised that the films portrayed few behaviours that they find challenging; others felt this was because Barbara died of another condition before her dementia deteriorated too much.

- Others expressed there needed to be a balance between reality and audience engagement and that in one set of films it ‘was difficult to encapsulate everything’

- While Barbara’s Story was available on the intranet, some perceived it to be more powerful when shown on the large screen
Contributions and acknowledgements

**GSTT team:** Deborah Parker, Mala Karasu, Barbara Jayson, GSTT staff involved in developing and delivering ‘Barbara’s Story’, in particular, the Adult Safeguarding Team

**LSBU academic staff who assisted with focus groups and analysis:** Mark Arnold, Sue Beecraft, Jane Murphy, Gill Dransfield, Karen Sanders, Gary Francis, Val Moura, Diana Case, Margaret Walsh, Jane Brindley

**Other acknowledgements:**

- The Burdett Trust for Nursing for funding the evaluation of Barbara’s Story and the development of a series of five further episodes to follow Barbara’s journey.
- Whiteboat Film Company
- GSTT staff who took part in the evaluation
Any questions?
References