

A sociodramatist in the health system

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For more than 15 years I was employed in a large organisation in the public health system as a workforce development consultant. The job was a sociodramatist's heaven. It was a unique position that gave me ready access to people and information in every area of the organisation from the cleaner to the CEO. With that came a freedom and influence. I could say and do things that were often too risky for others to say and do. I could make the covert overt.

Every day I got to work directly with a wide range of individuals and groups addressing issues of interest where the social impact was potentially consequential and far-reaching. Being in such a privileged position I was ever conscious of not misusing information or the power attributed to me. In my psychodrama training I honed my ability to role reverse, to listen, to be curious and engage without being judgmental, and to respect the humanity of a person's experience.

Constantly learning experientially in groups with others enhanced my abilities to learn and apply my learning. This was dramatically different from my formal education. Effectively I moved from being socially isolated at school to being a central member of a training group. I learned to make links between pockets of information and keep confidentiality. This meant I was trusted and respected both in my training and at work. As a result, I was presented with many opportunities to apply myself as a sociodramatist.

From clinical experts to having system oversight

One major initiative I was centrally involved in was designing and leading a Management Foundation Programme. This initiative came about because people employed for their clinical expertise were being promoted into management positions known as Clinical Nurse Managers (CNM) but were not given any support or training to warm them up to the new role. There was a high level of dissatisfaction

amongst the new CNMs and amongst their team members. Both they and I knew there could be dire consequences if areas like significant errors, patient deaths, and intolerable levels of staff turnover to name three, were left unaddressed.

The nurses were alert to what they didn't know about the health system. They could see staffing levels and lack of experienced staff would directly impact on the quality of patient care and patient safety. Instead of being the primary nurse, the new nurse managers had responsibility to oversee the whole system of a team or ward where previously their focus was on individual patients. They now had to look across the whole system and be responsible for outcomes for both patients and staff.

As clinical experts their focus had been on individual patients rather than being conscious of the broader system as before. They knew they had significant gaps of knowledge, awareness and experience in their understanding of the systems they were now expected to manage. They knew to proceed with any restructure without being provided with this awareness and knowledge, was not workable.

My own assessment was similar. I was aware that the nursing staff would be frightened. They would now be overwhelmed by the sense of responsibility coupled with their inability to professionally meet their formerly valuable level of patient care.

Psychodramatic concepts inform the design and the delivery of the programme

I relate to the notion of warm up and it made complete sense to me that there was a need for the programme to address elements in the system. The Management Foundation Programme was developed to fill the need for CNMs to warm up to their new role and attend to the different elements of that role i.e. thinking, feeling, action components and the context in which they worked. All of this needed preparation and resources which were included in the Management Foundation Programme I developed.

A sociodramatist is alert to the systemic principle that all parts of a system are connected and therefore a change in one part of the system affects all other parts. The Management Foundation Programme had the potential for effecting significant change. I was alert to how the shift in the ways teams were led could have a major impact and, with 30-40 people involved at any one time, the reach of the programme would be across the whole of the health system.

I knew the cluster of roles required of a team manager is different from being an expert in a particular area of clinical practice. I was alert to the fact that making the transition from expert to team manager necessitated an approach to learning that Moreno describes in his Spontaneity Theory of Learning (Moreno, 1948). One process for nurses involved an unlearning, de-conserving of behaviours associated with being an expert e.g. having the right answers, and being so skilled that particular practices were reproduced perfectly each time, to their new situation where they didn't have established practices or experiences. Team leaders, nurses and health professionals reverted as if they were beginners with "*I can't do this.*" They appeared to completely forget or value the skills they already had.

In contrast, being a team manager required them to be ready for whatever emerged demanding the person could rely on themselves to generate new or appropriate responses in any situation. Taking account of the participants being accustomed to lectures, research and structure I decided to incorporate professional development models such as the Ladder of Competence (Burch, 2025), Karpman Drama Triangle (Karpman 1968) and the Empowerment Dynamic Model (Emerald, 2009). These models enabled me to invite participants to explore in action and further their learning and applications. Participants could see for themselves, that they couldn't become a manager overnight, just because their job title had changed.

We would set the model out and participants would move through it. This helped them understand their own dominant functioning e.g. with the Karpman drama triangle, they might notice they had a tendency to rescue.

These explorations gave us all two things:

- ◆ Seeing the model in action enabled me as a sociodramatist to develop the vitality and spontaneity in the group by assisting participants to be conscious of their behaviours that impact their staff and patients and their abilities to undertake or not, the functions of their new positions as managers, and
- ◆ participants had evidence-based material to further develop their learning.

As a sociodramatist, I developed a range of structured activities such as sociometric explorations and role training that provided

both familiarity and engaged participants in different ways than previous organisational and professional training experiences they might have experienced.

In role training sessions, typically nurses shifted from being *overly empathetic pleasers* with their own managers to keep them happy, to be *self-valuing action-takers* and *wise decision-makers*.

The focal conflict model in action

Whittaker and Lieberman's focal conflict model (1970) provided a useful framework to consider the scope of what might need to be addressed. For example, while the individuals themselves were committed and enthusiastic to take up their new positions, the career change came with fears about a loss of competence and confidence as their points of reference as an expert were no longer applicable. The programme included sessions that specifically addressed these fears and motivations.

The Foundation Management Programme was designed to be completed with the same group of participants over a period of twelve months. The intention behind this was to build a cohort of people who could share experiences and be companions to each other as they made the transition from expert to team manager.

A central feature of the programme was the emphasis on building the sociometry of this group within the organisational structure. I led many sociometric activities within the programme all of which I know assisted participants with the change in their identity and sense of belonging. I relied on existing tele amongst participants to choose peers for working subgroups. Where longevity of relationships was likely to be important, I chose geographic location as a criterion. To strengthen advice networks, I chose '*if you have a challenging staff relationship, who would you go to for advice*' as a criterion.

One participant commented:

When I first stepped into the Clinical Nurse Manager role I received no formal orientation and initially felt quite isolated, with limited support. Participating in the Management Foundation Programme was a turning point. Connecting with others who were also new to the role gave me a sense of shared experience and much-needed encouragement. The course content was both practical and directly relevant to the expectations and responsibilities of CNMs. I remain

deeply grateful for what I learned and continue to share these insights with new CNMs as they begin their journey.

Participant comment

Because the evidence of organisational change is often not immediately obvious, it can sometimes be quite demoralising for any sociodramatist to wonder if change actually does happen as a result of your work. However, reflecting on my work creating and delivering the Management Foundation Programme I feel very satisfied. When I think of the people I've worked with I feel filled up with their capacity to be compassionate and loving of each other in very difficult times. Many of them have let me know (sometimes years later) about their insights and things they've developed as a result of our work together.

During the Management Foundation Programme, I was given a small rock that sat beside my computer for years. It became a quiet but powerful reminder: You can do this. You're okay. You're doing okay. That simple message gave me strength through difficult moments and helped ground me in my purpose as a Clinical Nurse Manager. I would think of the patients and the team, and remind myself of my goal—to create the best Medical Ward possible. Though the rock now sits in my top drawer, every time I open it, I reconnect with those goals. It continues to symbolize the journey, the challenges overcome, and the commitment that still drives me today.

Participant comment

As a sociodramatist I think of these comments and remind myself that it is possible to make a difference, where every conversation or interaction provides an opportunity to be actively engaged in encouraging positive change in our society, where there is potential for impact that is far greater than what occurs in the moment.

System changes appeared

I began to hear stories from participants and those they worked with. I noticed the power and positive influence of managers who gave regular appreciative responses to nurses on what was going well, as well as their mirroring to the nurses when glitches occurred. I observed the staff's sense of the value that their ordinary and everyday work was being recognised. A culture emerged where staff knew a mistake

could be discussed and worked with. It became less likely that staff felt their professional practice was being challenged as corrections and learning became more in context of overall performance.

I would hear comments like “How do I warmup my team to the most important issue for us and our patients”. I loved hearing this language of warm up rather than to ritualised agenda items.

In this new context I became aware of one new leader who noticed her staff not valuing themselves. Her approach for the ensuing six months was to stop focusing on patient protocols and to begin to focus on celebrating her staff; their birthdays, births, and significant events in their lives as they learnt to work well together. I saw she was encouraging self-love and self-value which then enabled the staff to develop and recognise their both skills and their mutual relationships with one another across their differences and the many challenges they faced. She consistently encouraged her staff to value their strengths and their contributions in the broader team culture and the care that was being provided to their patients. A year later, one result was she had a waiting list of staff wanting to join the ward. Staff turnover had noticeably reduced.

Reflections

On reflection I feel very satisfied and feel deeply moved as I remember the individuals and groups I have worked with. I appreciate their ability to grow and develop their capacity to change and come up with new solutions to systemic issues. One area I have come to value for what it has brought to this work is my way of engaging directly and personally with people. Central to this is what I gained through my psychodrama training. I developed capacities to use learning methods enabling me and participants to produce some very poignant and relevant moments and significant systemic change in this organisation.

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Education and group work has been a focus at the core of my 50 year long career. Initially I worked in child education and later in adult education providing health and safety and employment relations for unions and staff development in health organisations. Having recently left organization based employment and moved from the city of Auckland to the small town of Thames on the Coromandel Peninsula, I am now delighting in the pleasure of being in the community working with individuals and groups who are experiencing all the challenges and opportunities their lives present.