

Drama as Information Medium on Health and Illness: Personal Characteristics as Patients' Attitude Determinants

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ABSTRACT

The study examined the contributions of drama as a means of disseminating information such as age, gender and educational level that are germane to patients' attitude to health and illness. The subjects were ninety five patients of General Hospital, Ijebu-Igbo, Ogun State. They responded to the Patient-Medical Personnel Drama Scale (PMPDS) and the Attitude Towards Health and Illness Scale (ATHIS). Step-wise multiple regression analysis was used for data analysis and the results revealed that drama, as a means of communication made the most significant contribution while educational level came up in step two. "Age" and "gender" did not make any noticeable contribution. The findings indicate that more attention should be paid to improve Patient-Medical Personnel Drama.

INTRODUCTION

One of the most unsatisfactory aspects of hospital care by some accounts is the tendency, on the part of the medical staff, to treat the patient as an object rather than as a person, resulting in the individual feeling depersonalized, developing low self-esteem and sees himself as a victim of an event over which he has little or no control. Most medical staff, even though they have been trained in the technical aspects of life support, reported Korsch et al (1971; 121), often discovered that "they lack the psychological and social skills that are much more needed for the emotional support of the sick patient.

In the hospital setting, of great concern is the issue of discovering the most acceptable and perhaps effective ways by which patients' attitudes and behaviour could be influenced. In view of this, Richardson queries that

how can people be helped to act spontaneously in ways that will benefit their own health and the health of others like the young and old for whom they may be responsible? In particular how can men and women be persuaded that it is in their best interest to have a periodic medical check-up? What is the most satisfactory way

of bringing home to people the health risks involved in heavy smoking of cigarettes? How can adolescent be encouraged to develop a more negative attitude towards the taking of hard drugs? How can a child be helped to form positive attitudes to a painful but necessary operation or an old person be helped to maintain a positive attitude towards his own worth as a person when he believes that he is a burden to others? What attitudes do people have towards their own bodies and how are these attitudes related to post-operative reactions and to the most appropriate procedures of management to be employed by relatives, nurses, doctors and other medical personnel? (1967:2)

It is surprising however, to note that most medical personnel lack the concepts and skills for dealing with the psychological and social problems associated with health and illness. The much sought after skill is information dissemination skill. Many medical personnel do not take the problems of information dissemination seriously. Supporting this position Ley (1974:1) noted that to some, the problem does not seem important because they see the human relations side of medicine as being generally of little importance.

Accurate diagnosis, correct choice of treatment, and surgical skills seem to them to be things with which doctors should be concerned.

However, several studies (Weisman and Kastenburn, 1968; Parks 1971; 1972, Estes 1991 and Osiki 1996 among others) have observed that by paying attention to drama variables, it is possible to increase patients' satisfaction, increase the possibility that they will follow advice, reduce distress, hasten recovery and reduce length of hospital stay. A number of surveys have been conducted to ascertain the extent to which patients feel that they have been given sufficient information about the condition.

Ley (1977: 21), found that about a third of patients are not satisfied. One of the largest surveys on this topic reported that 75% of patients want to know as much as possible about their illness. Patients want to know the nature and cause of their illness, its seriousness, the reasons for and results of tests carried out, the nature of the treatment and how they are progressing. This, Ley and Spelman (1967: 57) ascertain that even when illness is cancer or when the patient is dying. Baran and Davis (1995 :76) however submitted that since the overt behaviour of people is in part determined by attitude and in part by the extent to which relevant to others are seen as opposed to or in favour of one's action. The kind of non- medical intervention that could benefit the patient is a dramatic performance. Dramatic performance can be structured to be purposeful, goal-directed and intentional activity which is entertaining, educative and could be therapeutic. Bamidele refers to it as "a face to face non-mediated relationship between or among any number of participants" (2017 :73). Folarin (2017 :59) informs that to some scholars, it is synonymous with dyadic communication while Burgoon and Ruffner (1978 :91), would extend it to include triadic and small group communication. Warmth, openness, immediate feedback and mutual support are the distinguishing features of such performance. The type of theatre being advocated for here is popularly referred to as Theatre for Development (TFD). It is also known in some quarters as Community Theatre (C.T), Theatre for Integrated Rural Development (T.H.I.R.D), or Community Theatre for Integrated Rural Development (C.T.H.I.R.D). No matter the nomenclature, the underlying objective of this form of theatre aims at effecting positive change and development in any target society/community. Mbachaga and Wuese are of the belief that theatre should be an end to a means and not a means to an end. The art of theatre strongly articulates truth through proverbs, symbols, satire and songs. (33). This lend credence to the submission of Yerima and Okworiwho postulates more vividly that theatre apart from serving all the other functions of entertainment and information must also educate and in education, create awareness for socio-economic and historical developments.

In all these submissions, there is a common view that theatre should be therapeutically, socially and politically relevant to the developmental wishes, yearnings and aspirations of the people. In other words, theatre goes beyond satisfying their hunger for entertainment as it brings to the fore certain topical problems facing the community and proffers a communal solution.

This paper is premised on the belief that theatre, as a work of art, ought to be more purposeful; it needs to play more roles and be more holistically positioned in order to contribute positively to both individual and societal development. This, of course, is a departure from Guthrie's (1973: 121) view that if the objective of a work of art were known, there would be no point in its existence. This idea is akin to Emile Zola's revolution of 1880, which resulted in the birth of free theatre whereby, theatre played more significant roles in people's lives. Failure to do this, Sembene Ousmane (1999: 73) posited would reduce it to the level of other pastimes and this would seriously threaten its sustainability.

The notion of theatre for development as the name implies suggests a breaking away from the conventional Aristotelian form of theatre and move into new situations where new commitments may have to be made. It denotes a concept, which embraces a number of specific processes of change. These antecedents in processes as stated by Deutch include a variety of social and institutional changes among which are policies, expectations and patterns of group affiliation (1998: 54). These changes cumulatively or singly influence or sometimes transform political and social behaviour of people.

It is often observed that many countries especially most African countries do not use the multimedia strategy approach to extend developmental communication messages, energize the actions desired, arouse the psychological mood and educate the people. Rather, they opt for the mass media alone for all developmental programmes. The reason usually adduced to this over reliance on the mass media is its relatively low cost, its convenience and the belief that mass communication bestows glamour and prestige on the information it carries. Wesley (2015 :9) has commented on this tendency and has advised that mass media alone are inadequate for communication of information leading to behaviour change. He noted that interpersonal communication based on the concepts of social systems, interaction and feedback bestows faith in the message and when combined with mass media, the chances of leading to actions are increased.

Theatre as an instrument of self-discovery, community mobilization and development at best should be multi-faceted and devised to reach the target audience wherever they are found, be they in health institutions, towns, villages, market places, schools, factories, farms, reform homes, or places of worship. A variety of strategies must also be adopted to achieve the desired goal. This is necessary because what is appropriate in one context may be totally inappropriate in another.

Postgate, Lewis and South Wood (2016 :26) have observed that "every developmental and communication project stands a better chance of success if it grows out of knowledge of available alternatives. This is because popular participation that is confined to development and communication and not extended to other aspects is artificial. The participants may be benefiting but are likely to be absorbed in the operation of the communication system which may be diverting their energies and resources from most pressing problems or more productive channels. A prior condition for the introduction of a participatory system is the willingness

of the ruling class to accept the consequences of the changes that such an enterprise is likely to bring about. If there is a desire for change at the base and no willingness on the part of the authority to allow it, frustration may manifest itself in cynicism, overt protective action or to resignation to the fact that one must work within the "given space" available. Postgate et al (1979 :71) contended further that communication schemes for social mobilization may fail unless they are backed by the individual will of the participants and a degree of support or at least partial acceptance from the authorities concerned. Nasir, (2015: 80) informs that development communicators, Abbah (1990), Okwori (1990), Gumucio-Dagron (1994) in their various submissions posit that workers at the grassroots level are becoming increasingly aware that the electronic media is often alien to traditional culture and it is imperative to include traditional forms of communication and folk media in development messages, not only to entertain, but to strengthen or to change if necessary existing values.

As a process, TFD is a means of achieving sustained behavioural changes. It could be said to be an advocacy aimed at alleviating people's problems as it includes activities geared towards increasing involvement of service delivery staff and outreach volunteers from non-governmental organizations. While it includes the involvement of staff and professional groups in that area, which translates to the involvement and participation of the community in human and financial terms, it equally serves as a vehicle of changing the knowledge, attitude, belief and practice (KABP) of the people in the locale for the better. Cohen suggests that for such attitudinal changes in behaviour and practice to be effective, its procedure must be based on audience research, and situation analysis of the communication resources and social organizations concerned (2017 :57). It therefore becomes necessary that the communication strategy between the catalysts and the targeted areas must be taken into cognizance for effective implementation of ideas. Abah (2011 :33) thereby stressed that the success or failure of any one project hinges on proper identification and choice of the most biting problem for attention. For the programme to be useful to the people intended for, Abah therefore recommends the following methodologies to be employed: Research into community problems; story or scenario development, improvisation, performance, post-performance, discussion and follow-up.

The idea of participatory and appraisal defines TFD not as a performance genre but a community process using theatre as a means to analyse, discuss and effect a positive social change in the environment. It provides full access to the medium of drama as a tool for personal and community development as it incorporates existing knowledge and cultural forms. It challenges the standard convention of audience/performer relationship by letting the audience participate in the action to become performers, director and most importantly, the source from which the content of the performance is based. Also, its enter-educate format is a radical departure from the conventional banking system of education, which is domesticating and in most cases, does not achieve the required result. The practice of this type of theatre has been largely successful.

A pointer to this assertion is its adoption as a medium of mobilising the general public about government policies by Professor Jerry Gana the then director of the defunct Mass Mobilization for Socio and Economic Research MAMSER, during the Babagida regime. While TFD have been used to develop many communities and get messages across to many others, it is on record that the therapeutic aspect of this form of theatre has enjoyed little or no patronage. The little recognition that could be attributed to it lies in form of information dissemination and educating the public about certain topical health issues. Such as informed by Jessica Kawarks, such issues includes Substance Abuse, HIV/AIDS, Female Genital Mutilation (F.G.M) and other Harmful practices (H.P), Maternal Mortality (M.M), Expanded Programme on Immunization (E.P.I) among others and later on, conflict resolution and search for peace in communities.

THEORETICAL FRAMEWORK

The theoretical framework engaged in this discourse involve theories propounded by Albert Bandura which are Social learning Theory and Cognitive Theory.

Social Learning Theory

The Social Learning Theory states that most behaviour patterns are learned through modelling. A person observes other people and uses their behaviour as a model for future behaviour. This theory draws attention to vital aspect of the change processes and provides audience members with examples of socially accepted behaviours and those that are not socially acceptable through the projection of positive and negative role models. The process of change is facilitated when people shares stories about how to respond to commonly experienced problems. To achieve this however, playwright actively involve the target audience in the process of problem diagnosis to arrive at a workable solution which he in turn now projected through performance medium to show the generally acceptable behaviour based on the problem diagnosis jointly conducted with the target audience and also shows necessary actions needed to facilitate the desired behaviour change which will ultimately guarantee effective solution to the identified problem.

Social Cognitive Theory

Bandura's second theory tries to effectively situate the observation process within the entertainment media context. According to the theory, by observing the performance of actors, audience members can experience strong emotional reactions, acquire new thoughts patterns and values and change their behaviour", especially if the modules exhibit new patterns of thought and behaviour, which are rewarding. The position of the two theories is that people do not learn new behaviour unless they see it demonstrated. Apart from learning new behaviours, the decision to adapt to it rests solely on its rewarding potential. Thus, drama, which has the ability of attracting attention and providing a forum for demonstrating new desirable behaviour is most likely to

move people to the point of behavioural change. It should be noted that drama works by creating an emotional arousal in the viewer"- a reaction necessary for behavioural change to take place.

THEATRE FOR DEVELOPMENT IN NIGERIA

The Ahmadu Bello University, Zaria, Drama unit championed the utilization of theatre for development for the urban and sub-urban villages of Zaria. The ABU community theatre projects started in 1977 with the Wasan Manoma (the farmer's play), which was designed to support government's efforts in national food production campaign. Abah (2000: 32) state that the motive of engaging in this theatre is guided by the belief that drama is not meant for the generality of the people whether literate or illiterate we also wanted to refute the belief widely held by students that the illiterate are incapable of appreciating.

According to Mowry (2015 :65), theatrical performances in earlier societies were concerned with inspiration, education, entertainment, the worship of the gods and with thought- provoking or laughter- impelling ideas and situation". This is corroborated by Illah (2016:82) that drama was no longer to serve as an instrument for moral instruction, neither must it pre-suppose that there was a collective pool from which to dole out morals to people.

Popular Community Theatre Forms

Addressed as Popular community theatre, Community theatre or theatre for development, or Theatre for integrated rural development, they are all the same irrespective of the nomenclature. Mda (2012 :104) argues that Theatre for Development may not necessarily utilize popular theatre forms. He posit that a government sponsored project which uses other forms that are alien to the people's own modes of artistic expression such as puppetry, may be theatre for development but not popular theatre. In the same vein, he stated that

the practice of theatre for development project which evolved into Marotholi Travelling Theatre in Lesotho, in which scripted plays were performed to live audiences or broadcast over the radio or small format films with the aim of spreading information were shown may not utilize popular theatre modes such as people's participation in the creation of the plays and performances but qualify as theatre for development. (2012: 75)

Further, these forms of disseminating information are not rooted in the tradition nor do they enrich and expand the people's form of expression such as popular theatre, which utilizes the people's language and idiom as necessary tools in communication. It follows therefore, that so long as theatre practice has the objective of disseminating intended messages or *conscientising* the people about their objective health, social and economic situations, they are modes of theatre for development. This theatre is aimed to inform and *conscientise* the audience. Jinadu (2018) posit that this conscientisation must be seen as the re-orientation of the people towards their health and social issues (73).

An attitudinal change has implications for health and social action in that it sees health and related issues in new light. It points, in other words, to the contradictions in society and, more importantly, to remove the contradiction. This theatre is aimed at the employment of a variety of theatrical expressions to create critical awareness as potential for collective action in solving topical issues. In the same vein, Mlama (2000 : 98) states that "the theatre becomes a process through which man studies, analyses and forms opinion about his environment".

Through this also, he expresses and shares his viewpoint, which creates the frame of mind necessary for him to take action in order to improve upon his environment. In Africa, different approaches have been adopted in the cause of development. For instance, Lambert identified three popular theatre approaches. These are agitprop, participatory and *conscientisation* modes of Community Theatre.

Agitprop

This form of theatre as informed by Lambert (1976 :37) is traced to the 1920s following the establishment of the Department of Agitation and Propaganda as a section of the central committee of the Communist Party in the Soviet Union. As a department charged with the responsibility for giving ideological orientation to the masses through various forms of the media, the use of theatre in its assignment was found necessary and therefore, adopted. In theatre for development the term has come to be associated not only with plays that have radical political undertone or content but with plays used for dissemination of vital developmental messages. These, Mda declares are message-oriented and exhortatory rather than focusing on the process of community analysis and community decision-making, This form of theatre has potential for instigating and rallying people to organize and challenge established systems(2012:73). Lambert states further *conscientisation* is raised from outside the community on specific themes as communities are not involved at any point of data collection, analysis or play development. There is hardly an opportunity for post-production discussions. Where, however such opportunity presents itself, they are informal and may only lead to individual action on a short-term basis.

PARTICIPATORY THEATRE

Lambert posits that in participatory theatre, the community takes part of the various levels of play production. As a result of the active participation of the people, conscientisation is raised from within circle on specific themes. As Ahura reveals, participatory theatre emphasizes the mobilization of the rural masses. He sees the dividing line between the participatory and *conscientising* theatre as thin since both of them are processes aimed at

- a. The development of man and his environment
- b. Putting the future in the hands of the concerned people
- c. Asserting the dignity of man irrespective of material solution
- d. Giving back to man, his basic humanity

Theatre of *Conscientization*

Lambert (1982: 58) states that the theatre of *consientization* is the theatre which is capable of being a dialectic tool for attaining a critical analysis of reality. Though similar to participatory theatre, this form of theatre has no pre-planned direction and conscientisation is raised from inside through a method of group analysis. Boal refers to this form of theatre as Forum Theatre. (1973: 7) Analyzing the process of forum Theatre, Lakoju (2017: 14) states that

First, people are encouraged to tell their particular stories of oppression. The group then reacts to them, if the group identifies with a particular story or stories, then a ten or fifteen minute skits portraying this problem and the solution intended for discussing is improvised, rehearsed and subsequently presented. Anyone who disagrees with the solution is free to stop and replace the actor playing he oppressed the action at any point and replace the actor playing the oppressed. his own proposed solution is directly is directly tried out while the other characters respond instantly to all the possibilities that the new situation presents.

He states further that as many spectators as time permits are allowed to intervene, one at a time to try other better solutions to the initial problems posed.

In this way, the theatre remains permanently at the level of rehearsal because every intervention meets a different course of action. The danger in this form of theatre is that there is a risk of monotony, frustration and loss of direction if not properly coordinated. In a situation where there is constant interruption of action and change in the course of events and a situation where everyone's idea is a possible solution, no meaningful, real solution may be arrived at. In the Forum Theatre, participation and control by the people increase as the catalyst pull out and the spectators take full charge of the proceedings. Spectators thus become active participants and actors eventually (spect-actors), transform into catalysts and social engineers. Boal sees this theatre as primarily concerned with the spectator where the spectator delegates no power to the character (actor) either to act or think in his place. The demarcating line between participatory and theatre of *consientisation* may in fact be that in the latter, the catalyst has no role. Boal states that "the spectator himself assumes the protagonic role, changes the dramatic action, tries out solutions, discusses plans for change, in short, trains himself for real action (year :22).

Operational Methods of TfD

There are basically two approaches to play making in TfD. These are The Migratory Approach and the Homestead Approach. The Migratory approach: This applies in a situation wherein the facilitators, after collecting needed information (data) on identified problem (s), retire to their base to create a play based on the information gathered. The play is then taken to the people who serve as audience and they have little or no participation in its preparation. In this type of method, the audience's only involvement is during the question and answer interaction which comes at the end of the

production. This type of approach is best used in psychiatry institutions, correctional homes, hospitals etc, due to the peculiarity of such institutions and nature of the inhabitants. Another name for this approach is Outside-in.

The Homestead out Approach

This applies in a situation whereby the catalyst remains in the domain of the targeted people after their problem identification. He takes time to understand them better, their culture, nuances, customs and traditions. He involves them in data capturing and prioritization, rehearsals and eventual performance of the production. This method is also known as the Homestead method. This approach is best suited for rural practice. From the literature reviewed, Parkes, Ley, Estes, Ley and Spielman, observed that it appears that most of the studies on theatre and patients' attitudes to health and illness have been carried out in the United States and Great Britain while little has been done locally in this direction. In addition, there is in need to examine to role played by personal factors in patients' attitude and behaviour. This paper therefore sought to find out the extent to which drama as a means of information dissemination and personal characteristics determine patient's attitude and behaviour to health and illness. The basic questions asked were

- I. to what extent would a dramatic performance and personal characteristics such as (age, gender, and educational level) determine patients' attitude to health and illness?
- II. what is the relative contribution of the independent variables to the prediction.?

METHODOLOGY

Subjects

Subjects were sixty five in-patients of General hospital, Ijebu Igbo, Ogun state. They were made up of 21 males and 44 females with an age range of 17 to 61 years and mean of 43.1 years.

Instruments: Data for the study was collected using two instruments,

1. Patient- Medical Personnel Drama Scale (PMPDS)
2. Attitude Towards Health and Illness Scale (ATHIS)

1. Patient- Medical Personnel Drama Scale (PMPDS)

The researcher developed PMPDS. The instrument consisted of two sections. Sections A and B. Section A elicited from the subjects, personal information on age, (variable 1), gender (Variable 2) and educational level (variable 3) while section B was made up of twenty (20) items on various aspects of patient-medical personal drama beside a four point scale in which subjects were asked to indicate their level of agreement or disagreement to each of the items. Responses on this section were treated as variable 4. The construct validity and internal consistency reliability of the PMPDS using Cronbach's co-efficient of alpha was 0.872.

ATTITUDE TOWARDS HEALTH AND ILLNESS SCALE (ATHIS)

The ATHIS is a fifteen item questionnaire in which the items were placed beside a four-point scale to which subjects were to indicate the extent of their agreement or otherwise to each of the items. ATHIS was trial tested on 20 respondents from another hospital and the result showed no ambiguities in the instrument and produced a split-half reliability of 0.749

DATA COLLECTION AND ANALYSIS

The instruments were administered personally to the subjects by the researcher with the assistance four (4) research assistants. Data analysis involved the use of step-wise multiple regression procedure where age, sex, educational level and patient medical personnel drama were treated as independent variables while attitude to health and illness was taken as the dependent variable.

RESULTS

Table 1 shows that a combination of four (4) independent variables (age, gender, educational level and drama) to determine patients attitude so health and illness yielded a co-efficient of multiple correlation R out of 0.805 and a multiple R-square (R^2) of 0.656. Analysis of variance of the multiple regression data produced an F-ratio of 36.419 (significant at the 0.0 alpha level).

DISCUSSION

The four variables investigated when taken together could effectively determine patients' attitude to health and illness. About 66% of the total variance in attitudes of patients was accounted for by dramatic performance and personal characteristics considered, while about 34% of the observed variance was due to some other extraneous variables.

Table 1. Analysis of variance

Source of Variation	df	Ss	Ms	F-ratio
Due to regression	4	37.582.559	9395.399	-
Due to residual	91	23.217.637	257.974	36.419
Total	95	60.799.196		

Summary of regression analysis

Multiple-----R=0.805

Multiple----- R^2 =0.656

Adjusted----- R^2 =0.653

Standard Error of Estimate =7.642

As to the extent to which each of the four independent variables contributed to the determination of patients' attitude, the entire variables investigated were found to have contributed differently. In particular, only drama and educational level contributed significantly to the observed variance in the criterion variable in that order. Drama accounted for about 46% of the observed variance and is followed by educational level that contributed 20% to the variance. The remaining two variables investigated age and gender, did not make any appreciable contribution to the variance in patients' attitude to health and illness.

Judging from the evidence above, dramatic performance and educational level were the most important determinants of attitude. These results seem to agree with the findings of Ley, that "dissatisfaction and non-compliance by patients stem in part from failures of communication" (68). This position was further supported by Korch et al (1971: page) who reported that "satisfaction was associated with doctors being friendly and not business like and being good communicators". (76) This supports the conclusion that one can improve patients' attitude to health and illness through dramatic presentation.

Also educational level has been found to play some parts in the attitude change process either singularly or in combination with other factors. Adepoju (2001) observed that there is a strong relationship between the level of education and the attitude to newspaper reading.

Another interesting result of the present study is that the contribution of age and agenda to the determination of attitude were insignificant, indicating that both young and old, and male and female patients could be helped to develop a better attitude to health and illness. The implications of the above is that age and sex are not determinants of attitude towards health and illness, and, therefore, people's attitude should not be seen from the standpoint of age or sex.

IMPLICATIONS OF FINDINGS

It is discovered that drama as a means of information dissemination can go a long way in clearing doubts, tempering bad feelings, eliminating embarrassment and ultimately aiding patient's recovery from illness. This is so because it ensures immediate feedback through verbal responses and non-verbal self-disclosure cues which can be depended upon to provide reliable indications of a patient's true feelings where ordinary engagement with words would not suffice. The aim of a doctor or any public health officer is the encouragement of attitudes and actions that will promote the physical and mental welfare of those they serve. The result of study shows that a very good way of achieving this is through the

Table 2. Presents the data on the relative contributions of each of the independent variables on the dependent variable

Variable	Step	R	R^2	F-value	P	Remarks
Drama as information dissemination	1	0.601	0.455	5.536	0.001	Sig
Education level	2	-0.265	0.201	3.771	0.001	Sig
Age	xx	0.043	0.033	0.145	0.001	NS
Gender	xx	-0.027	0.021	0.139	0.001	NS

use of dramatic performance. The reasons should be obvious by now-perceived privacy, potential for strategic flexibility among others are the product of Also, doctors and other public health officers should make attempts to do the following:

1. Be jovial rather than business like
2. Engage in at least, some conversation which is not directly connected with the problem.
3. Discover the patient's expectations and explain why these are fulfilled if they are not.
4. Discover the patients concerns and take appropriate action.
5. Give information as well ask questions.
6. Engage the expertise of drama therapists and psycho-dramatists.
7. Where applicable, have a standing drama troupe.

CONCLUSION

As it has already been pointed out, satisfaction with dramatic performance is likely to be justified on practical as well as humanitarian grounds. The present study has shown that much practical benefit can flow from such dramatic performance provided that it is done in the right way.

Even though much research needs to be done, it is no longer reasonable to claim that concern with the communication side of health care is merely an optional extra.

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