ABSTRACT

***Objectives*:** To study how Master Students of Mental Health Care experienced role play as an educational method that strengthened their relational competence.

Design: The study was qualitative with an exploratory descriptive design.

***Settings*:** Relational competence training course during the Master of Mental Health Care programme

***Informants*:** Master students in a Mental Health Care programme

Methods: Data from open-ended questions were analysed using qualitative content analysis based on Graneheim and Lundman.

Results: The following three categories were identified: A deeper understanding of self and others, Different positions and situations provide comprehensive understanding and Engagement strengthens relational competence.

Conclusions: The study demonstrated that extensive use of role play, in which the students took on the roles of patient, healthcare professional and observer, combined with theoretical preparations and reflections seemed to elicit some of the humanistic values and attitudes central for strengthening relational competence.

Keywords: role play, relational competence, master programme of mental health care, healthcare professional, mental health

INTRODUCTION

Mental health problems and disorders are often complex, with different mental, social, somatic and spiritual traits, as well as diversities related to age, gender and culture (International Advisory Group for the Revision of the ICD-10, 2011; Prince et al., 2007). Depression, dementia, substance use and anxiety are among the most common mental health problems with the highest burden of disease in the Western world (Üstün et al., 2004; Murray & Lopez, 2013). Common features among those who struggle with mental health issues

include poor coping skills in interpersonal relationships (Tong, Sung & Sánchez 2019). A central goal of mental health professionals is the creation of good, trustworthy relationships to their clients (Gaebel et al., 2014).

The Tidal model focuses on the person in mental health care and her/his problems in life (Barker, 2003). The need for mutual understanding between the mental health professional and the person in care is acknowledged by emphasizing the centrality of the person's «lived experience»(op.cit.). All assessments and care plans should be acts of cocreation between the person in care and those supporting her/him. Furthermore, the Tidal model assumes that the mental health professional aims to help in the process of developing the story of the person in care. Co-creation of care and assisting in developing a person's narrative require solid relational competence on the part of healthcare professionals.

Role play is an experiential method that provides a rich learning environment for health care students and integrates content, emotion and experience (Hubbard, 2013). The terms 'role play' and 'simulation' are often used interchangeably and role play is also presented as a subgroup of the collective term 'simulation'. Several studies on simulation focusing on role play have examined its benefits for mental health care, typically leading to very positive results, such as shared competencies, the strengthening of knowledge, attitudes, self-efficacy and reflection as well as changing perspectives (Alfes, 2015; Fossen & Stoeckel, 2016). Results from simulation in mental health care education at bachelor level demonstrate that the use of standardized patients decrease students' anxiety level, shatters pre-assumptions and increases their self-confidence and self-awareness before entering clinical practice (Øgård-Repål, De Presno & Fossum, 2018; McNaughton et al., 2008; Vandyk et al., 2018; Furnes, Kvaal & Høye, 2018) In both mental health care studies and the mental health component of other professional studies at master level, research has revealed that students generally bring experiences from the clinical field when assuming the 'patient' role in role play, after which they reported improved engagement, confidence and emphaty (Håkansson Eklund et al., 2019; Lee et al., 2018; King, Hill & Gleason, 2015; Piot et al., 2020).

Role play helps students to develop professional skills, recognize possible arguments and solutions, in addition to facilitating better understanding, increasing their confidence, promoting effective discussion, strengthening the students' creative and emotional aptitudes and encouraging active participation (Alshammari, 2020; Dinapoli, 2009). Role play with reflections and discussions effectively sharpened critical appraisal (Simpson & Elias, 2011) and developed an appreciation of ethical aptitudes (Chowdhury, 2018). A systematic review

by Rønning & Bjørkly (2019) suggested that role play enhances students' therapeutic and communicative skills.

To our knowledge, few studies on mental health care at master level have been published, making it is necessary to obtain the students' experiences of role play in order to assess new knowledge in the field.

Objective

The objective of this study was to investigate how Master Students of Mental Health Care experienced role play as an educational method that strengthened their relational competence.

Relational competence involves traits that allow people to interact effectively with each other. A relationship that fosters growth includes increased self-worth, greater zest and vitality, more accurate perceptions of oneself and others, feeling able to act, experiencing a stronger connection to the other and enhanced motivation to connect with people outside a particular relationship (Segrin & Taylor, 2007; Miller, 1985).

Settings

The specific aims of the Master programme were to strengthen the specialist expertise necessary for helping people with mental health problems and disorders to achieve optimal coping in their lives. Communication, Interaction and Conflict Understanding course (10 ECTS) had the following learning outcomes: The student was expected to demonstrate relational competence and be aware of its significance for mental health care, in addition to applying and critically appraising her/his communication competence.

Description of the course

The course consisted of two three-day sessions with a three-week interval between them. Each day, the first two hours consisted of lectures (Table 1) and the last three hours involved role play, including reflective collaboration and exchange of ideas. Thus, strengthened relational competence was an expected learning outcome.

Insert Table 1 here

The students were divided into six groups for role play with six to eight students in each group. The main roles were the patient, the therapist and the observer. The observer role was particularly suitable for capturing the "Big Picture" and seeing what happened between the persons in the other roles (O'Regan et al., 2016). To achieve educational role play, vignettes of constructed clinical cases were designed. Each role play started with an approximately ten minute 'warm up' focused on developing group cohesion, creating a tolerant and warm atmosphere, as well as a here-and-now orientation intended to facilitate understanding of both oneself and others, followed by reading the cases aloud in the group and deciding who would play the different roles. The cases described the patient's mental health problems, social situation, time and space for the meeting with the mental health care professional and the goal of the meeting. How the different characters were portrayed was determined by each student's performance in the role. Each role play lasted for about 15 minutes and was followed by 10 – 20 minutes of reflection. After the debriefings, the students changed roles.

METHOD

The study consisted of 1) lectures, role plays and reflections (course) and 2) the master students` written experiences of the course.

Design

The study was qualitative with an exploratory, descriptive design.

Recruitment and Participants

The participants were students in the Master of Mental Health Care programme. To qualify for the Master programme, candidates were required to have at least two years of relevant clinical practice. They were registered nurses, occupational therapists, social workers and educators. At the beginning of the course the students were informed by the teachers/researchers about the project and its purpose. After completion of the course, they had two months of clinical practice where they were encouraged to use what they had learned.

A total of 54 students were enrolled in the course, of whom 44 participants completed the study.

Data collection

When they had returned to the university after their clinical practice, the students were again informed about the questionnaire regarding their experiences of the course, this time by the study administrator. The voluntariness of participation was emphasized and answering the following paper questionnaire in written form was considered informed consent:

(1) Can you please describe any insights that role play gave you into close professional relationships in mental healthcare.

(2) Has any dimension in role play made a strong impression on you?

(3) In what ways, if any, can role play strengthen your relational competence?

(4) In retrospect, have you become aware of anything that you especially need to work on? If yes, please describe it.

The questionnaire was given to the students in a classroom by the study administrator. Half an hour was set aside to answer the questions and those who wished to participate were asked to put the completed questionnaire on a table, after which the administrator left the room. The completed questionnaires were collected from the table immediately afterwards and given consecutive numbers by the research team.

Ethical considerations

Norwegian Centre for Research Data (NSD) considered that the study did not require any further appraisal and registration because the participants were anonymous. Publications and other dissemination of the study will not include any information that could identify individuals. The study adhered to ethical research standards with informed consent, anonymization and voluntariness. The responses to the questionnaires were anonymous, with no documentation of which students participated. Had any student whished to withdraw her/his responses the whole study would have had to be terminated due to the impossibility of

finding their responses. The project was at the core of the faculty's strategy plan and supported by the deanery.

Analysis

Data from the open-ended questions were analyzed using qualitative content analysis based on Graneheim and Lundman (Graneheim & Lundman 2004; Graneheim, Lindgren & Lundman, 2017). This analysis comprises descriptions of the manifest content that remain close to the text, as well as interpretations of the latent content. First, the participants' answers were read several times by all authors, focusing on both the individual participant's responses and thereafter all the participants' responses to each question in order to identify what the data were about (op.cit.). Secondly, the written responses were divided into meaning units, which were condensed and coded into nine codes, after which the codes were interpreted and compared for differences and similarities. Through a process of reflection and discussion the researchers agreed on the sorting of the codes into six subcategories and finally into three categories (op.cit).

RESULTS

Participants' descriptions were analysed and interpreted and three categories identified.

Deeper understanding of self and others

The majority of the participants expressed that during the role play they gained a deeper understanding of themselves and others and a new awareness of how they communicated. This involved extracting the essence of what the "patient" said, showing interest in what the patient was concerned about and having a supportive attitude. They realized the importance of asking open questions, in contrast to being too discreet and reluctant to ask. One participant described it as follows:

> *I learned that I need to be more open-minded in relationships, role play gave me clarity about speaking more directly* (p.34). (p.34 is an abbreviation of participant nr. 34)

Being enthusiastic and interested led to more information about the patient's situation, contributed to increased honesty in communication and greater knowledge of what it means to be the patient.

The participants also gained a new awareness of the importance of body language. They saw the benefit of being calm, relaxed, listening and creating a warm, supportive and welcoming atmosphere. For example, one participant wrote:

> *Fellow students said that I appear calm, confident and trustworthy in relationships (p:39)*

Many participants mentioned that they received positive feedback on their nonverbal communication, while another became aware that she/he was prejudiced, which had contributed to a deeper self-understanding.

They saw fellow students in a new light and were impressed by their knowledge and exemplary ability to handle situations. When observing fellow students they found it interesting to see how new ways of communicating could be adopted.

One participant stated:

> *I learned a great deal from many of my talented fellow students who have a lot of experience of working in psychiatry* (p.37).

Another commented:

> *It has been uplifting to see fellow students' creativity* (p.20)

They experienced new and better ways to understand the patient, colleagues and themselves when they saw fellow students' actions and heard what they said.

One participant mentioned that she/he became aware of her/his own monotonous repertoire when observing fellow students' more advanced ways of dealing with situations. This means a shift in self-perception and is a necessary component of self-improvement. Participants also expressed that they had become aware of how important it is to know one's own thoughts and feelings.

<u>Different positions and situations provide comprehensive understanding</u>

In the role play the students assumed the patient role, therapeutic role and observer role. They were able to move out of their own position into that of the other and act the other's part.

The different situations with patients suffering from various problems such as anxiety, depression and substance abuse provided an opportunity to gain a broader perspective on what it is like to experience mental health problems and how to help people with such challenges.

Participants reported that their whole being had been activated and that their involvement in physical, interactional and spontaneous processes provided an intuitive understanding of what being a patient is like. They revealed how situations were experienced inside the body, with sensations such as chest pressure, nausea and lumps in the stomach. This was illustrated by comments such as:

> *you become aware of the bodily sensations and what it can be like to be a patient (p.21)*

and

> *being in the patient role involved being touched… you want to say something but do not do so because you don't dare (p.29)*

The participants became aware of how submissive the patient role may be. Although they wanted to express their disagreement with the therapist when in the patient role, they did not say anything because they knew there was no point as they would be ignored. The patient role also provided an insight into the meaning of having someone to listen to, trust and accept you.

In terms of the mental health professional's role, the participants reported that listening to patients, taking time and really trying to understand the messages were perhaps the most important behaviours required.

Examples of what they wrote are:

> *I have been thinking about how important it is to listen actively to the patient and understand what this entails (p.1)*

Active listening can help health professionals to gain knowledge about what the patient experiences as problems and her/his wishes for life. Another stated:

> *I have to show patience to patients (p.4)*

They realized the importance of being patient and asking questions to try to understand the other's situation.

In the observer role, they reflected on what happened in the situation from an outside perspective when you are not directly involved and experience the situation from a distance. One participant stated:

> *When you are an observer you see things a bit differently than when you play a patient or therapist. You notice a lot more (p.42)*

and another*:*

> *Got a better overview and insight into everything that happens in relationships (p.11).*

They created a repertoire of possibilities from the observer's perspective.

Engagement strengthens relational competence

During role play and in the reflections afterwards, the students revealed enthusiasm, zest and active participation. The experience of moving away from their usual student roles and taking time to investigate relationships was motivating and engaging. Their reflections on role play showed that one student had learned one thing and another had learned something different.

Some participants expressed that role play gave rise to real feelings when you dared to get involved, engage yourself and be close. Others experienced that vitality, curiosity and interest provided knowledge and new experiences. Some participants thought that role play seemed artificial at first, but due to the extensive use of the method they eventually dared to get carried away by the situation and became more comfortable and learned more. One participant expressed:

> "*Role play enhances relational competence, but it requires practice over time, training to open up. It was very scary at first*" (p.17)

Not feeling safe enough led to not being sufficiently affected by the situation. Some participants commented that no learning can take place when you distance yourself and do not allow yourself to be touched by the situation. They stated that there must be a sincere desire to understand others from their perspective. One participant was concerned about asking the

right questions and focused more on this than being present. It could have provided more learning if the participant in question had had the courage to be present.

Although the participants' responses were brief, the dominant pattern showed that role play contributed to engagement, for example:

> *We should do this MUCH MORE throughout the full programme. I have learned more from this than anything else (p.3).*

Several participants indicated that many aspects of relationships had been clarified. One participant put it as follows:

> *Role play can greatly enhance awareness and attention in the relationship* (p.16)

and another stated:

> *Role play expands my perspectives* (p.14)

Some participants were either less enthusiastic or did not dare to engage in the role play and thought that role play is only beneficial to a certain extent.

DISCUSSION

The objective of this study was to investigate how Master Students of Mental Health Care experienced role play as an educational method to strengthen their relational competence.

A main finding was that the participants gained a deeper understanding of themself and others by participating in role play. This enabled them to be aware of their own limited repertoire of dealing with situations, the meaning of body language and how to communicate in therapeutic ways. Furthermore, the participants experienced the meaning of silence in relationships, listening attentively and providing unambiguous communication were qualities that could not be learned through a theoretical approach alone, but had to be learned through experiences and experiential methods where the whole person was activated. This is in line with the research of Beck & Kulzer (2018). Such expressive education seemed to lead to deeper self-awareness and an enhanced therapeutic attitude among the participants, which is important because the ability to understand the patient's world depends on the caregiver's awareness of her/his own world (Fryer & Boot, 2017; Rasheed, 2015).

Trust is often seen as a prerequisite of a therapeutic interaction between the patient and the professional (Gaebel, 2014). Becoming involved and interested in the patient and daring to ask questions to gain knowledge about the person in care and her/his lived problems may create trust and enable a good professional relationship. This can provide an opportunity to co-create further care plans (cf. Barker, 2009) Showing interest in the patient's story, helping her/him with problems and becoming aware of her/his previous skills and interests is the basis for building strong relationships (Barker, 2009). As patients in mental health care are vulnerable, one has to be careful, empathetic and possess an extensive repertoire of communication skills to support and help them.

Another main finding was that different positions and acting the other's role and situation provided a comprehensive understanding of the patient, the mental health professional and the observer, which is supported by other studies (Alshammari, 2020; Rønning & Bjørkly, 2018; King, Hill & Gleason, 2015; Dinapoli,2009). The participants revealed the submissive feeling of being a patient, the prejudice of the professionals and the overview of the situations gained by the observer. All these diverse perspectives can be understood as strengthening a person's mentalizing ability, which relates to the professionals' ability to maintain both empathy toward the patients and self-awareness towards themselves (Satran et al., 2020) and is of the utmost importance for strengthening relational competence.

When the students in the study by Sebold et al. (2018) assumed different roles in role play, they were able to demonstrate how they would like to receive care as a patient and considered role play to contribute towards the humanization of mental health care. This corresponds with the present study, where the findings revealed central humanistic values such as showing great interest in and attention to the patient perspective in the recovery process.

In the role play sessions, the participants were challenged to integrate knowledge from the lectures and vignettes of realistic clinical cases. Later on, they shared experiences from their own practice before attending the master programme. This promoted reflection and insight.

The participants' enthusiasm for participating in role play and their engagement enhanced their curiosity and learning. Some initially found role play unnerving, but training over time enabled them to become involved and engaged. The extensive use of role play over several days is in accordance with the teaching quality requirements outlined by Jeffries (2005), who emphasized the importance of students becoming familiar with the methods by using them

frequently. In this way, the framework is familiar and safe, which seemed to be important factors for engagement in the tasks and relationships during the course.

Role reversal can be symbolically represented as "stepping into the shoes of others" (Baile et al., 2012). This experience can provide unforgettable insights into understanding the other's perspective. Barker (2009) asks professionals to listen to the true voice of the patient, not change her/his story into professional jargon, help the patient to see the connections between past, present and wishes for the future and identify her/his resources to promote coping skills (Barker, 2009, p. 684-686). Using the patient's words and expressions can clarify social and cultural conditions and provide a deeper understanding of the other, oneself and the relational situation.

Getting to know more about one's own attitude and world is not something that leaves deep traces after only a few days of role play sessions, but it can start or continue a process of professional development for the participants, to the subsequent benefit of their patients in clinical practice.

STRENGTHS AND LIMITATIONS

Three of the researchers (B.G., E.H., K.S.K.) designed and ran the course and were actively involved during the role play sessions. This provided rich information and proximity to the situations, which improved our understanding of the process. However, it could have led to bias in our interpretation of the data. One of the researchers (K.J.K.) participated in the analysis process with a distanced perspective, which we believe strengthens the study. All researchers contributed to the analysis and writing process.

The relationship between the participants and the teachers/researchers can be considered asymmetric, as teachers/researchers have the greatest power. The teachers/researchers informed the students about the study and stressed the voluntary nature of participation. To counteract the risk of feeling under pressure to participate, the researchers were not present when the study administrator handed out the questionnaires to the students, nor did the administrator wait for the completed questionnaires.

The vignettes that constituted the starting point for the role play were based on the teachers' advanced clinical experiences in mental health care. Therefore, the cases were close to practice-based patient situations, which can be considered a strength.

As the data were collected several weeks after the role play sessions, some of the experiences might have been forgotten. On the other hand, the participants may have reflected on the sessions, which might have led to a more integrated understanding.

The participants provided brief responses in the questionnaire, but unfortunately circumstances did not allow for follow-up questions that could have clarified their views. Important knowledge may therefore have been lost. A project with a mixed methods design could have generated more comprehensive data for analysis.

CONCLUSION

This study demonstrated that extensive use of role play combined with lectures and reflections seemed to elicit central humanistic values that strengthened relational competence.

Mental health care students reported that role play provided a deeper understanding of themselves and others. The different roles and clinical situations enabled them to achieve a more comprehensive understanding of the complexity and significance of relationships in mental health care.

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Conflict of interests

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