



Journal of Mental Health Training, Education and Practice

## Service User Involvement in an Undergraduate Nursing Programme

Journal:	<i>Journal of Mental Health Training, Education and Practice</i>
Manuscript ID	JMHTEP-12-2018-0073.R2
Manuscript Type:	Case Study
Keywords:	Mental Health Education, Service User Involvement, Nurse Education

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## Service User Involvement in an Undergraduate Nursing Programme

### Abstract

This article highlights the ~~significant~~ impacts that service user involvement ~~had~~ can have on the education of UK undergraduate student mental health nurses both personally and professionally. It reports the findings from a short ~~service module~~ evaluation of a collaboratively delivered theory unit using a qualitative approach.

~~embracing two focus groups.~~

The findings ~~from the two focus groups~~ highlight that the service user input ('~~expert by experience~~') offered a positive learning experience for the students, enabled them to appreciate the meaning of ~~a~~ recovery and hope, facilitated the identification as to the importance of their role in terms of connecting meaningfully with ~~clients those they are supporting~~ plus reconsidering key priorities for practice. They suggest also that there is theory/practice gap reduction as students were able to connect the service user narratives to the evidence base for deeper understanding and application.

Although only a brief evaluation of a short theory unit within a wider mental health programme including a limited number of students, the findings echo the wider literature and offer further rationale to support direct service user involvement in mental health education across other professions, perhaps interesting at this time as increasingly, learning/teaching programmes implement blended learning with significant online teaching and less face to face facilitation of learning.

~~Although~~ There is much in the literature as to the benefits for student learning in involving service users within HEI education, ~~however~~ there ~~remains~~ is limited information as to 'how' and 'why' this is the case, this article seeks to bridge that gap.

### Key Words

Mental Health Education, Service User Involvement, Nurse Education,

This article is a case study describing the findings of a brief ~~service module~~ evaluation of a delivered taught unit as part of an undergraduate teaching programme which ~~sought to~~ meaningfully involved ~~d~~ service users as part of the collaborative delivery.

### Background

~~"Wherever you find humans, you will also find stories" (Cobley., P. 2001 cited in Holloway and Freshwater 2007 p.703)~~

An undergraduate Mental Health Nursing Programme (BSc Hons) at a Higher Education Institute (HEI) in the South of England (UK) leads to professional registration with the UK Nursing and Midwifery Council (NMC) and currently delivers six assessed units per academic year over the three year programme, each unit in alignment with, and reflective of, the students'

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3 concurrent learning experience in practice. Prior to the most recent curriculum rewrite in 2018,  
4 the third year of the programme required the students to undertake a six day unit focussing on  
5 caring for those with severe and enduring mental health issues. ~~the~~ The core aim of this unit to  
6 facilitate—enable the students in the development of a developingto develop a critical  
7 understanding pertaining toof the relevant current evidence based therapeutic approaches. The  
8 teaching team for this unit included a Mental Health Lecturer Practitioner (LP) alongside three  
9 Experts by Experience /Service Users (SU), plus a Mental Health Lecturer/Researcher (L). All  
10 stakeholders contributed to the development and teaching for the unit, with SUs comfortable  
11 with their role being (self) described as SUs, patients, clients or experts by experience depending  
12 on their individual preference and common usage within the programme.

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As within all Higher Education Institutions (HEI) in the UK, student evaluation and feedback of  
the teaching units is a core dimension of the ongoing quality monitoring systems in place at the  
university. For this particular unit in the past, student feedback was sought after each day, and it  
became very evident to the teaching team that, that the most enthusiastic and positive feedback  
followed those sessions delivered by the SUs, as one narrative sessions delivered on each of the  
6 teaching days, usually lasting between one or two hours to allow for interactive questions and  
feedback. As part of the teaching team, the SUs chose to use storytelling, sharing their  
experiences of mental health services and mental ill health/distress, within the sessions. The SUs  
were experienced facilitators of learning and chose the content, style and delivery of the stories,  
their aim to bring a ‘humanistic’ perspective to care in sharing their personal experiences (Grant  
et al 2012, Bocking et al, 2019)). Commonly the themes of the narratives highlighted the  
importance of interpersonal skills and communication/use of language and also the prevailing  
challenges for service users regarding treatment options (including coercion and availability of  
responsive services) plusand stigma surrounding diagnoses (Bocking et al 2019) alongside  
including appreciation and application of the Recovery approach approaches to Recovery.

A team brief review of all prior formative and summative feedback suggested that the SU  
sessions offered the students a ‘different and deeper’ learning experience as described by the  
students compared to facilitated learning by professionals and academics, but there was little  
articulation as to what was meant by this.

Mindful as to the plethora of robust evidence confirming SU input into educational courses for health and social care professionals as a positive pedagogical strategy (Happell and Bennetts 2016, Arblaster et al. 2015; Happell et al. 2014, Blackhall, 2012), the teaching team were not surprised as to this finding, however, there was an agreed case for further exploration ~~as to what students meant by ‘ a different and deeper learning experience’.~~ Furthermore, having briefly reviewed the current evidence base, the team felt there was a specific need to ~~try and~~ identify ~~further~~ why SU input was significant in this unit for learning, ~~and plus~~ also what impact this learning may have upon students for both their academic and professional development and practice.

~~, especially since in~~ In the UK it is mandatory to include SUs within ~~the healthcare~~ curriculum (NMC, 2010, HCPC, 2013), Department of Health 2012; Rhodes, 2012, Frances 2013, NHS 2015), ~~NMC, 2010.) and as advocated by the Francis Report (2013) also.~~ Indeed, ~~aAs~~ Simpson et al highlight (2008), since the 1990s, service user involvement has been ~~advocated deemed~~ as important for health professionals education particularly for nursing as ~~highlighted within the Chief Nursing Officer’s Review of Mental Health Nursing (DOH, 2006)~~ thus echoing social work education which made this facet mandatory during development of the degree programmes with Askheim et al (2017) suggested mainstreaming service user participation in all stages of healthcare education. ~~Since 2000, the~~ The literature base has further expanded over the last decade to suggest that, particularly for mental health education, the aims and objectives of SU involvement should to embrace including sharing experiences of the recovery model/ and philosophy of mental health care incorporating and a strengths based approach to support with and empathy and care empathic care - delivery focussed on the client not the service. More currently, the work of Horgan et al (2018) articulates that involvement of service users in education has now progressed to not only widespread within curricula but to the (limited) appointment of service user academics (Happell et al 2014). ~~Furthermore, the ongoing inclusion of~~ Inclusions of service users in professional education has been reported as also effective in ~~also~~ positively influencing student’s attitudes, ~~plus whilst~~ enhancing communication skills especially ~~through and~~ successfully exploring students’ misconceptions about mental illness (Perry et al, 2013, (Happell et 2015). Drawing from UK social work education, as Beresford (1994) also identified, involvement of service users in education can change the culture of both workers and organisations. In the UK, Social work education has embraced service users since the 1980s and

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3 werewas pivotal in ensuring their inclusion into SW degree programmes from 2003 to include  
4 student recruitment, curriculum design and assessment. He also highlighted that, even then,  
5 students valued their contribution.  
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8 Given awareness of the above and previous positive feedback the team decided to undertake a  
9 different module evaluation to explore in more depth how and why the SU input was viewed so  
10 positively. Limited resources guided the project in many ways eg. Availability/access to the  
11 students within the programme, and time availability of the team with other commitments,  
12 therefore the team decided to undertake a revised module evaluation as a scholarly activity  
13 within their own time.  
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20 It should be noted that, as part of the teaching team, the SUs chose to use storytelling, sharing  
21 their experiences of mental health services and mental ill-health/distress, within the sessions. The  
22 SUs were experienced facilitators of learning and chose the content, style and delivery of the  
23 stories, their aim to bring a 'humanistic' perspective to care in sharing their personal experiences  
24 (Grant et al 2012, Bocking et al, 2019) and also to offer perspectives as to what the students  
25 (future workforce) could consider in shaping healthcare delivery and policies (Beresford et al,  
26 2006). Commonly the themes of the narratives highlighted the importance of recovery  
27 approaches, interpersonal skills and communication/use of language and also the prevailing  
28 challenges for service users regarding treatment options plus (including coercion and availability  
29 of responsive services). Also included was the effects of stigma surrounding diagnoses (Bocking  
30 et al 2019). –alongside appreciation and application of approaches to recovery. Where  
31 storytelling, the expert use of narratives, is used for learning, Grant et al (2012), suggest that  
32 students benefit from an enhanced understanding of the client experience, notwithstanding the  
33 critique that it can also be viewed as tokenistic often reflecting a power imbalance between  
34 professionals (clinical and academic) and service users (Epstein 2015). However, the  
35 involvement of service users can be perceived as also adding credibility to the curricula and the  
36 learning experience (Happell and Bennetts 2016) and as Ranjan (1992) suggests it also facilitates  
37 students to be more aware of their current practice and informs their future practice.  
38 Where storytelling, expert use of narratives, is employed for facilitation of learning, Grant et al  
39 (2012, suggest that students benefit from an enhanced understanding of the client experience,  
40 notwithstanding the critique that it can also be viewed as tokenistic often and reflecting a power  
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3 ~~imbalance between professionals (clinical and academic) and service users (Epstein 2015). The~~  
4 ~~involvement of service users can be perceived as also adding credibility to the curricula and the~~  
5 ~~learning experience (Happell and Bennetts 2016) and as Ranjan (1992) suggests it also facilitates~~  
6 ~~to be more aware of their current practice in informs their future practice (Ranjan 1992, cited~~  
7 ~~Kuti and Houghton 2019)~~  
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21 ~~Given awareness of the above and previous positive feedback t~~ The team decided to undertake a  
22 ~~deeper different~~ **service module** ~~evaluation during the time that the unit was being delivered to~~  
23 ~~explore in more depth how and why the SU input was viewed so positively in the current year.~~  
24 ~~Limitiedng~~ resources guided the project in many ways eg. Availability/access to the students  
25 ~~within the programme, time availability of staff the team with other commitments, lack of time~~  
26 ~~to bid for and secure formal research/evaluation funding. The team decided to undertake a~~  
27 ~~revisedthe~~ **service module** ~~evaluation as a scholarly activity within their own time with a view to~~  
28 ~~developing a larger scale funded research project later in the academic year.~~  
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## 36 **Methods and Methodology**

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40 ~~The team shared an agreed (interpretative) philosophy in that reality is subjective rather than~~  
41 ~~objective in terms of meaning and interpretation where the students' experience was being~~  
42 ~~sought based on their 'individual reality' of learning from service users (Malterud, 2001) thus all~~  
43 ~~agreed to adopt an explorative and descriptive stance rather than a positivist, predictive stance~~  
44 ~~(Schneider et al, 2013). Morse (19922012) highlightsconfirms that qualitative research~~  
45 ~~methodology is interpretative, explores the social world, and seeks to identify how this world is~~  
46 ~~interpreted, understood, experienced and produced – in this case, from the perspective of the~~  
47 ~~students.;~~  
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54 ~~As a consequence,~~ ~~it was agreed that to add rigour and trustworthiness to the proposed~~  
55 ~~undertaking, research methodology and methods would be considered within the necessarily~~  
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3 ~~imposed time limits (duration of the unit delivery was 6 days only). The~~ qualitative  
4 (interpretative) paradigm ~~in a humanistic tradition (Dahl et al, 2019) was deemed agreed as~~ best  
5 suited for this endeavour as the team were seeking to explore and describe ~~the meaning of the~~  
6 ~~student experience of SU input intowithin their educations, as opposed to the quantitative~~  
7 ~~(positivist) paradigm, the latter most often used in those projects seeking to quantify, generalise,~~  
8 ~~and predict objectively. In For the service evaluation, in-adopting a qualitativethis~~ approach,  
9 there would be the scope to embrace the naturalistic nature of this paradigm in that the students  
10 involved 'naturally' accept their role as engaged HEI nursing students who are regularly asked  
11 for feedback as to their learning experiences and are commonly involved in research as  
12 participants and co-researchers.

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The teaching team ~~agreed-were aware that that~~ they ~~findings could not were not seeking to find~~  
~~answers to questions that could be confidently~~ be applied to all nursing students ie. There was no  
need to confirm generaliseability, rather they were seeking to build a picture of what was being  
studied (Hewitt Taylor 2011), in this case, specifically the impact of SU input on final year  
mental health nursing students' education and practice.

From the ~~agreed paradigm which provided a consensus as to the values and beliefs of the team as~~  
~~to the importance of the work and the approach to be adopted, the appropriate methods and~~  
~~methodology were considered to ensure the necessary information (data) would be collected~~  
~~appropriately and in a suitable format for meaningful analysis to offer new understanding and~~  
~~insight.~~

The qualitative research design~~exploratory approach~~ and approach of Stebbens (2001) was  
identified as the most appropriate as an approach to explore the the topics of interest by  
facilitating the conditions for participants to inform the topic of interest to allow the participants  
to reflecting-offer their views, opinions and expertise on being taught by SUs, the topic broadly  
mindful of methodological stance for focus groups (Stewart & Shamdasani 1990; Kitzinger  
1994, cited Happell and Bennets 2016). This approach is suggested as being considered when  
there is limited evidence to support a particular identified methodological approach (Happell et  
al, 2017), in this scenario, exploring specifically how and why SU narrative input was viewed  
positively with a single cohort of final year undergraduate mental health nursing students.  
Furthermore, the team recognized the usefulness of a 'realistic evaluation' approach (Pawson et

al, 1997) in looking for 'general causal propositions' (Pawson & Tilley, 1997 p. 122) in this case, possibly how and why the service user involvement was significant for learning. More specifically, the approach also drew from the work of Rush (2008) and using a 'realistic evaluation' approach (Pawson et al, 1997), cited Rush 2008) looking for 'general causal propositions' (Pawson & Tilley, 1997 p. 122) for mechanisms and triggers, in this case how and why the service user involvement was positive for learning. Furthermore, the questions used by Rush (2008) were seen as useful given the responses offered therefore utilized for the two group interviews.

For this work therefore, and given the limits described previously and mindful of the above negotiated methodological approach, the team agreed for to upon collecting data from the written feedback forms (standard monitoring) and to also conduct two focus groups (group interviews) with the students involved.

Kitzinger (1995) describes focus groups as a form of that is, group interviews that benefit from the intergroup interaction and communications. (Kitzinger (1995) to yield a wide range of data. (Kitzinger (1995) with the facilitator (L) encouraging free discussion and responses with and to each other within the groups (Dahl et al, 2019). As O'Donnell et al (2013) highlight focus groups are also "particularly useful for reflecting the social realities of a specific cultural group through direct access to the language and concepts that tend to organize participants' experiences" (O'Donnell et al, 2013, p. 196)

Morgan (1996) broadly describes focus groups as a technique that collects data through group interactions on a topic determined by the researcher(s) albeit it is recognized that the strength of feelings or opinions are not commonly determined through focus groups alone (Basch, 1987).

The team were aware that the focus groups would therefore be large, more than is normally suggested, but were of the opinion that given the limited availability of both (L) and the students at the time, that to co-ordinate smaller facilitated groups would delay the evaluation and also possibly reduce participation as the students would not be available in the following weeks similar to the practicalities offered by Dahl et al (2019) and supported by Morgan (1997). In addition, This method was chosen as it was viewed useful for exploring the students' experiences of learning from SUs extrapolating not only what their thoughts are, but how and why they think that way (Kitzinger 1995) and also the students it was recognized that, as third year students, groups they were familiar with each other and used to group-working plus offering group



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3 ~~feedback so arguably comfortable to speak freely.~~ Individual interviews were also considered  
4 ~~but viewed as overly time intensive for this undertaking within the restricted time available.~~ 44  
5 ~~students participated in the unit, split into two groups for teaching purposes (limited room size~~  
6 ~~availability), the focus groups conducted on the final teaching day for each group.~~  
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12 ~~The team were aware that the focus groups were of a large size, more than is normally suggested,~~  
13 ~~but were of the opinion that given the limited availability of both (L) and the students at the time,~~  
14 ~~that to co-ordinate smaller facilitated groups would delay the evaluation and also possibly reduce~~  
15 ~~participation as the students would not be in university in the following weeks.~~ Individual  
16 ~~interviews were also considered but viewed as overly time intensive for this undertaking within~~  
17 ~~the restricted time available similar to the experience of Dahl et al (2019). working with clinical~~  
18 ~~midwives in an educational setting.~~  
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28 The group interview guide was ~~broadly~~ adapted from Rush (2008) ~~in and~~ following an open,  
29 broad systematic yet conversational approach as suggested by (Patton (199220020, cited Rush  
30 2008)). The SUs reviewed the questions and offered amendments eg. Adding Question 6.  
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37 The agreed main questions were:

- 38 1) Can you broadly tell me about your experience of the service user sessions for this  
39 teaching unit ~~so far~~ e.g. good or bad?
  - 40 2) Were the sessions as you expected?
  - 41 3) How did learning from the service users differ from other methods such as lectures,  
42 seminars and reading?
  - 43 4) You meet service users in your placements. Was the learning from them in the university  
44 setting different from learning from them in practice? - if so, how?
  - 45 5) Will the service user input influence your practice at all?
  - 46 6) Are there any other issues relating to service users being involved in your learning  
47 haven't been mentioned yet?
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44 students participated in the module, divided into two groups for teaching purposes, the two 1hr focus groups were conducted on the final teaching day for each group facilitated by

L.

6) —

~~There are many specific methodologies and philosophical approaches for qualitative research including, phenomenology, grounded theory and narrative inquiry. It was decided that a narrative approach was the “best fit” as it would seek non-numerical, relatively in-depth data to explore (Hewitt Taylor 2011). This methodology was seen to fit the service evaluation as the team were seeking to capture the students’ stories and accounts/experiences of learning with and from SUs, the resulting data to be interpreted, analysed and presented in relation to the whole experience (Elliot 2005, cited Hewitt Taylor 2011p. 68). In this context, their experience as student nurses learning from those they expect to provide care for and the subsequent embedded duality of their roles and the interesting juxtaposition of power.~~

## Ethical Approval

Ethical approval was granted by the University Ethics Committee. The participant information sheets and consent forms were developed within the teaching team to ensure ease of understanding and were amended as requested by the Ethics Committee to clarify the voluntary nature of participation and that the choice whether to do so or not would not impact on student their progress on the programme. Following ethical approval, both cohorts (n=44) were given the Participant Information Sheet (PIS) and Consent Forms prior to the beginning of unit delivery for consideration, they were also advised that they could withdraw consent at any time both on the forms plus before and after the focus groups.- The teaching team had concluded that to reduce the possibility of role conflict for those involved and resulting perceived participant coercion that neither the LP, nor the three SUs, —all of whom had the most contact with the students throughout the unit, including assessment involvement, would ~~not~~ conduct the focus groups, but that the L<sub>2</sub> with the least unit input, and the most more research experience would facilitate them and plus be the point of contact for comment/participation withdrawal. Confidentiality was assured and also that anonymity would be observed pertaining to dissemination of data as only

the focus group facilitator (L) would be aware of the actual names of students and thus able to identify which student made a particular comment and this would not be shared with the wider unit team. The facilitator confirmed that data analysis would refer to the participants using codes only eg. ppPP1, ppPP2 etc and also that they could withdraw consent at any time by contacting L as indicated on the PIS.

The choice of methodology/methods, although not without limits which this article does not have scope to explore, sought to enable effective and efficient data analysis to provide answers/insights into the original premise of the evaluation.

### Table 1 Summarises the Project Plan

Table 1 Summary of Project Data Collection and Analysis Plan

### Development of Tools, Sampling and Process

Reflecting upon the existing relevant literature, the team agreed that to complement the existing monitoring feedback and address the premise of the evaluation, the open questions for the focus groups were to be based upon the work of Rush (2008). They were as follows:

1. Can you tell me about your experience of the service user sessions in the classroom so far?
2. How does it differ from other methods such as lectures and reading material?
3. You meet service users every day in your practice learning experiences. In what way(s) does learning from them in the classroom differ from learning from them in practice?
4. Have the service user sessions influenced your practice at all?

As primarily qualitative enquiry was embraced for this work, non-probability sampling was appropriate ie. All the third year students undertaking the unit. The sample for the evaluation was purposive in that the cohorts group selected were confirmed to be able to provide the rich, and possibly unique data for the matter issue the team were exploring what was being explored (Astin 2009) given that they had also experienced frequent service user input throughout their programme thus far, plus was convenient (Patton, 2002) as the participants would be easily accessible. T, they were also convenient in terms of accessibility, plus inIn -facilitating the focus groups on the last taught day of the unit, this was felt be more likely to draw responses

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3 based upon more immediate recall of their experiences and thus rely less on memory possibly  
4 providing more data .  
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6 ~~Following ethical approval, both cohorts (n=44) were sent via email the Participant Information~~  
7 ~~Sheet (PIS) and Consent Forms prior to the beginning of unit delivery, they were advised that~~  
8 ~~their participation was voluntary, they could withdraw consent at any time and non-participation~~  
9 ~~would not affect their progress on the programme.~~ The cohorts were mixed in terms of gender  
10 (mainly female) average age 27yrs, and most with previous healthcare experience before  
11 undertaking the programme.  
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17 38 students took part in the focus groups, 6 in total from both cohorts were absent from the final  
18 teaching day and ~~did not subsequently did not~~ take part, their absence cited as unrelated to the  
19 planned focus groups. All students further confirmed their consent verbally to participate on the  
20 day immediately prior to the focus groups beginning.  
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24 L conducted the 1 hr focus groups at the end of the final day of the unit for both cohorts  
25 (separately) in the same teaching room as their sessions ~~were~~ delivered, ~~they lasted one hour.~~  
26 ~~Further consent was obtained verbally before the groups began. Confidentiality was assured and~~  
27 ~~also that anonymity would be observed pertaining to dissemination of data as only the focus~~  
28 ~~group facilitator (L) would be aware of the actual names of students and thus able to identify~~  
29 ~~which student made a particular comment and this would not be shared with the wider unit team.~~  
30 ~~The facilitator confirmed that data analysis would refer to the participants using codes only eg.~~  
31 ~~P1, P2 etc and also that they could withdraw consent at any time by contacting L as indicated on~~  
32 ~~the PIS.~~  
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42 Common practice when using interviews and focus groups is to audio and/or video record the  
43 groups, however time constraints (for transcription and confirmation) modified the process and L  
44 asked the questions and using the teaching screen available, typed the feedback directly on to a  
45 word document for the whole group to read so that all the participants were able to add/remove  
46 and confirm understanding concurrently. L also offered to speak with students privately, or  
47 receive further feedback via email should any student not wish to speak out in the group – no  
48 students took up this offer.  
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3 On the day of the focus groups, L also recorded field notes immediately following the groups  
4 mindful of Kitzinger's (2005) suggestion that the facilitator in being present as a part of the focus  
5 groups experience can extrapolate further data through observation including the observed use of  
6 humour, consensus and dissent.  
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## 10 11 12 13 14 **Data Analysis** 15

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17 ~~The team were in agreement after a brief collaborative review of the data that one data analysis~~  
18 ~~process would be appropriate.~~ As an early career researcher, the author (L) chose thematic  
19 analysis to explore the data from the two focus groups (n=38) thus (Braun and Clarke, 2006) in  
20 this case capturing the experiences and realities of students' experiences, whilst mindful of the  
21 comment "As there is no one way to conduct thematic analysis" (Braun and Clarke p.17). (Braun  
22 and Clarke, 2006). Given the lack of research expertise available at the time, the team agreed  
23 that thematic analysis would offer the flexibility that was being sought, rather than adopting a  
24 more specific (arguably more skilled) being wedded to qualitative analysis methods viewed  
25 that stem from a particular theoretical or epistemological position eg. Grounded theory, (Braun  
26 and Clarke 2006). Furthermore, as thematic analysis does not require the level of detail and  
27 technological knowledge of approaches (Braun and Clarke 2006) this allowed L to analyse the  
28 data more confidently and in the short time available. Indeed, Basch et al (1987) confirms that the  
29 analysis of focus group data can be approached differently depending on the purpose of the  
30 study, orientation of the researcher(s) and limitations eg. Time, financial. Therefore, In this case  
31 thematic analysis was to be used as "a realist method to report experiences, meanings and the  
32 reality of participants" (Braun and Clarke 2006, p. 81). L therefore followed the 6 phases of  
33 thematic analysis as outlined by Braun and Clarke (2006), as indicated in Table 2.  
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36 L analysed the data from the two focus groups (n=38). An inductive approach was used to  
37 identify themes, therefore they were generated by the data and not using a pre-existing coding  
38 frame (Patton 1992) plus clearly linked to the overall data set albeit the author/researcher  
39 was aware of the literature surrounding the topic. L shared the findings including codes and  
40 themes with the team for their review and thoughts through regular meetings and discussions,  
41 and also with some of the participants who had volunteered to review the findings. L also  
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3 discussed the data, codes, themes informally with external (to the teaching team) academics and  
4 other SUs. There was overall agreement to the findings.

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6 The themes identified relating to the question as to how and why service user involvement  
7 positively impacts on student nurse learning. The overall data suggested that service user  
8 involvement was important for their learning and offered insights into the power of the narrative,  
9 the educational impact and the practice impact. An inductive approach was used to identify  
10 themes, thus they were generated by the data and not a pre-existing coding frame (Patton 1990,  
11 cited Braun and Clarke 2006) and linked to the overall data set albeit the author/researcher was  
12 aware of the literature surrounding the topic.

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21 Patterns and themes were noted during the verbal-offered feedback and recorded by the researcher  
22 From the team L analysed the data from the two focus groups (n=38) and from the formal monitoring  
23 questionnaire feedback.

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25 The team agreed with Gray's (2014) assertion that "one of the challenges of qualitative research is that  
26 there are no widely accepted rules about how qualitative data should be analysed, other than that the  
27 approach is generally deductive and involved the coding of data." (Gray 2014, p. 602). Indeed, there are  
28 critical arguments that could be seen as on a spectrum from 'storytelling' and description, little or no  
29 analysis (only presentation of data) to coding and categorising to formulate theoretical frameworks.  
30 Gray (2014) however suggests that data analysis should be a rigorous and logical process, progressing  
31 through description, disaggregating the data, making connections to provide a basis for fresh description  
32 (Gray 2014, p. 602) in this case, new insights as to the impact of SU input for student learning. The team  
33 shared this view.

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40 The focus group was audio taped and transcribed verbatim. A session summary sheet was also produced  
41 by the interviewer. Two members of the ALPS research team worked independently to code the  
42 transcript. The researchers then met to compare emerging themes and reflections from the two  
43 analyses. Themes were refined and common definitions for the categories used agreed. Findings were  
44 then sent to participants for member checking before publication  
45 From Muir and Laxton 2011...

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51 Before data analysis L and LP agreed to consider reflexively their knowledge as actors within the  
52 evaluation, and the subsequent impact this may have on the iterative process of data analysis.  
53 They considered their broad knowledge of the literature surrounding service user input into  
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3 mental health education, their experiential knowledge of working alongside the students as a  
4 group and individuals, and their own ontological and epistemological underpinning philosophies  
5 both for professional practice (nursing) as well as their pedagogical perspectives. Once  
6 articulated and identified, this provided a joint, yet individual approach and perspective to the  
7 data analysis whilst aware of potential biases as far as possible. This process also acknowledged  
8 the work of Fine (2002) who suggests that researchers may, in fact, not just objectively “give  
9 voice” to the data, but selectively select and edit what is presented thus allowing their own  
10 voices to be heard also, knowingly or otherwise.  
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19 The team were in agreement after a brief collaborative review of the data from both sources  
20 (focus groups and questionnaire), that one data analysis process would be appropriate. They  
21 agreed that thematic analysis would offer the flexibility that was being sought, rather than being  
22 wedded to qualitative analytic methods that stem from a particular theoretical or epistemological  
23 position eg. Grounded theory, (Braun and Clarke 2006). As thematic analysis does not require  
24 the level of detail and technological knowledge of approaches (Braun and Clarke 2006) this  
25 allowed L to analyse the data confidently and in the short time available. In this case thematic  
26 analysis was to be used as “a realist method to report experiences, meanings and the reality of  
27 participants” (Braun and Clarke 2006, p. 81). L followed the 6 phases of thematic analysis as  
28 outlined by Braun and Clarke (2006), as indicated in Table 2.  
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## 37 **Table 2. Thematic Analysis Process**

### 38 **Trustworthiness and Credibility**

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41 Credibility was addressed through L confirming the feedback on an ongoing basis with  
42 participants as the focus groups took place and also through L sharing the findings anonymously  
43 with external academics (to the unit) and peer SUs as peers. The data ~~from the purposive sample~~  
44 was agreed as transferable when compared with the literature, and with dependability evident  
45 from the from the clear audit trail and field notes/reflexive diary/minutes recorded by L  
46 throughout the process. Also through the above, The reflexive processes during both unit  
47 delivery and analysis between L/LP/SU sought to address the ubiquitous issue of researcher bias  
48 and was reduced it as far as was deemed possible for this qualitative enquiry as possible.  
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## Summary of Findings and Key Themes

The final themes identified were agreed as relating to the overall evaluation question as to how and why service user involvement positively impacts on student nurse learning. The findings suggested that service user involvement was important for their learning and also offered insights into the power of the narrative, the educational impact and the practice impact. The SU sessions were all experienced positively by the students. In particular, noting particularly of note was that the use of personal stories, crucially delivered in person, in real time (as opposed to an online/video resource), had the most power to facilitate learning.

When considering the power of the narrative as a strongly identified theme, L offered the phrase “Impact Testimony” in discussion frequently as it seemed to convey both the power of the story and the impact upon the students of that power for academic and professional practice.

### 1. Power of the Narrative - “Impact Testimony”.

The students articulated that although their programme had an underpinning salutogenic approach in facilitating learning about health and social care for the profession embodied in Recovery Approaches for mental health, they valued learning through hearing the personal story from “a positive and well” SU. The students’ feedback reflected their thoughts on both their role with clients currently as a student nurse, and also as a registrant (qualified nurse). The ‘personal’ dimension was described as :

“hearing what it really *feels* like to be a client receiving the interventions that we do, it goes beyond what we are told that the evidence base states that clients think” (pp31)

“It’s about the emotions, you hear and see their emotions when they talk, and, well, you feel it too, you can read about [clients’] feelings about things but it doesn’t get you in the same way, you remember things better when you hear it like that” (pp27)

#### a) Wellness and Recovery

The students described “being taught” by the service user as a positive experience, as it exemplified for them that Recovery ~~is indeed~~ can be an attainable and sustainable goal for clients and a provided a ‘real world’ evidence base for the care that they endeavour to provide. It moved the learning of theoretical approaches, recovery models and practical



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2  
3 applications via interventions, beyond an academic undertaking as a student both in  
4 theory and practice, to a rationale that underpins their professional practice.  
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8 “Because we only know our clients when they are really ill, it’s great to see recovery  
9 does actually work!” (pp22)  
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12

13 “Amazing to hear how even after all that, even thinking about suicide, he focussed on his  
14 assets and rebuilt his life” (pp1)  
15  
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18  
19 ~~“It was just so positive to listen to his story, recovery really is an option” (pp33)~~  
20  
21

22 “We hear in theory [modules]~~units~~ the case studies of illness, refreshing to hear stories  
23 of wellness for a change!”(pp27)  
24  
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29 b) The Recovery Journey and Humanistic Approaches.

30 Students articulated seeing their role in the care of a client as ‘a small part’ in the SU’s  
31 Recovery Journey.  
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36 “It lets us see the bigger picture, the whole life picture...beyond just a care episode”  
37 (pp24)  
38  
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40

41 Despite being a ‘small part’ in the SU journey the students described understanding the  
42 importance and meaning of a humanistic approach, clarified here as “understanding the little  
43 things mean a lot”, the offering of tea/coffee, smiling, chatting, and offering time, speaking  
44 to, listening and supporting carers.  
45  
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48

49 “You know, it’s like these little things become part of the ‘how to do’ what we learn in  
50 theory, how do we normalise ...or even build a proper relationship to formulate for  
51 instance?” (pp4)  
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~~“He reminded us that every interaction matters...about making the time to connect properly, not just do obs [observations]” (pp24)~~

“...hearing how even being given small choices can be a big deal....the start towards independence” (pp13)

“Listening made me think about why hope is so important – and not just for the client, we need to know and believe that recovery is possible, and let them know that we think that” (pp26)

“When I think of how often nurses are in the office with the door shut....hearing what that feels like...it makes the paperwork seem less, sort of, important somehow” (pp14)

c) Affirmation of Professional Role and ‘Breaking Down the Barriers’

“...makes it less them and us” (pp34)

The students described understanding much more clearly the far reaching, often ongoing, impact that mental health stigma and (self) stigma can have on a client but they also articulated the sense that they also felt judged at times as a professional by clients and others. Also, as a professional, the students felt they were usually –‘teaching the client’ through interventions, and by being taught by the SUs and essentially ‘swapping roles’ this was perceived to further break down barriers. There was appreciation for the SUs taking time to teach them, as they felt this not only validated them as ‘professionals-to-be’ but as academic students. The students felt it positive “not to be seen as just staff”, who have “power over the clients”. This redressing of the perceived power imbalance was seen a positive step towards breaking down SU/Professional barriers, often cited in the literature and expressed negatively by professionals and SU alike.

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2  
3 “...hearing him talk about being given his diagnosis, it became less ‘just a diagnosis, label  
4 or whatever’ to me, like we talk about all the time, - but a whole identity, a person”  
5  
6 (pp18)  
7  
8  
9

10 “Being judged and trusted works both ways....I hadn’t thought about it until I realised  
11 how good I felt hearing about the staff that he valued and why....and how he understood  
12 where we were coming from and why we sometimes have to do what we do” (pp 27)  
13  
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16  
17 “I liked hearing the positive side of care, sometimes after a hard shift and all the things  
18 we sometimes do to clients and how they react....you feel bad....it was good to hear that  
19 clients can see us beyond that, and that we did our best for them even though they were  
20 angry at the time” (pp14).  
21  
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25 Students described appreciating the opportunity to ask relevant (deemed as seeking insight)  
26 questions of SUs during the sessions eg. care-delivery questions that they would like to ask of  
27 them when they are in a placement setting, but felt it would perhaps be inappropriate to do so.  
28  
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31  
32 “I am there to care for them....it wouldn’t be right to ask, not that it doesn’t matter what  
33 they think, just that, well, they are ill as well, other priorities....” (pp11)  
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## 39 **2. Educational Impact**

40 The students described learning from the SUs as different from ‘being taught’ (their words)  
41 by lecturers in the university.  
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### 45 a) Widened Breadth of Learning

46 Students felt that there were possibly restrictions in how they “had to be taught by lecturers  
47 on the programme” which could perhaps limit their learning eg. Students commented that  
48 lecturers had to:  
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51

52  
53 “Teach us by the book” (pp30)  
54

55 “Say things the right way – in an academic way” (pp31)  
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4 Students described that learning ~~from~~ 'others' (SUs) not just academic/qualified staff on  
5 the programme made them feel more able to deliver an effective service, "not just how the  
6 books and theory say we should do it".  
7  
8

9  
10  
11 ".....reflecting on a case study isn't really the same as reflecting on the real story, it seems  
12 more distant somehow....means less, so I don't think about it as much" (pp34)

13  
14 ~~This dimension links to the concepts surrounding 'Impact Testimony' as outlined above.~~

#### 15 16 17 b) Role of the Lecturer/LP/Professional Staff

18 Some students articulated that they felt they could learn more at times from the SUs as they  
19 felt more comfortable asking them questions, questions they were reluctant to ask the  
20 lecturer.  
21  
22

23  
24  
25 "Well I didn't want him to think I was stupid.....he's marking our assignments after  
26 all...." (pp18)

27  
28 The SU sessions were sometimes more interesting because of this aspect.

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30  
31 "We can ask all sorts of interesting questions, the stuff we would like to ask, but  
32 somehow don't feel it's appropriate in class" (pp15)

33  
34  
35 Questions in L/LP sessions were viewed as often assignment focussed and therefore narrow in  
36 their breadth, also the L/LP were described as being seen as 'assignment setters' as well as  
37 educationalists.  
38  
39

40  
41  
42 "We are usually thinking about what to put in the assignment, not just while we're  
43 listening, but thinking about what questions we want to ask" (pp29)

44  
45  
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47  
48 Students described feeling judged (negatively) in class at times by lecturing staff – this  
49 was not the case with SUs which added to positive experience of learning as students felt  
50 more relaxed. ~~There was felt to be expectations generally, and expectations of behaviour for  
51 both the lecturers and the students during the standard non-SU sessions — but this was not  
52 explored further other than being suggested as a limitation for learning.~~ Despite the negative  
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essence however, students were very clear that they would not wish to experience all their learning from SUs, they felt it important to be cognisant of the theory, research and evidence base as taught by academic or professional staff.

“Oh yeah but we couldn’t do without that, we know we need it” (pp26)

### c) Integration of (Prior) Learning

Students described the SU input as ~~facilitating their learning through~~ integrating their prior learning, described as “making sense of what they are told”. This was linked to decision making for practice and reflecting on the information learned earlier in the programme as. ~~The example was given as follows. In year one, students were taught about boundaries across therapeutic relationships including the use of touch, usually to suggest instigating/maintaining boundaries generally and not touching clients, then in year 2 they learned about the therapeutic (considered) use of touch eg. For dementia clients, or those in great distress and physical interventions/restraint, then in this, their final year, year 3~~ they are asked-expected to critically reflect upon their learning and demonstrate effective ethical clinical decision-making integrating many conflicting values and ~~bodies of~~ knowledge from the evidence base. The students outlined learning from the SU narratives as adding an additional, useful, dimension, as to what the experience of ‘decision A, B or C’ might actually be like for the SU in a given scenario. This was felt to usefully integrate their learning and therefore assist them in their clinical decision-making.

### 3. Practice Impact

The students described changing their practice as a result of the SU sessions.

#### a) Readjusting priorities

“I will change my practice....It’s like a readjustment of priorities” (pp31)

The students outlined that ~~by being~~ in their 3<sup>rd</sup> year final year, they now lead and manage shifts ~~and or~~ case-loads in practice, but they felt that when they listened to the SU narratives perhaps the priorities they previously held as key for their decision making were not always in the best interests of the client. A focus on risk-taking was highlighted, ~~but~~ often described as not ‘positive risk-taking’ for the benefit of client, but minimisation/avoidance of risk in

terms of liability for the professional and organisation. The ~~focus~~ emphasis on paperwork was also mooted as a ~~behaviour~~ priority that currently occupied a great deal of the nurses' time ~~(in an office) and preventing prevented~~ them from being with the client, which the students felt they would now change for their practice.

#### b) Evidence to Guide Practice

b)

The students described the SU narratives as providing further evidence to guide practice for them.

“It makes the final link sort of, the link between evidence and practice....it’s more meaningful when you hear it as it applied, you know, the interventions and what they feel like, how it works, the best way to do it, not just what we read or are told here [in theory]” (pp31)

In particular, the students articulated having a greater understanding of rRecovery as a concept, model and approach for practice and importantly ‘how to’ practice in a rRecovery focussed way. This ~~drew on their understanding of the~~ linked to the personal narratives and the impact as to the human dimensions of care, “the little things” which also reflected the personal attitudes and attributes of the nurse eg. Ability to anticipate needs of clients and their carers, ~~oeg. Offer support, time, and be genuine in~~ expressions of empathy and understanding. verbally and non-verbally. This was also linked by viewed as the students to delivering compassionate care, “seeing clients as humans....how we would want to be treated”.

“He reminded us that every interaction matters...about making the time to connect properly, not just do obs [observations] ” (pp24)

c) Reaffirming the desire to be a mental health nurse

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2  
3 Listening to the SU narratives also generated reflections as to why the students initially  
4 wanted to become mental health nurses thus reaffirming their wish to become qualified  
5 mental health nurses as they approached the end of their programme.  
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10 “Listening to his story reminded me that we can make a difference to someone’s life and  
11 their family – that’s what I wanted to do when I came in to the programme, to make a  
12 difference”(pp12)  
13  
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17  
18 “Hearing the hope and optimism for their future from them was so positive – nurses can,  
19 and do, help people we just don’t always see it...or we forget amongst all the other  
20 stuff...”(pp6)  
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## 26 Summary Discussion

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28  
29 The module-service evaluation generated evidence that not only further confirmed much of  
30 what can already be found in the literature with regard to the positiveconstructivepositive  
31 impact SUs have for learninghave upon learning. (Haepell et al, 2014)), but also offered  
32 further understanding as to ‘how’, and ‘why’ ,–SU input into mental health education for  
33 students on healthcare programmes positively impacts upon student learning so significantly,  
34 information about which little of which can be found in the literature ,which as Stacey and  
35 Pearson –(Petit-Zeman and Locoock 2013, Stacey and Pearson 2018).-highlight, there is a  
36 paucity of evidence as to mechanisms for this including the international literature (Petit-  
37 Zeman and Locoock 2013).  
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46 which as Stacey and Pearson (2018) highlight, there is a paucity of evidence as to  
47 mechanisms for this including the international literature (Petit-Zeman and Locoock 2013).  
48 The SUs acknowledged from the dataThe findings confirm that as Rush (2008) suggests, it  
49 was not just theirthe SUs presence on the teaching days that impacted on learning but the use  
50 of their narratives, in part to ‘bring to life’ what theystudents knew already from reading  
51 materials and traditional teaching modalities (Bollard et al 2012). Grant et al (2012), further  
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3 suggest that, through narratives, students benefit from an enhanced understanding of the  
4 client experience, notwithstanding the critique that it can also be viewed as tokenistic often  
5 reflecting a power imbalance between professionals (clinical and academic) and service users  
6 (Epstein 2015) which although was not noted in this evaluation is an important consideration.  
7  
8 To address the potential for the latter, the author suggests perhaps HEIs would do well to  
9 should consider increasing co-production/and collaboration of healthwith national and  
10 international organisations for mental health and social care education, with national and  
11 international co-production organisations, thus thus following the lead fromfrom the -social  
12 work profession research and education-who encourage and supportembrace input from  
13 recognized SU organisations such as 'PowerUS' and 'Shaping Our Lives' for both -research  
14 and education as joint initiatives.-

15  
16 The approach of the SUs, to include both receiving and asking questions of the students as  
17 part of the narrative, seemed to personalize hence deepen the learning, the emerging dialogue  
18 for learning perhaps similar to the conversational framework for learning as identified by  
19 (Laurillard, 2002):

20  
21 Indeed, it also highlighted that this positive impact applied to both the general student  
22 experience at an HEI and also for the future workforce in terms of professional practice  
23 similar to the findings of Perrin (2014) who suggests that SU input offers 'real-world'  
24 insights into practice.. The SU input seemed to touch the students personally and  
25 professionally and plus encourage deep critical reflection of both theory and practice (Rhodes  
26 2013), and arguably could thus serve to reduce the ubiquitous concerns surrounding the  
27 Theory-Practice gap (Schon 1983, 1987) in nurse education as posited by White et al (date  
28 unknown) "Continual critical thinking and reflection can close the gap between theory and  
29 practice, improve quality of care and stimulate personal and professional development  
30 (Argyris & Schön, 1978; Schon, 1983; Schon, 1987; Boud & Walker, 1998; Epstein &  
31 Hundert, 2002)" (White et al date unknown) and as confirmed by Happell, Bennetts,  
32 Platania-Phung, & Tohotoa, et al 2015.

33  
34 From a pedagogical perspective, the work of Jaek Mezirow (1991) and his posited four  
35 stages for surrounding transformative learning, suggests that the students, through engaging  
36 with the narratives, were perhaps able to 'experience' the story, thus critically reflect on their  
37 prior knowledge to embed or alter their knowledge plus use the opportunity to discuss and



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2  
3 ask questions of the SU in order to ‘action’ this new understanding eg. Change their current  
4 practice as new skills emerge (Ranjan 1992, Tremayne et al, 2014). The new understanding  
5 emerging as the – as the students were able to empathise and truly understand the experience  
6 of living with a mental health illness/distress (Byrne et al 2013, Bramley and Matiti 2014) as  
7 well as explore their own attitudes and those of their peer and colleagues with a view to  
8 changing and challenging negative stereotypes and practice (Byrne et al 2014, Happell et al  
9 2014).:-

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17 Bocking et al (2019) as well as confirming that there is little in the evidence base to support  
18 the impact of SUs involvement in learning for students, suggests offers a further pedagogical  
19 perspective by way of explanation for the positive impact of the SU narratives, that which  
20 focusses on highlight the dialogues between SU and student, that of ‘liberation or  
21 emancipatory education’ based on the work of Friere (1970, cited Bocking et 2019, p.6). This  
22 approach suggests that the encouraged active involvement of the student as sees learning and  
23 knowledge are co-created with the SUs through the emerging questions and organic dialogue  
24 as opposed to the traditional didactic planned taught approach. Furthermore, Bocking et al  
25 (2019) also echo their findings of this study which highlight student recognition that those  
26 clients they work alongside in practice (recovery focussed) are not ‘other’ but the same as  
27 them – also with a life story to tell. – and also the importance for learning of being able to  
28 ask candid questions of the SUs whether of the services offered or stigma and the power of  
29 labelling be that by others or the self (Stuart 2016):

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39 In appreciating the recovery and salutogenic approach, the students were able to fully  
40 recognise the strengths and abilities that SUs had, seeing beyond their illness/diagnosis,  
41 similar to the findings of Simpson et al (2008). The students also recognised the role reversal  
42 in learning from SUs, in that they felt ‘helped’ to learn by the SUs as opposed to their  
43 traditional professional role of ‘helper’ when in the nursing role which also supported their  
44 understanding of the recovery approach and working alongside service users (Hanson and  
45 Mitchell, 2001)

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7 It should be noted that no contradictory data was yielded, ie. Student views suggesting that  
8 their experience was negative and/or of no learning value,. This was perhaps not surprising  
9 given that the students were accustomed to service user involvement within their teaching  
10 programme and therefore were not questioning the validity or expertise of the SU as mooted  
11 by Stacey and Pearson (2018). Furthermore, the SUs suggested it could be due to their  
12 familiarity with the students having worked with them throughout their programme and  
13 therefore reasserted that a different -research approach may elicit broader views.  
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## 27 **Limitations**

28 The findings from this exploratory module evaluation are limited to one final year group of  
29 mental health nursing students **on one programme**, in one HEI, in the UK and focuses only  
30 on the student perspective. There is a need for a more robust, co-created (including all  
31 stakeholders), formal evaluation of SU input extending beyond one unit with perhaps a  
32 concurrent longitudinal research study given that SU input within this HEI for mental health  
33 education is inter-professional and frequently co-produced and co-delivered with SUs.  
34 Furthermore, the qualitative approach used in the conduct of this study is designed for  
35 detailed exploration rather than generalization. Further research into the use of storytelling as  
36 an educational tool for mental health would be required before these views could be  
37 considered to reflect broader reviews  
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51 ~~It should be noted that no contradictory data was yielded, ie. Student views suggesting that~~  
52 ~~their experience was negative and/or of no learning value, a more formal mixed methods~~  
53 ~~evaluation may have generated this wider data and is currently being considered. This was~~  
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perhaps not surprising given that the students were accustomed to service user involvement within their teaching programme and therefore were not questioning the validity or expertise of the SU nor perhaps accepting of the clinician/medical model only dominance for 'expertise' as mooted by Stacey and Pearson (2018). Furthermore, the students given their experience of SU involvement, would be unlikely to view their input as 'tokenism' only as suggested by Paul and Holt (2017) as a resistor to change, albeit for research involvement could equally be applied to education.

a more formal mixed methods evaluation may have generated this wider data and is currently being considered. There is further also research to be explored as to the SU perspective and experience of sharing their narratives for learning and the impacts, potentially both positive and negative on the individuals involved.

The author suggests that the power of the narrative can be embodied within the term "Impact Testimony" by virtue of the impacts that the story, and indeed the storyteller themselves, can have upon his or her audience.

## Conclusions

This article seeks to add to the body of literature exploring the impact of SU input on learning, a requirement gap highlighted by Scammell et al (2015) and Robinson and Webber (2013). It also suggests that the use of focus groups/group interviews to be used would be useful as part of standard formal teaching evaluations within the HEI (eg. as opposed to online surveys only) would seem appropriate to generate further data to enhance the teaching/learning experience and plus to continue to develop and implement a range of innovative pedagogical approaches for learning co-created with SUs. In particular this paper echoes and endorses the use of skilled narrative/storytelling as a pedagogical approach encouraging learning through dialogue and participation with students. Key to the success of this is the inclusion of SUs in the co-production and delivery of the teaching and a shared philosophical approach. This inclusion could be enhanced and strengthened through inviting integrated organisations (eg. Shaping Our Lives) to meaningfully participate in curricula development, and delivery and evaluation or, alternatively for the UK, consider formally collaborating with Recovery Colleges (Askheim et al, 2017, DOH 2011). These organisations

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2  
3 ~~which promote collaboration and co-production between people~~ individuals with personal and  
4 ~~professional experience of mental health challenges for education particularly surrounding~~  
5 ~~mental health and recovery therefore –to~~ could potentially co- deliver mental health  
6 ~~courses/education for healthcare programmes supporting recovery with a focus on an~~  
7 ~~individual's strengths (McGregor et al., 2014).~~  
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15 The findings from the above ~~service-module~~ evaluation generated much reflection and  
16 discussion within the teaching team. The LP, L, and SUs involved agreed that there was now  
17 the rationale and scope to increase the ~~significant meaningful personal~~ involvement of SUs  
18 not just within this unit/~~programme, but as fundamental within the programme, and~~ but also  
19 ~~potentially the~~ other healthcare programmes at the HEI using these identified live 'impact  
20 testimonies' as a principal dimension, with theoretical perspectives and evidence-based  
21 practice supporting the narratives thus offering students unique, and potentially transformative  
22 learning opportunities. ~~The latter supported by –~~ Church (2012), cited Beresford 2014) who  
23 ~~highlights the importance of SU personal narratives for mental health education and~~  
24 ~~learning/teaching alongside traditional formal knowledge transfer. Taking this argument~~  
25 ~~further~~ In addition, it would seem timely to ~~re~~consider the permanent appointment of SUs to  
26 HEIs ~~in~~ a substantive academic role~~s~~, as well as ensuring their significant input into  
27 ~~curricula development.~~ actions, as Bocking et al (2019) ~~suggests, yet~~ that remain slow to  
28 embed within the education sector, ~~an issue highlighted already by Levin (2004) despite~~  
29 ~~funding available. Perhaps more can follow the lead of UK social work education which has~~  
30 ~~successfully seen the appointment of service users to professorial level eg. Professor Peter~~  
31 ~~Beresford OBE, thus both research and education truly led and informed by service users~~  
32 ~~(Benjamin, 2019).~~ as well as having ~~ensuring significant input into curricula development~~  
33 ~~(Happell et al, 2019).~~  
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50 ~~In particular this paper echoes and endorses the use of skilled narrative/storytelling as a~~  
51 ~~pedagogical approach encouraging learning through dialogue and participation with students,~~  
52 ~~from active listening to asking questions. Key to the success of this is the inclusion of SUs in~~  
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~~the co-production and delivery of the teaching and a shared philosophical approach .mindful of shared expertise.~~

~~The use of focus groups as part of regular teaching evaluation would seem appropriate to generate further data to enhance the teaching/learning experience and to develop and implement a range of pedagogical approaches for learning~~

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Finally, the author suggests that the power of the narrative can be embodied within the term “Impact Testimony” by virtue of the impacts that the story, and indeed the storyteller themselves, can have upon his or her audience.

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## **Table 2. Thematic Analysis Process**

**Table 1 Summary of Project Data Collection and Analysis Plan**

<b>Data Source</b>	<b>Method of Data Collection/Team Member Lead</b>	<b>Method of Analysis/Team Member Lead</b>
44 3 <sup>rd</sup> Yr. Undergraduate Student Nurses undertaking the unit.  20 and 24 in each cohort being taught concurrently, therefore 2	2 Focus Groups (1 hr each), one with each cohort – to be conducted on the last day of unit delivery.  Field notes to be taken at the time and at the end of the focus groups. <u>Reflexive diary kept</u>  <u>Collate Standard Formal Monitoring Written Feedback—made available during the unit delivery</u>	Thematic analysis of feedback, ensuring team collaboration and input plus record/minute taking of all meetings and discussions particularly analysis related.  (L)

cohorts.	(L)	
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**Table 2. Thematic Analysis Process**

	Phase	Action
1	Familiarising yourself with the data	<p>The verbal data offered by the students in the focus groups/group interviews to L - the written feedback from the students was interpretative but checked with the students at the time, 'meanings' were created and checked at the time to ensure punctuation and emphasis for 'correct 'meaning of the spoken words.</p> <p>L read, and re-read the offered <u>full</u> feedback looking for initial themes and patterns. A list was made of ideas of what is in the data and what was thought to be of note. Ideas for coding were noted, albeit linked to the literature/what was previously known on the topic as it was difficult to 'unknow' the literature.</p> <p>L also reviewed the field notes made for the focus groups (observations and reflections) at the time. The potential themes, patterns and codes were discussed with the team for consensus and shared insights. These discussions were written down to maintain a timely record of team thoughts and reflections.</p> <p><del>Team reading and re-reading the written questionnaire data and focus group data, making notes then sharing initial ideas.</del></p>
2	Generating initial codes	<p>Once the ideas about the data had been discussed and agreed within the team, the elements (<u>line by line text</u>) in the raw data were grouped together, to</p>

		<p>form codes. Arguably the codes were both theory and lightly data driven, the latter due to the choice of questions posed to the students from the work of Rush (2008) and the known literature base plus the experience of the team especially the SUs.</p> <p>The codes were <del>finally</del> agreed by the team. <del>Identifying and then coding interesting features within the data ensuring data reflects the codes selected.</del></p>
3	Searching for themes	<p>After the coding process, <del>the team</del> L grouped the codes into themes. Themes <del>were</del> had been agreed as units of analysis and also <del>the</del> interpretative aspect of the analysis. L shared the themes with the team, <del>t</del> This discussion was reflexive and iterative, again notes were taken at the time. <del>Collating the codes into themes and gathering the data to these themes</del></p>
4	Reviewing the themes	<p>L checked the themes to ensure alignment with the codes plus the entire data set to generate an overall thematic map - again discussed with the team.</p>
5	Defining and naming themes	<p>L outlined the specifics of the themes and the overall 'story' the analysis tells with clear agreed definitions and appropriate names for each theme. Checked with external colleagues and small number of participants.</p>
6	Sharing the analysis, process and findings with key stakeholders (team)	<p>Meeting convened with the stakeholders to ensure all voices were heard and to explore and reduce biases.:-</p>
7	Producing the report	<p>L produced the final summary selecting key extracts/examples reflecting the analysis and relating back to the original premise of the evaluation and literature.</p>

(Modified from Braun and Clarke 2006, p. 87)

**Table 1 Summary of Project Data Collection and Analysis Plan**

Data Source	Method of Data Collection/Team Member Lead	Method of Analysis/Team Member Lead
<p>44 3<sup>rd</sup> Yr. Undergraduate Student Nurses undertaking the unit.</p> <p>20 and 24 in each cohort being taught concurrently, therefore 2 cohorts.</p>	<p>2 Focus Groups (1 hr each), one with each cohort – to be conducted on the last day of unit delivery.</p> <p>Field notes to be taken at the time and at the end of the focus groups.</p> <p>(L)</p>	<p>Thematic analysis of feedback, ensuring team collaboration and input plus record/minute taking of all meetings and discussions particularly analysis related.</p> <p>(L)</p>

**Table 2. Thematic Analysis Process**

	Phase	Action
1	Familiarising yourself with the data	<p>The verbal data offered by the students in the focus groups/group interviews to L - the written feedback from the students was interpretative but checked with the students at the time, 'meanings' were created and checked at the time to ensure punctuation and emphasis for 'correct 'meaning of the spoken words.</p> <p>L read, and re-read the offered feedback looking for initial themes and patterns. A list was made of ideas of what is in the data and what was thought to be of note. Ideas for coding were noted, albeit linked to the literature/what was previously known on the topic as it was difficult to 'unknow' the literature.</p> <p>L also reviewed the field notes made for the focus</p>

		groups (observations and reflections) at the time. The potential themes, patterns and codes were discussed with the team for consensus and shared insights. These discussions were written down to maintain a timely record of team thoughts and reflections.
2	Generating initial codes	Once the ideas about the data had been discussed and agreed within the team, the elements in the raw data were grouped together, to form codes. Arguably the codes were both theory and lightly data driven, the latter due to the choice of questions posed to the students from the work of Rush (2008) and the known literature base plus the experience of the team especially the SUs.  The codes were agreed by the team.
3	Searching for themes	After the coding process, L grouped the codes into themes. Themes had been agreed as units of analysis and also the interpretative aspect of the analysis. L shared the themes with the team, this discussion was reflexive and iterative, again notes were taken at the time.
4	Reviewing the themes	L checked the themes to ensure alignment with the codes plus the entire data set to generate an overall thematic map - again discussed with the team.
5	Defining and naming themes	L outlined the specifics of the themes and the overall 'story' the analysis tells with clear agreed definitions and appropriate names for each theme. Checked with external colleagues and small number of participants.
6	Sharing the analysis, process and findings with key stakeholders	Meeting convened with the stakeholders to ensure all voices were heard and to explore and reduce



	(team)	biases.
7	Producing the report	L produced the final summary selecting key extracts/examples reflecting the analysis and relating back to the original premise of the evaluation and literature.

(Modified from Braun and Clarke 2006, p. 87)

**Table 3 – Summary of Codes and Themes**

<b>Codes</b>	<b>Themes</b>
	1. Power of the Narrative - “Impact Testimony”.
Wellness and recovery	
The recovery journey and humanistic approaches	
Affirmation of professional role and ‘Breaking Down the Barriers’	
	2. Educational Impact
Widened breadth of learning	
Role of the Lecturer/LP/Professional Staff	
Integration of (Prior) Learning	
	3. Practice Impact
Readjusting priorities	
Evidence to guide practice	
Reaffirming the desire to be a mental health nurse	