ABSTRACT | OBJECTIVE: To understand the contributions of the Theatre in a Simulation format, to be used as a learning tool for nursing education, and how it may influence clinical competence. METHODS AND MATERIALS: Integrative literature review carried out from searches in databases LILACS and BDENF using the keywords: “Nursing teaching”, “Simulation” and “Theatre”, published in Portuguese, Spanish and English. RESULTS: 169 articles were found, and after selection, 21 articles were integrated into the corpus of this research. The strategies that most contributed to training and knowledge were Role Play and Simulated Patient and Realistic Simulation. Brazil and Chile led this initiative, with the Brazilian Instituições de Ensino Superior (HEIs) coming first. The development of teamwork contributed to interpersonal relationships during the practice and creating an experience for future professional exercises. The development of teamwork also contributed to the reduction of anxiety during patient care, and greater criticality in identifying measures for patient safety. FINAL CONSIDERATIONS: It is possible to consider that the Simulation type of Theatre has great methodological potential. It has been gaining ground as an active teaching strategy, and highlighted by nursing students as a strategy and important means for the formation of clinical practice.


RESUMO | OBJETIVO: Compreender as contribuições do Teatro no formato Simulação como ferramenta de aprendizagem para a formação da enfermeira, e sua influência na competência clínica. MÉTODOS E MATERIAIS: Revisão integrativa de literatura realizada a partir de buscas nas bases de dados LILACS e BDENF usando as palavras-chave: “Ensino de enfermagem”, “Simulação” e “Teatro”, publicados nas línguas Portuguesa, Espanhola e Inglesa. RESULTADOS: Foram encontrados 169 artigos, após seleção, 21 artigos integraram o corpus desta pesquisa. As estratégias que mais contribuem para a formação foram: Role Play, Paciente Simulado e Simulação Realística. Brasil e Chile lideraram essa iniciativa, sendo as Instituições de Ensino Superior (IES) brasileiras as que mais se destacam. O desenvolvimento do trabalho em equipe contribuiu para as relações interpessoais durantes as práticas como se torna uma bagagem para as vivências profissionais futuras, além da redução da ansiedade no momento do cuidado ao paciente, e o desenvolvendo uma maior criticidade na identificação de medidas para a segurança do paciente. CONSIDERAÇÕES FINAIS: É possível considerar que o Teatro, do tipo Simulação, tem grande potencial metodológico e vem ganhando espaço como estratégia ativa de ensino sendo ressaltada por graduandos de enfermagem como uma estratégia e um importante meio para a formação da prática clínica.

Introduction

The curtains open, the lights are lit and the first act begins: the theater goes hand in hand with education in colonial Brazil. Father Anchieta, and his contemporaries, used this pedagogical tool to initiate natives in the Portuguese language and in Roman Catholic Apostolic religiosity, and his teachings are full of scenic acts, small dramas, puppets and fantasies of saints.1

Blackout, the scenario changes. We have reached the 20th century, education and theater remain firm together and well united, when Augusto Boal brings to the school universe the *Theater of the Oppressed*, where actors and not actors are able to transform their daily experiences into art for the pals.2 It was inspired by Boal that Paulo Freire developed the *Pedagogy of the Oppressed*, alphabetizing dozens of rural workers from their everyday life.3

New scene begins in the History of Education in the country with the institution in 1961 of Law N. 4.024/61 that establishes the Guidelines and Bases of Education in Brazil. This Law4 brings the “Artistic initiation” as a merely complementary activity, act repealed, paradoxically, by Law 5.692/1971 in a regime that oppressed artists and freedom of expression, which determined the discipline of Artistic Education as part of the compulsory curricular component. Within this discipline were all categories of art, including theater.5

Second act of the play, the protagonist is higher education in Nursing, which wants to provide students the experience with the reality of the labor market. The National Council of Education (CNE - *Conselho Nacional de Educação*), together with the Chamber of Higher Education (CES - *Câmara de Educação Superior*), when publishing Resolution N. 03/2001, determine that nursing education should provide training capable of educating professionals who solve or mitigate health problems/disease in any context of the Unified Health System (SUS – Sistema Único de Saúde). For this, they must be critical, creative, humanized and holders of scientific knowledge with the clinical and practical competence to evaluate rationally, performing actions in a way and resolutive, continuous and holistic in the face of problems found in the workplace, combining technical performance with scientific knowledge developed in the classroom.6

The unfolding of the scene in the second act brings one of the methodological strategies used by teachers of Nursing graduate courses to improve the pedagogical structure of the area, the realistic simulation. This strategy has been used and developed through the theatrical scene, thus leading one of the educational pillars in higher education-learning since 2003. In this context, the theater is set up as realistically as possible, interpretation, textual production, body and vocal expression, staging, somnoplasy, odors and colors.7

At the center of the stage, the Nursing student needs to keep up to date with the theories and practices of patient care, care management and health units and the relevant legislation in order to consolidate the pedagogical structure of Nursing education.5

In this context, this article aims to understand the contributions of theater in the Simulation format as a learning tool for the training of nurses, and its influence on clinical competence.

Method

In the interval of the scene appears the research of the integrative-review type, from a qualitative approach, in a search to systematize the scientific knowledge produced in a given period. For this modality, we sought in electronic media, the most diverse primary studies in order to theoretically understand the proposed theme. As the steps for this type of review, the researcher should develop the guiding question and raise hypotheses about it; describe the inclusion criteria of the studies; list the peculiarities of the articles to be explored in each of the five stages, namely: 1) conception of the problem; 2) research in the literature; 3) data sieve; 4) data analysis and 5) presentation of the results.9-11

This review met the requirements of the Protocol Statement for Reporting Systematic Reviews and Meta-Analyses of Studies (PRISMA) as a theoretical-methodological framework composed of a 27-item checklist and a flowchart of four steps that support the quality of this type of review. For the elaboration of the study, the five stages were followed: elaboration of a research question; establishment of exclusion and inclusion criteria during the search; establishment of what was compiled from each study; careful evaluation of the chosen studies; interpretation of results and a compendium of data.12
In the first stage, the research question was defined: what are the contributions and influences of theatre, in the Simulation format, in clinical competence for learning and training of nurses?

In the second stage, the inclusion criteria were established: primary works, dealing specifically with the application of theatre, in Simulation, Nursing format for the quality of learning and impacts on clinical competence; published in English, Spanish, or Portuguese; to use theatre in the Simulation format, as a teaching methodology in Nursing, and as exclusion criteria: studies that dealt with computer simulation, online or that made use of technological tools of artificial intelligence; that reported the use of theater, Simulation, as a methodology for health education of professionals to the community and studies of the type theses, dissertations, other reviews, book chapters and manuals.

The following databases were used: LILACS (Latin American Literature in Health Sciences) and BDENF (Specialized Bibliographic Database in the Nursing Area - Base de Dados Bibliográficas Especializada na Área de Enfermagem), searches were conducted in the months of July and August 2022 and used the keywords “Ensino de enfermagem”, “Simulação” and “Teatro” and the Boolean operator “AND”, according to the following search strategy: (((simulação and ensino de enfermagem; simulação and ensino de enfermagem; ensino de enfermagem and teatro))).

The inclusion and exclusion criteria were met, then the reading of the titles, later the abstracts and, finally, the full reading of the articles that met the selection criteria for conformation of the review corpus, as shown in figure 01.

**Figure 01.** flowchart of selection of the studies included in the integrative review. Senhor do Bonfim, Bahia, 2023

In the third stage, it was defined what would be extracted from the selected studies, assuming as variables: author, title, journal, language, type of study, country, contributions of theater to training and its influences on clinical competence.

In the fourth stage, the included studies were read and their interpretation of the knowledge found in a critical and synthetic way, as presented in chart 01.
Results

In the third act, to dance on stage, the synthesis of the studies that composed the corpus of this review is presented. These are 21 articles published in English, Portuguese and Spanish. Eleven worked on the “Realistic Simulation” strategy, four on “Simulated Patient” and six on the “Role Play” strategy. Theater is one of the didactic-pedagogical methods chosen for the practical execution of teaching-learning strategies and has become a constant in the search for innovation in the teaching of health areas, in this review, with specificity for the field of Nursing.

Studies developed in Chile and Brazil were identified, with the largest number of Brazilians. The qualitative synthesis of the studies is related from the presentation of the analyzed variables as presented in chart 01.

**Chart 01.** Characterization of the articles and their qualitative synthesis. Senhor do Bonfim, Bahia, 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>N</th>
<th>Type of study</th>
<th>Identification</th>
<th>Theater as a teaching strategy</th>
<th>Contributions for training</th>
<th>Influence in clinical competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>19</td>
<td>Experimental</td>
<td>S10&lt;sup&gt;12&lt;/sup&gt;</td>
<td>Realistic simulation</td>
<td>- Increased satisfaction and motivation;</td>
<td>- Greater interaction and mastery in patient care and clinical competence;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quasi-experimental</td>
<td>S12&lt;sup&gt;19&lt;/sup&gt;</td>
<td></td>
<td>- Increased self-confidence, knowledge, empathy;</td>
<td>- Improvement of critical-reflective thinking in care planning;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Descriptive</td>
<td>S01&lt;sup&gt;13&lt;/sup&gt;</td>
<td>Realistic simulation</td>
<td>- Realistic experience</td>
<td>- Greater ability of reflection, critical thinking and teamwork;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S11&lt;sup&gt;14&lt;/sup&gt;</td>
<td></td>
<td>- Reduced anxiety</td>
<td>- Recognition of professional autonomy in decision-making;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S20&lt;sup&gt;16&lt;/sup&gt;</td>
<td>Simulated patient</td>
<td>- Improved Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S09&lt;sup&gt;19&lt;/sup&gt;</td>
<td>Role play</td>
<td>- Reduced anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S04&lt;sup&gt;20&lt;/sup&gt;</td>
<td></td>
<td>- Improved Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S05&lt;sup&gt;21&lt;/sup&gt;</td>
<td></td>
<td>- Greater ability of reflection, critical thinking and teamwork</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S19&lt;sup&gt;22&lt;/sup&gt;</td>
<td></td>
<td>- Reduced anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S02&lt;sup&gt;23&lt;/sup&gt;</td>
<td>Simulated patient</td>
<td>- Recognition of professional autonomy in decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S21&lt;sup&gt;24&lt;/sup&gt;</td>
<td></td>
<td>- Improved Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S06&lt;sup&gt;25&lt;/sup&gt;</td>
<td>Role play</td>
<td>- Reduced anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S17&lt;sup&gt;26&lt;/sup&gt;</td>
<td></td>
<td>- Increased satisfaction and motivation;</td>
<td></td>
</tr>
<tr>
<td>Chile</td>
<td>02</td>
<td>Action-research</td>
<td>S07&lt;sup&gt;27&lt;/sup&gt;</td>
<td>Simulated patient</td>
<td>- Greater criticality in identifying measures for patient safety;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S13&lt;sup&gt;28&lt;/sup&gt;</td>
<td>Role play</td>
<td>- Recognition of professional autonomy in decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intervention</td>
<td>S03&lt;sup&gt;29&lt;/sup&gt;</td>
<td>Realistic simulation</td>
<td>- Reduced anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Randomized clinical trial study</td>
<td>S08&lt;sup&gt;30&lt;/sup&gt;</td>
<td>Simulated patient</td>
<td>- Recognition of professional autonomy in decision-making</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Correlational study</td>
<td>S16&lt;sup&gt;31&lt;/sup&gt;</td>
<td>Role play</td>
<td>- Improved skills.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Experience report study</td>
<td>S18&lt;sup&gt;32&lt;/sup&gt;</td>
<td></td>
<td></td>
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</tbody>
</table>

Source: the authors (2023).
Discussion

Under the light of the spotlight of the stage set here debut the three strategies identified in this review, namely: Role Play, Simulated Patient or Realistic Simulation. All of them have in common the systematization of their application in stages that follow the same principle in their development.13

The first stage defines the theme. Their choice may arise from the doubts of future nurses, the pedagogical need of the teacher to develop a more dynamic strategy or a study on the quality of the methodology for higher education in nursing; in the second stage are established the objectives whether cognitive, emotional or practical; in the third the desired results, goals to be achieved before the predetermined objectives; in the fourth stage are written the script, defined the scenarios, and the type of strategy to be worked; in the fifth stage, classes are established, or initial debates on the subject, it is at this time that the theory is presented to the students, and finally, the sixth stage where the execution of the strategy takes place followed by a debate on the decisions made, the final conversation is reported as debriefing.14

The scenarios can be developed jointly between students and teachers in universities, the details that guarantee realism start from the practical experience brought by teachers. For the development of simulation to happen, teamwork is part of the skills developed earlier. This provides increased satisfaction and motivation. Scenarios should be tested and approved by a committee of judges able to determine whether the methods chosen are favorable for the improvement of critical-reflective thinking in the planning of care contributing to greater criticality in the identification of measures for patient safety; and if they truly contribute to learning according to the objectives, as well as ensure the safety of participants without harming the Code of Ethics of Nursing Professionals.15-16

The Realistic Simulation is a strategy where the scenario is the main factor for the realistic experience, odors and sounds are used that are as close as possible to those found in the environment represented, in some cases anatomical parts, false blood, low, medium or high fidelity mannequins can also compose the scene, this way the reality of the simulation becomes more evident to the participants. There are no essays for this strategy, students receive the script soon after the theoretical class, and have a time to debate who will do the action and how it will give.12-15

During Realistic Simulation students report that the sensations of being within a reality is very high, because they can experience the recognition of professional autonomy in decision-making, stimulates a greater capacity for reflection and critical thinking, work as a team to solve patient problems, odors are important strategies for greater fidelity of scenes, because by remembering the description made by the teacher in the classroom associated with the odor felt in the simulation they can better understand the characteristics and develop the actions with greater security. These actions are observed by other students and teachers, some interpretations are filmed for later debate, evaluating which strategy can be used in the field of work.20-22

The other protagonist in this plot is Role Play, a strategy where the students walk in the roles of professional, family and patient, the idea is that the perceptions about the feelings of each “character” are felt during the simulation, is a methodology widely used to work on increasing self-confidence, knowledge and empathy, making decisions in critical situations and improving interpersonal communication. The text or script can be developed jointly between students and teachers, or it can be a teaching production with limited objectives, based on their clinical experiences, in this case the script is primarily responsible for the realistic experience in Role Play based on the requests of the students on a particular subject, the central idea is that each student now make a role, now another, and after this interim are debated the sensations of being in each.22-23

In the Role Play scenario brought in the studies carried out in Brazil, the students participated in various roles during the simulation and preparation of the scenarios, there is no time for but the scenes can be repeated as many times as they find necessary and with the suggested adjustments that best contemplate the goal. With this, academics could report that at each repetition, even in different roles, they felt increased satisfaction and motivation, because the realistic experience provided them with a greater interaction in patient care, contributing
to the improvement of critical thinking planning, emphasizing that even the timidest were able to take advantage of the methodology and be much more participatory during debriefing, being the activity considered extremely useful for the development of knowledge.24

Another strategy is presented on this stage, it is the one that is known in academia as Simulated Patient, which consists of the introduction of a third element, which can be a guest actor or student of another class to simulate the patient, a family member or another professional, depending on the goal estimated by the teacher, who at this time in partnership with other colleagues is the author of the scene. Because it is a scenario where a guest will be inserted, there is a period for preparation and rehearsal of the actor or actors, the teacher transmits what reactions he should display in certain situations, what questions should which physical and behavioral characteristics should be presented, since these inferences contribute to a better realistic experience during staging.25

In this scenario, in a study in a Higher Education Institution (HEI) in southern Brazil, in the context of palliative care, where the family members of the young are also simulated, the report of the students about the simulation is an experience where they could face their fears of communicating, thus developing the improvement of communication and learning to empathize with the patient and their family, while seeking strategies with the team to carry out measures that contribute to patient safety with greater criticality, recognizing professional autonomy in decision-making and developing greater mastery of clinical competence now able to have critical and assertive reasoning in the situation never experienced before, so their choices tend to be more consistent with the needs of patients when, according to them, it is necessary.26

The star of this show is still on the scene. Nursing students are now at the center of the stage to dialogue about a need that never runs out in their routine, which is that of professionals who have the ability to make quick, critical decisions based on scientific knowledge. For this, training needs to fill these gaps, providing an innovative education that follows the changes in the market. Health areas are dynamic in updates, so it is always necessary to seek active methodologies that provide all the necessary baggage, and the theater has been one of these teaching strategies.27-28

In order for these future professionals to have experiences that can contribute to their clinical skills, strategies beyond those used in nursing laboratories can be used. Simulated is a less elaborate type of theater, but already practiced by many professors, even unconsciously, since the beginning of nursing.

In this strategy, mannequins, oranges, anatomical pieces and improvisations with other materials for teaching active practice are used. It is a more objective, systematized strategy and within the standards already established in universities around the world. Therefore, direct contact with the common and unusual situations of a nurse's daily life in a controlled environment guarantees quality teaching with the possibility of exchanging experience, repetition and safety for students and their future patients.27-28

Thus, regardless of the strategy chosen for the simulated dramatization, one of the highlighted gains is the development of teamwork that contributes both to interpersonal relationships during practices, as for when they are acting as part of an interdisciplinary team.29-30

The theater, as an interdisciplinary, didactic and pedagogical methodology, used systematically within each strategy, provides the experience that the University environment seeks to expand and develop: contribute with significant gains in the training of more critical professionals, creative and decided, without losing the quality of clinical practice, maintaining the theoretical-scientific updates and the dynamism of the profession within the teaching-learning, contributing to the development of interaction in patient care and developing greater criticality in identifying measures for patient safety.31

Closing the scene, it is possible to infer that the closer to the real is the simulation, with speeches, verbal and non-verbal expressions, interaction and script well worked and rehearsed more evident and productive are the results for academics, so when they are faced with a clinical situation in practice, they will have the memories that the theater left them and they will be able to decide firmly about that health problem/disease with greater property.32
Final thoughts

End of act, lights go out, curtains close, applause can be heard. The Simulation Theater, especially in Brazilian HEIs, goes hand in hand with the Nursing students. As a potential methodological strategy, it stands out and has been gaining space among active teaching tactics.

The use of this methodological strategy in nurse learning contributes to her self-confidence, cognitive performance, assimilation of theory and practice, critical, logical and creative reasoning, improvement of teamwork, development of interpersonal communication and decision-making in borderline situations; positively implies in their professional journey, developing a holistic and singular look.

In Brazil, these strategies have been developed in public HEIs in greater numbers in the South and Southeast regions of Brazil, and expansions in the Northeast such as the State of Pernambuco can be observed.

The limitations of this study are the fact that it was not possible to identify other strategies of Simulation Theater, giving rise to new publications of reports of experiences or exploratory research based on the perception of professors and students about the practice.

As for contributions, this research opens doors to the theme, leaving a range of possibilities for new inferences in the Nursing field, in addition to highlighting a practice that has been used in HEIs in the country, as an innovative and possible method to be applied.

Authors’ contributions

Souza NR and Silva RS participated in the conception of the research question, methodological design, search and analysis of the research data, interpretation of the results and writing of the scientific article. Suto CSS worked on data collection and interpretation, participated in the design of the research question, methodological design and statistical analysis of research data. Costa LEL participated in the interpretation of the results of the scientific article, carried out the review of the final version and the design of Table 01. All authors reviewed the final version and agree with its publication.

Conflicts of interest

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the submitted work (including but not limited to grants and funding, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

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