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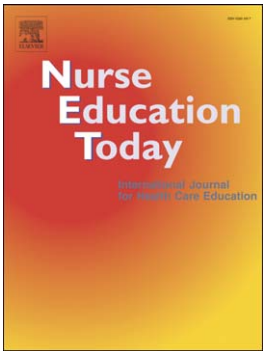

Service user engagement in healthcare education as a mechanism for value based recruitment: An evaluation study

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SERVICE USER ENGAGEMENT IN HEALTHCARE EDUCATION AS A MECHANISM FOR VALUE BASED RECRUITMENT: AN EVALUATION STUDY

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Abstract

Aim – Within the United Kingdom (UK) there is an increasing focus on Values Based Recruitment (VBR) of staff working in the National Health Service (NHS) in response to public inquiries criticising the lack of person-centred care. All NHS employees are recruited on the basis of a prescribed set of values. This is extended to the recruitment of student healthcare professionals, yet there is little research of how to implement this. Involving Service Users in healthcare educational practice is gaining momentum internationally, yet involvement of service users in VBR of 'would be' healthcare professionals remains at an embryonic phase. Adult nurses represent the largest healthcare workforce in the UK, yet involvement of service users in their recruitment has received scant attention. This paper is an evaluation of the inclusion of service users in a VBR of 640 adult student nurses.

Background Design - This study used a participatory mixed methods approach, with service users as co-researchers in the study.

Methods - The study consisted of mixed methods design. Quantitative data via an online questionnaire to ascertain candidates' perspectives (n=269 response rate of 42%), and academic/clinical nurses (n=35 response rate 34.65%). Qualitative data were gathered using focus groups and one to one interviews with service users (n=9). Data analysis included descriptive statistics and thematic analysis.

Findings - 4 overarching themes were identified; increasing sense of humanness, substantiating care values; impact of involvement; working together and making it work, a work in progress.

Conclusion – the findings from the study highlight that involving service users in VBR of student healthcare professionals has benefits to candidates, service users and local health services. Appreciating the perceptions of healthcare professionals is fundamental in the UK and internationally to implementing service users' engagement in service enhancement and delivery. Findings from this study identify there may be a dissonance between the policy, the nurses' thoughts and their practice.

Keywords

Values based recruitment, nurse recruitment, nursing, values, service users, student nurse,

Introduction

Over the last decade there have been some very high profile criticisms to the UK NHS regarding poor quality care (Berwick 2013). Most notable was the Mid Staffordshire NHS Foundation Trust Public Inquiry. Following a national review, Francis (2013) criticized the culture of the NHS which tended to focus on processes instead of people, recommending that healthcare employers should assess candidates' values, attitudes and behaviours prior to employment or acceptance on to healthcare related programmes of study. In response to these national concerns, there have been numerous reports identifying the need for more patient-centred, compassionate care (Berwick 2013; Keogh 2013; Willis Commission 2012). One mechanism advocated to address this is value based recruitment (VBR). VBR is an approach concerned with attracting and selecting individuals whose personal values and behaviours align with the NHS values outlined in the NHS Constitution (Department of Health 2015)(DoH) (Table 1). Recruitment on the basis of values is advocated not only in NHS services but also in preparatory training of NHS personnel. As a result of this, all Higher Education Institutes (HEIs) and NHS Organisations have to demonstrate how their recruitment practices incorporate the values espoused the NHS constitution (Department of Health 2015). In 2014 and revised in 2016, Health Education England (HEE), the responsible body for education of future and current NHS workforce, published their Value Based Recruitment Framework (Health Education England 2016).

This paper utilises the conceptual framework of engagement (Rhodes 2012) of Service Users (table 2) in both healthcare delivery and education which is advocated not only in the UK but also internationally in Australia (Happell et al. 2014); Turkey (Bennett and Baikie 2003; Duygulu and Abaan 2013) and Canada (Bennett and Baikie 2003). The paper also utilises the definition of a service user by Scammell et al. (2015) to include both individuals who use health or social care services as well as carers who provided unpaid care for others. Involving service users in recruitment is a mechanism by which a value based philosophy can be promoted, yet the degree to which this has occurred has been limited both within the NHS and professional preparatory programmes. Systematic reviews exploring the degree to which service users were engaged in the education of 'would be' healthcare professionals in medicine (Jha et al. 2009), mental health (Happell et al. 2014) and adult nursing (Scammell et al. 2015) identified that the role was predominately in the role of teaching and assessment of students. In medicine, there were no studies exploring service users involvement in recruitment of medical students. In social work and nursing, two studies specially mention service user engagement in recruitment. In mental health social work, they were engaged in suggesting questions to be used in admission interviews and speaking informally with applicants

(Anghel and Ramon 2009). Whereas in adult nursing, one study (Rhodes and Nyawata 2011) included service users in interviewing although the sample was very small (90 child health and adult students). As adult nurses represent one of the largest healthcare workforces in the NHS they are fundamental to ensuring quality of compassionate patient-centred care. They are also some of the most challenging programmes in which to incorporate service users into VBR process (due to the large volume being interviewed) therefore developing a successful model is central to disseminating a model that can be rolled out to other healthcare programmes. Therefore whilst this study focuses on nursing recruitment it has relevance to other disciplines including medicine and those professions allied to medicine. We also argue it has international relevance as the focus on involvement of service users in both development of clinical services and preparation of the workforce is an international issue.

This paper presents an evaluation of a case study in which service users were involved in VBR and independently graded and assessed candidates' in a group activity alongside a nursing academic and a nurse based in clinical practice. At the end of the group activity, the service users, academic and clinically based nurse shared their independent scores and jointly agreed the candidate's group activity score. Following this element of the interview, candidates participated in a formal one to one interview with the academic and clinically based nurse.

Aim:

The aim of this paper is to present the evaluation of the inclusion of service users in a VBR process within an adult preparatory nurse training programme.

Methods

The study used a participatory mixed methods approach. It was participatory in that service users as the key players were co-researchers in the study. Three service users worked on different aspects of the project, including data collection and analysis. Two service users were involved in the analysing the candidate data alongside an academic staff member, one service user was involved in co-leading and analysing the focus group with service users alongside two academic staff members. Initially we had hoped that a fourth service user would be involved in developing and analysing the questionnaire data but they withdrew at the early stages of the project. All of the service users involved in the data collection and analysis were provided with training regarding undertaking focus groups and thematic analysis by the lead researcher of the project as well as ongoing support by the

academic staff involved in the evaluation. The evaluation included experiences and thoughts of all four stakeholders; candidates, service users, academic and clinically based staff.

Participants and data collection

There were three aspects to the data collection; candidates, services users and academic and clinically based staff (see figure 1). Between November 2014 to May 2015, 640 adult nursing students (candidates) were interviewed at the university, following the interview every applicant was emailed an online questionnaire regarding their experiences of the interview day. The questionnaire included two questions specifically pertaining to their experience of service user engagement in the interview process. At the end of the questionnaire applicants were asked if they were willing to participate in the research project. In total, 274 candidates responded to the questionnaire, and of these, 5 chose not to participate in the research evaluation (n=269, response rate of 42%). The 17 service users who contributed to the interviews were invited to participate in a focus group to discuss their experiences. Nine of which participated in two focus groups, each lasting approximately one hour, a further two were unable to attend the focus groups and instead participated in telephone interviews (n=11). 30 academic and 66 clinically based staff were involved in interviews. They were asked to complete an online questionnaire via survey monkey which comprised of open ended free text questions. In total 35 surveys were completed by clinically based nurses (n=15) and academic staff (n=20); a response rate of 34.65%.

Ethical Considerations

Research Ethics committee approval was granted for the study by Bournemouth University's research committee. In addition, the co-researcher service users were provided with training on conducting ethical research.

Data Analysis

Focus group data was audio recorded and transcribed verbatim. The transcribed accounts were then analysed using thematic analysis (Braun and Clarke 2006). This involved a staged process of review; initially the whole transcript was read independently by a sub-group (2 academic staff and 1 service user) where key words or phrases were highlighted. Then individually, codes and categories were identified and these were explored within the sub-group to explore similarities and or differences, all of the codes and categories were collated and disseminated to each sub-group member. Further review of extracted themes was completed concluding with final review by a different academic member to ensure credibility of the identified themes. The process of thematic analysis articulated

above was also used to analyse the qualitative data from the candidate and academic/clinically based staff questionnaires which consisted of free text open ended questions. Each sub-group compiled a report on the extracted themes from each of the sub-groups which was shared with the entire research team (table 4). At this stage a secondary data analysis occurred on each of the three sub-group reports to extract overarching themes of the research.

Mechanisms for establishing rigour within qualitative research according to Lincoln and Guba (1985) relate to four key areas; credibility, dependability, confirmability and transferability. Credibility was ensured by creating an environment in which all participants in the research felt able to express their open and honest views, accurate transcription as well as sharing analysis between sub groups to ensure that interpretations made accurately reflected the respondents' views. This sharing of analysis between sub groups also reduced research bias and thus promoted confirmability. Dependability was ensured by clear identification of questions used (table 3). Lastly transferability, relates to the degree to which the findings are applicable to another setting, we argue it is ultimately the reader who will decide upon the applicability of this research to their own practice area.

Findings

Four overarching themes were identified which articulated the role that service users have in delivering values based recruitment

1. increasing sense of humanness, substantiating care values
2. impact of involvement,
3. working together,
4. making it work; a work in progress

Theme 1 - Increasing sense of humanness, substantiating the core values

It was evident from all of the stakeholders (candidates, academic, clinically based staff and service users) that the involvement of service users in the interviewing process brought an added dimension. From the service user perspectives, they felt looked beyond the academic ability of the candidates and instead focussed upon the human aspects and qualities that they wanted from nurses that they had come in to contact with as patients:

> *You come with your heart to this process and you've had personal lived experiences of being a patient and being in very traumatic situations and life changing events…and you can assess a student, whether they're speaking from the heart or*

whether they're just using lip service or paying gestures or whatever to the terminology (service user 6)

And the compassion, the way they talk, it's almost that extra bit of caring, the genuine part of caring that I was looking for more than the professionalism (service user 1)

From the academics and nurses from clinical practice perspective service users offered an unbiased, authentic and they felt more honest perspective to interviewing candidates. They also identified that service users brought focus to the importance to the caring compassionate aspect of nursing care:

The service user/carer brings insight and empathy into the process (respondent 2)

A sense of whether they felt they could be cared for by the candidate. Whether they would feel safe with that person (respondent 23)

The candidates involved in the research identified having a service user present at the interview, changed the dynamic of the interview, articulating that it added a human dimension to the process. It was as if, the university was perceived to be about academia and therefore academics and practice partners did not offer a human dimension, rather a professional one and therefore they were not perceived to be as human as service users: This human dimension related both with regards to themselves as candidates, but also the patients they would ultimately care for:

Bringing service users into the interview process enables them to have a say on the quality of care and puts a human face to the selection process (Candidate 41)

… A real focus on you as a person (Candidate 94)

Theme 2 - Impact of involvement

For each of the stakeholder groups it is evident there was impact of involvement. For the service users this impact tended to be on a personal level for them as individuals. They spoke of the many personal benefits that being part of the interview process had brought. For some, it was as if they were reclaiming some lost aspect of themselves that they had before they had become unwell and were unable to formally work, whilst for others it linked to gaining confidence:

Being part of this process has sort of enabled me to be…to feel that I am still helping people, without me getting all emotional about it. But it is...it's still feeling that you're worthy and that you are giving something back and that you can be part of… (service user 9)

I think it's given me an increasing sense of worth because when you're a patient and your life's been turned upside down, you feel that you don't have much worth and I think it's given me the feeling that I can still contribute (service user 6)

However participating in the process was not always easy for the Service Users; they spoke of the emotional and physical cost of being part of the process but also how they felt it was worth this cost:

I'd go home in pain, exhausted, and all that, but I felt like I'd achieved something (service user 1)

Academic and clinically based staff identified that the impact the service users provided was a different dimension to the interview process, a more rounded lived experience that they could not necessarily provide:

That perspective tutors or clinical staff can never have... (respondent 9)

a different perspective, it gives a more 360 feel to the process, more rounded (respondent 16)

Reviewing the candidates' perspectives regarding the engagement of service users in the interview process really highlighted how their presence created a focus on values which are important to nursing and care. One such value was the recognition of being patient centred as well as the values of care and compassion:

As *a nurse it is all about the people who use the services (Candidate 53)*

…Was also nice to be observed by a carer of her own mother as she has first-hand experience of a carer (Candidate 160)

The candidates valued the contribution of service users made in the interview process and felt they offered an alternative perspective to the interview. As they graded the candidates it meant that they were perceived as active partners rather than passive recipients, a key value in the NHS. Candidates

appeared to not only accept the service users as part of the assessment of them but also valued it as integral to the process:

> *It was great having service users making the decision as well because their thoughts are very important (Candidate 49)*

> *I thought it was a great idea to have service users involved as well as lecturers. Their perspective on potential nurses is vital in recruiting nurses they would like to have in the community (Candidate 198)*

> *I believe that bringing in a service user to witness the group discussion is an excellent idea. They would be receiving the care; therefore their opinion on us as possible adult nursing students is of high significance (Candidate 193)*

Theme 3 - Working together

This theme centred on the process of working together. For the service users this was really important as they felt they had a voice, they could be advocates for other vulnerable patients as well as helping to shape the future of the health service as well as contributing to the care services within their local communities:

> *When you see different things in the news or you read in the papers about how the NHS is doing, you can think, well, maybe I'm helping change that or maybe I'm contributing to a positive effect on that in the long-term (service user 4)*

> *I think we're investing in local resources…there … were people who may be nursing me in the future…we're part of a team and that we're investing in something that isn't just for the reputation of the university, it's for the local community, that spin-off is what we're aiming for, isn't it? (service user 3)*

> *It's also showing that you've got a voice and it's showing them right at the beginning of their training, that you have a voice and just because you are a patient, a service user or carer, you have an opinion and a voice and that's so important. You're a person (service user 6)*

The sense of confidence and empowerment transcended the university setting and into their own personal lives as patients. Some of the service users involved in the interviewing process spoke

about how their engagement positively affected their relationships with healthcare professionals outside of the university:

> *It made me think of them much more as people, you know what they've gone through to get there; you know when they come to your bedside to nurse you and all the rest of it...it does certainly bring a human side to the nursing, of the people that come to nurse you (service user 5)*

> *I'm probably more observant of them (nurses in the hospital) because of what I've done at the uni, and I'm full of admiration for them (service user 11)*

This sense of positivity regarding the impact of service users' engagement in VBR was also felt by the candidates. For them, it represented a demonstration of a deeper philosophical view regarding true partnership between professional healthcare staff and service users:

> *The patient focused approach to the interviews is different to all other interviewers I have attended. It demonstrated how patient focused the university is (Candidate 258)*

> *I was very impressed with the inclusion of service users. What a great idea! It was refreshing to see their inclusion on such an important process (Candidate 112)*

The experiences of the academic and clinically based staff were much more mixed. When specifically asked if they wanted service users to have a more substantive role in the interview process 26 replied yes, 8 said no, and 1 gave no response. It transpired that whilst the majority of the responses were positive, many responses requested restrictions to their inclusion. It was noted that staff in positions of organisational leadership were least likely to want service users to be further involved in the interview process. This was demonstrated in a number of ways but inferred that lay people lack the knowledge to be involved in the final decision making for candidates:

> *I feel that at the initial stage they add value and look at care from a personal perspective however, I think the remainder of the process is about ability, qualifications, work experience; suitability of the role which I think is best left to the professionals (respondent 7)*

I think the contribution they make at present is valuable and worthwhile. But further recruitment should be decided by registered nursing practitioners (respondent 2)

There was acknowledgment of the importance of involving service users but for some respondents they challenge stakeholder power and hierarchy. It may be that staff, particularly those in positions of organisational leadership hold both public and private views on the inclusion of service users in the interview process and this anonymous online questionnaire offered the opportunity for respondents to share private concerns:

I don't see why they could not be present during the individual interviews, although care should be taken that they only listen (respondent 16)

Theme 4 - Making it work; a work in progress

The last theme reflected the evolving process of implementing a new initiative. From a service user perspective this reflected inconsistencies on behalf of the organisation of the process. Some staff made them feel welcome and equal partners, however others did not. However many of them acknowledged this got better as the process became embedded:

I felt at the start that we were an added on. At the very beginning of the process it was quite…actually I felt very, very uncomfortable. I felt that we were an added on that hadn't actually been thought through properly. It did improve; I must say it did improve as time went on… (service user 5)

Academic and clinically based staff also commented favourable on the standardisation which the implementation of VBR brought to the interview agenda which they felt promoted equity of experience across the candidates as well as the focus on values:

I felt the process was fair and gave best opportunity for candidates to demonstrate suitability (respondent 34)

I like that we focused on values (respondent 15)

For the candidates, the only negative comments received, was not related to the engagement of service users in interviewing, rather the process in which it occurred. The feedback from the candidates related to mixed feelings regarding a group discussion (some liked whilst other disliked

this process), as well as group size (n=6) which some candidates felt was too large and other's perceived it more favourably.

Discussion

In many parts of the world service users are increasingly engaged in all aspects of healthcare education encompassing the whole student journey (Towle and Godolphin 2016). In the UK the professional regulator for nursing (Nursing Midwifery Council 2010) have made it compulsory to involve service users in the recruitment of students to healthcare programmes and to operate a system of VBR. Likewise, in medical education the General Medical Council (2011) set out its commitment to service users involvement in medical education. However, whilst recognising their valuable expertise in teaching, feedback and assessment it does not currently identify a role for service users in the recruitment of medical students (although this guidance is currently under review by the GMC). As the purpose of VBR is to ensure that 'would be' healthcare professionals are recruited on the basis of their values and the degree to which they align to those identified in the NHS constitution (Department of Health 2015), it seems appropriate to frame this discussion around key values.

Considering the value 'Everyone counts'(NHS England 2013), involving service users in recruitment of health professionals both at initial training but also in recruitment of qualified practitioners supports an underpinning philosophy of valuing patients as partners in care, challenging the perspective of patients as passive recipients of care. Therefore practices that develop agency rather than passivity in service users and partnership working are really important in modern healthcare practices. This positive benefit has not only been identified in the UK by this research, but also by Canadian research (Pomey et al. 2015) which identified that service user participation in decision making has positive benefits to service users and healthcare organisations with regards to being mutual valuing and respect.

It was evident from the findings of this study that engagement within the interview process had benefits for the service users in re-engaging lost confidence and self-belief. The participants identified that being involved in the project had an impact on improving their lives (another key value in the NHS). They expressed feeling empowered, as their voice was valued and they were (on the whole) equally valued alongside the professional healthcare staff, which modelled good practice to student interviewees. In addition, the service users in this research felt they were giving back to the NHS by supporting and developing local services by recruiting the 'right' staff as well as

advocating for other patients. This also links to the values respect and dignity as well as commitment to quality of care. It has already been established in the background the strong UK focus within healthcare policy of utilising the patient lens in both the development and review of quality of services.

Another value of the NHS constitution (Department of Health 2015) is compassion. Findings from this study clearly identified that involving service users in the interviewing of nurses did ensure a focus on values rather than professional attributes or the role of the professional nurse. Yet a focus on compassion and values rather than the professional role of the nurse was challenging for some of the nurses. Eight of the nurses in the study whilst saying they thought service user involvement was in principal a good idea resisted them having a more active role in the interview process suggesting they lacked the professional skills and attributes upon which to judge the candidates. The eight nurses included those who worked in the university and the practice setting. Interestingly, the more senior the nurse the more they tended to hold this perspective. Working in active partnership with patients is endorsed by healthcare professional bodies in both Medicine (General Medical Council 2011) and Nursing (Nursing Midwifery Council 2015). Given this is a core philosophy for both professions, questions arise as to the degree to which engagement with patients is a reality or mere rhetoric in the healthcare system. Their responses reflected a strongly paternalistic view and that they knew best which candidates would make the best nurses, yet the basis on which this decision was made has to be questioned. Was it on the basis of which candidates they felt best would work on the wards as colleagues? This study did not specifically set out to review which judgement of candidates would be more effective in ascertaining who makes the best nurses, and yet this could be an interestingly and possibly illuminating further line of enquiry.

The degree to which service users have been involved in the interviewing of other healthcare professional groups is scant. Yet this evaluation has identified many benefits of their inclusion and would seek to recommend that involving patients in the training of other healthcare professionals including medical students is a valuable way of ensuring a focus on values in the VBR process. This leads us to an interesting debate regarding who constitutes as being a service user. As academics, we are registered with GP practices and have some involvement with healthcare; as such we could legitimately call ourselves service users, yet are we really, when our engagement with healthcare services is minimal. There are universities who utilise administrative staff as service users in interviews, however we argue unless you have had a substantive or on-going health issue or are a

carer for someone then you cannot really class yourself as a service user in the true sense of the word.

This paper is framed within the conceptual framework of engagement (Rhodes 2012). At the minimum, involvement of service user in recruitment needs to occur at level 3, an on-going relationship between the service users and the university so they feel comfortable with staff to feel confident to fully participate in the assessment of candidates. In addition, service users require training which should cover principals of interviewing, what VBR is as well as values set out in the NHS constitution. Failure to provide this will lead to tokenistic involvement. However, there are costs associated with embedding service user in VBR, especially as we believe it is important that they are compensated for their time and travel costs. Within this evaluation the total costs were £2,841.74, equating to £4.44 per candidate (service users were paid £10 per hour and travel costs were reimbursed). If service users were to be more embedded in the recruitment processes across university healthcare preparatory programmes then there is a cost implication. In the UK the costs for including service users in social work programmes is covered by their professional bodies but the equivalent does not occur in healthcare courses.

Limitations

This was a single site study therefore we cannot claim generalizability of the findings, but posit that it is the reader ultimately who will decide upon the applicability of the findings to their own practice or domain. We also acknowledge the study is based within a UK context and refers specifically to NHS values (Department of Health 2015), yet would argue these values do not solely belong to the NHS but rather reflect values of modern healthcare.

Conclusions

This study has identified that involving service users in VBR has many benefits to candidates, the service users themselves and local health services and as such we recommend it can and should be incorporated in the interviewing of healthcare professionals both within universities as well as healthcare services. However, the study also identified that there some nurses (both clinical and academic nurses) who hold negative views regarding the involvement of service users and this warrants further investigation. Lastly, if service users are to be embedded into VBR process then a supportive infrastructure needs to be in place to support their inclusion to avoid it becoming tokenistic.

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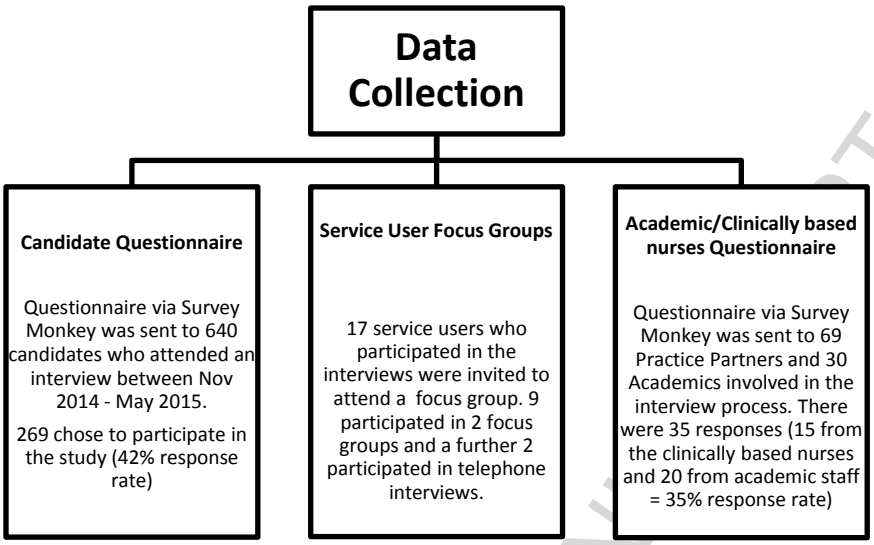
Figure 1: Process of data collection



Tables

Table 1 NHS Constitution Values

NHS Constitution Values (DoH 2015)
1. Working together for patients 2. Respect and Dignity Commitment to quality of care 3. Compassion 4. Improving lives 5. Everyone Counts

Table 2 Ladder of Service user engagement (Rhodes 2012)

Level 1 - no involvement
Level 2 - limited involvement whereby there may be some engagement in teaching
Level 3 - growing involvement characterised by engagement of at least 2 activities (planning, delivery, selection, assessment, management or evaluation). At this level SU are paid at normal visiting lecturing rates
Level 4 - collaboration characterise by engagement in at least 3 activities (planning, delivery, selection, assessment, management or evaluation). Service User engagement is underpinned by a statement of values
Level 5 – partnership, in addition to the above, service users are also involved at a strategic level and all key decisions are made jointly. In addition there is an infrastructure in place to systematically train and support service users in their role. Lastly, Service users are employed on secure contracts.

Table 3 Questions used

Focus group	There was one open question "Please can you tell us about your thoughts and experiences of participating in the adult pre-registration interview this year?" Prompts What do you think SU/Carers bring to the interview process? Has your engagement in the interviewing process had an impact on your personal lives? Has you participation in the interview process influenced your perceptions or actual experiences of working with health care professionals? What are your thoughts about the future of SU/Carer engagement with pre-registration interviews?
Candidate Questionnaire	Two questions were added to the general survey sent out centrally regarding candidates' experience of interview days. The questions asked "did you have any service users or carers as part of your interview?" and if yes "do you have any comments on your experience of the group discussion with service users and

	carers". Candidates had an open box to write their responses
Academic and Practice Partner questionnaire	"What aspects of the VBR interview process did you find a) most helpful, b) most challenging?" "As part of the VBR interview service users are involved in the discussion group. When you were involved in the selection process was a service user present?" What do you feel service users bring to the selection process? Do you think service users could or should be further involved in the recruitment process? If you select no please give your reasons for this and if you selected yes' how do you think service users could be further involved?

Table 4 Overarching themes and sub group themes

Overarching theme	Subgroup themes
Increasing sense of humanness, substantiating the core values	• Service user perspective: heart knowledge (service users) • Humanisation (academic/clinically based staff) • Service users 'the human face': fostering a sense of place (candidates)
Impact of involvement	• Service User journey and benefits (service users) • Additional Perspective (academic/clinically based staff) • Service users; a focus on those using care (candidates)
Working together	• Partnership with the university; shaping local services (service users) • Symbolic Inclusion (academic/clinically based staff) • Different approach; embedded rather than tokenistic (candidates)
Making it work; a work in progress	• Evolving Process (service users) • Standardisation of the process (academic/clinically based staff) • Mechanics of the process (candidates)

Highlights

- Involving service users in the interviewing of student nurses has multiple benefits
- Service users ensure a focus on values in a value based recruitment process
- Involving Service Users in the interviewing process provides a human dimension