Mutual Development through Authentic Relationships: Adventures, Journeys and Appreciative Stories of Service User Engagement in Student Nurse Education

by

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Abstract

Current educational guidelines require clear evidence of the involvement of service users across the nursing curriculum, but give no real direction as to how to achieve this, or clarity about what would constitute successful engagement. There is a limited body of literature that specifically addresses service user engagement in the classroom and this literature is largely evaluative in nature, small scale, single site, often atheoretical and many do not include service user perspectives. The studies present evidence of the value of service user engagement, albeit not in great breadth or depth, but fail to critically examine the actual processes and practices that contribute to the perceived success of service user engagement in the classroom. This study seeks to develop and strengthen the current understanding of service user involvement in nurse education and the way in which it is enacted in the classroom setting. In this study, the term 'service user' encompasses people, carers and families with experience of healthcare who are involved in teaching sessions with pre-registration nursing students for the purposes of sharing their life experiences.

A participatory, Appreciative Inquiry approach was taken, using a series of appreciative workshops (n=8), observations of teaching (n=5) and interviews (n=3). These approaches ensured that there were opportunities for the participants to generate and share their stories and experiences of service user engagement. This participatory appreciative approach also ensured that all voices within the study were respected and that ethical considerations were attended to with high levels of sensitivity. These approaches also facilitated the critical consideration of the interactions, dialogues and relationships that occur between pre-registration nursing students, service users and lecturers. Data were analysed using a thematic narrative approach drawing on the principles of socio-narratology and considering three key components: setting, character and plot.

Three themes were identified: the first 'real world as opposed to what?' focuses on setting; the second 'students, service users, lecturers - there is a togetherness about it all' addresses the characters within the classroom; and the third 'involving service users has helped me grow as a student nurse' considers issues related to plot. The overarching meta-theme, 'mutual development through authentic relationships', encompasses the idea that service user engagement is more than merely an action carried out by service users (sharing life experiences) for the benefit of students in their development as compassionate nurses. Instead, service user engagement is a complex and mutual set of interactions and

relationships between service users, students and lecturers. These interactions and relationships occur within a distinct setting, are grounded in authenticity (where authenticity is interpreted as something which is real, genuine or true), and influence the development of shared narratives of service user oriented practice.

The core contribution to knowledge from this study is summarised within a model of best practice for service user engagement that is built from the findings and based within contemporary theoretical thinking on service user engagement. The model presents a map of the journeys of students, service users and lecturers and the ideal classroom conditions for successful service user engagement. It also reveals the processes and practices that occur in classrooms and the profound, positive impact of service user engagement, such as nourishing the emotional lives of student nurses in a way that consolidates compassion. Recommendations for practice, policy and research are presented.

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Abbreviations

AEI   Approved Education Institution

Comensus   Community Engagement and Service User Support

HEI   Higher Education Institution

NMC   Nursing and Midwifery Council

NHS   National Health Service

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1 Introduction and Background

'Not only is my story designed to delight and entertain, but there is a kernel of truth hidden within, where only the cleverest student may find it.' His expression turned mysterious. 'All the truth in the world is held in stories, you know.'

'The Wise Man's Fear', Patrick Rothfuss

1.1 Introduction

This appreciative, participatory study seeks to develop and strengthen the current understanding of service user involvement in nurse education, and the way in which it is enacted within the classroom setting. Current educational guidelines require clear evidence of the involvement of service users across the nursing curriculum, but give no real direction to achieve this. As a result, service user involvement has been implemented in various ways and at varying levels of involvement as the term 'involvement' is interpreted differently by different people.

The study recognises the three main stakeholders (students, service users and academic staff) as the experts in service user involvement in the classroom, and seeks to gather perspectives from all three groups, both separately and in collaboration.

In order to provide both background and context to the study an overview of service user involvement in nurse education will be presented in this chapter. Attention will then turn to the current position on service user involvement in terms of healthcare education policy as laid out by the Nursing and Midwifery Council, followed by an exploration of the pre-registration nursing programme outcomes as related to communication and compassion; two of the areas thought to be supported by service user involvement. Consideration will then be given to where service user involvement takes place, with reference to the field of human geography and ideas around place and space as a means of exploring the classroom setting. Finally, the aims of the current study will be presented.

1.2 The Context of Service User Engagement

Recognisable public engagement or involvement arguably extends as far back as 200 years, when contributors to voluntary hospital contributory schemes were represented on the hospital and scheme management committees (Gorsky *et al.*, 2007). However, genuine public engagement in health care has a much shorter history. Changes in health policy across the UK in the wake of the Griffiths Report (1983) have led to the development of

initiatives in health and social care services to involve people more thoroughly in their own care, as well as aspects of policy making (DH, 2013; HM Government, 2007; HM Government, 2012). This push for service user involvement has been matched in university contexts with regard to the education of health and social care practitioners (Lathlean *et al.*, 2006; Repper and Breeze, 2007; Terry, 2012; Towle *et al.*, 2010; McKeown *et al.*, 2010). The current 'Standards for Pre-Registration Nursing Education' from the Nursing and Midwifery Council (NMC, 2010) recommend the involvement of service users and carers in the selection and recruitment process, and require institutions to clearly show how service users and carers have contributed to programme design, delivery and assessment. As health and social care delivery becomes increasingly consumer-focused, the perception of service users is shifting from one of passive recipient to that of active contributor to their own care (Rhodes, 2012). Developments in service user involvement in the education of health and social care practitioners can be seen as part of a broader domain of interest in community engagement and concern with the civic role of universities (Holdsworth and Quinn, 2006).

With its investment in Community Engagement and Service User Support (Comensus), the University of Central Lancashire has been in the vanguard of these developments, opening up possibilities to examine such university involvement settings as an interesting form of social space (Downe *et al.*, 2007; McKeown *et al.*, 2010; McKeown *et al.*, 2014). For ten years Comensus has contributed to all stages of the teaching and learning life cycle (including the conception of and validation of courses, and developing and delivering teaching and assessment). As part of, and alongside Comensus, the School of Health has a rich network of relevant local, regional, national and international partnerships with lecturers, researchers and service user organisations which stimulates sharing with and learning from different expertise and experience.

Engaging with the user movement facilitates particular opportunities for lecturers to challenge orthodoxies and be reflexive about the philosophical underpinnings of curricula and pedagogies. Focusing on the facilitation of students' learning by and with service users in the classroom increases the possibilities of exploring the moral and ethical development of learners (Kohlberg, 1984), as well as the extent to which experiences and learning in the classroom can impact on students' attitudes, values, compassion and emotional literacy in their 'real' encounters with service users in practice. All of these factors are highly important aspects of nursing identity that chime with traditional notions of nursing

professionalism and can operate to bolster practitioners against threats to their very legitimacy (McKeown and Carey, 2015; McKeown and White, 2015)

The involvement of service users in nursing education aims to allow students an insight into their experiences of health care and services (Terry, 2012) while challenging their preconceived ideas and attitudes about people who experience health difficulties (Blackhall *et al.*, 2012). Studies have found that nursing students are generally positive about service user involvement, and feel that hearing a service user's perspective facilitates greater understanding, allows them to develop their self-awareness (Repper and Breeze, 2007) and communication skills, and could lead to a more user-centred approach in practice, with more empathy and concern for psycho-social aspects of health and illness (Morgan and Jones, 2009). However, Terry (2012) argues that for this to occur, students need to be emotionally engaged and able to make sense of their learning experiences, which requires careful planning and support on the part of the institution. There is a suggestion that the earlier the involvement, the more likely it is to have a lasting impact on professional practice (Morgan and Jones, 2009; Terry, 2012), but further rigorous, longitudinal study is required in order to confirm this.

However, service user engagement can be troublesome and thought-provoking, and can create the sort of unsettled and unsettling relationships (Church, 1995) evident in social justice dialogue and debates (Cresswell and Spandler, 2011) and in the differences arising between students, service users and lecturers (McKeown *et al*., 2014). Difficulties may arise where students feel embarrassed (Costello and Horne, 2001), emotionally challenged (Morgan and Jones, 2009), or uncomfortable (Terry, 2012), resulting in a defensive attitude. Although this unsettlement can be troubling, it can be argued that these lived contradictions may be a crucial element of learning, as they may not only challenge professional values, practices and ways of being but also prefigure equally troubling situations which the students will have to face once qualified. Arguably, this may allow students to develop the means to negotiate these situations, through more inclusive, egalitarian and democratic practices. Confronting difference and unsettling emotions can be a creative force for positive learning (Kohlberg, 1984), as people are being emotionally moved to think critically about their practice. There is also a connection with the critical pedagogies of Paulo Freire, where learning is viewed as always being democratically co-constructed and interpretable through an emotional lens, replete with a vocabulary of love and hope (McKeown *et al.*, 2015a). Freirian concepts of teaching and learning include the idea that open discussion and debate is central. Teaching and learning must be 'dialogic',

with all participants holding mutual respect for each other's knowledge and expertise. Freire also suggested that people must act upon their environment in order to reflect upon their reality and transform it through further action and critical reflection. Merely listening to life experiences is not necessarily enough, regardless of whether the student is moved by it. For any potential impact on practice to be sustained, the student must be able to reflect on the experience (Freire, 1971), internalise it and incorporate it within their sense of self as student nurse and future health care professional.

For service users, the opportunity to become involved lends credibility to the idea that they are experts in their own care (Blackhall *et al.*, 2012; Jha *et al.*, 2009), and the majority appear to become involved for altruistic reasons (McKeown *et al.*, 2012; Morgan and Jones, 2009), borne out of a desire to make a difference by improving services and breaking down stereotypes (Repper and Breeze, 2007). There is an acknowledgement from service users and lecturers that there are more advantages for students to hear a human voice, with feeling, rather than reading a case study, and that sharing their stories leads to a sense of empowerment (McKeown *et al.*, 2012; Terry, 2012), with an increase in feelings of self worth and value (Blackhall *et al.*, 2012). Service users involved in Costello and Horne's (2001) study felt that their involvement was a valuable cathartic experience for them. Involvement through a dedicated group such as Comensus (McKeown *et al.*, 2010) and SE-SURG (Blackhall *et al.*, 2012), among others, may help to alleviate service users' feelings of stress and isolation, and the opportunity to develop teaching skills may also aid recovery (Terry, 2012).

Although the feedback from service users is generally positive, some studies have reported difficulties in terms of on-going support and financial recognition of their contributions (McKeown *et al.*, 2012; Morgan and Jones, 2009; Rhodes, 2012; Terry, 2012). Terry (2012) argues that it is essential for appropriate support systems to be in place for service users, and that consultation, liaison and debriefing are all important aspects of this. There are also ethical considerations around the issues of the personal, physical and/or emotional costs of involvement to the service user (Fox, 2011; Terry, 2012; Wykurz and Kelly, 2002).

Despite the numerous small scale studies that offer insight into student/service user experiences (Blackhall *et* al., 2012; McKeown *et al*., 2010; Newbigging *et al*., 2012; Terry, 2013) there is insufficient good quality evidence that robustly examines and problematizes service user engagement. There is the need for further longitudinal work (Terry, 2012), with a focus on the influence of service user involvement in education on long term care delivery

(Rhodes, 2012), and consideration of whether this does lead to the adoption of a more 'user-centred' approach by students post-qualification (Masters, 2002).

1.3 Terminology

The language of service user involvement is contested, particularly in terms of the distinction between a service user and a carer. In the context of healthcare, 'service user' is generally taken to mean any person who is receiving, has received or is eligible to receive any kind of health or social care service (Cooper & Spencer-Dawe, 2006; McKeown *et al.*, 2010), and includes carers, who are deemed to be eligible to receive services in their caring role.

Where the term 'service user' is used in direct relation to this study, it is used as an umbrella term for people, carers and families with experience of healthcare who are involved in teaching sessions with pre-registration nursing students for the purposes of sharing their life experiences. This is not to deny that students and lecturers may hold multiple identities, which include that of service user or carer, but that is not the focus of this study.

1.4 Healthcare Education Policy

Having examined the wider context of service user involvement, this chapter will now turn to the specific context of healthcare education policy. The Nursing and Midwifery Council (NMC) is the independent regulatory body for nursing and midwifery in the UK, with responsibilities for registering all nurses and midwives, and setting the standards for their training and education. Following a review of nursing education, the NMC decided in 2008 that the minimum academic level of education for pre-registration nursing should be a bachelor's degree, as opposed to the previous diploma in higher education, which was phased out by 2013. In order to achieve this, the NMC published new standards for pre-registration nursing education in 2010, which include recommendations for the involvement of service users and carers in student selection, curriculum design and delivery, and assessment of students (NMC, 2010). Table 1.1 highlights the relevant standards from the NMC Standards for Pre-Registration Nursing Education (2010).

Table 1-1 Standards taken from the NMC Standards for Pre-Registration Nursing Education, 2010, p59-82

Standard 3: Selection, admission, progression and completion
R3.7   AEIs must ensure that the selection process includes representatives from practice learning providers.
G3.7a   AEIs should ensure that, where possible and appropriate, the selection process also includes nurses in current practice, service users, carers, nursing students and people with disabilities.
G3.7b   AEIs should take account of the views of those directly involved in selection when making final decisions to accept or reject an applicant.
R3.8   Programme providers must ensure that selection is conducted by people who have been trained in the principles of selection, anti-discriminatory behaviour and equal opportunities.

Standard 5: Structure, design and delivery of programmes
R5.1   AEIs must ensure that programme development and delivery involves key stakeholders.
R5.1.2   Programme providers must clearly show how users and carers contribute to programme design and delivery.
R5.5   Programme providers must ensure that learning opportunities are offered at an appropriate academic level using evidence-based sources.

Standard 8: Assessment
R8.1   Programme providers must ensure that a variety of assessments are used to test the acquisition of approved outcomes, with reasonable adjustments for students with a disability.
R8.1.4   Programme providers must make it clear how service users and carers contribute to the assessment process.

Institutions are required to demonstrate how service users have contributed to student selection, curriculum design and delivery, and student assessment, and NMC reviewers meet with service users during monitoring visits to help make a judgement on the level of service user/carer involvement (Mott MacDonald, 2014). It is important, therefore, that partnership working and patient-centred care are central to the classroom based component of pre-registration nurse training. For this to occur Towle (2010, p73) argues that 'the autonomous and authentic patient's voice must be a core part of the training of all

health professionals'. However, little or no attention has been paid within the current policy and guidance in terms of how this should be achieved.

1.5 Pre-registration Nursing Programme Outcomes

Current policy within the NHS prioritises the 6Cs of 'care', 'compassion', 'competence', 'communication', 'courage' and 'commitment' through 'Compassion in Practice - Our Culture of Compassionate Care' (DH, 2012). Compassion is defined by the NHS as:

> … how care is given through relationships based on empathy, respect and
> dignity; it can also be described as intelligent kindness and is central to
> how people perceive their care (DH, 2012)

The pre-registration nursing curriculum has been mapped against the 6Cs to demonstrate where these are taught in theory and practice. All student nurses on a pre-registration nursing programme must meet a range of generic and field specific competencies as laid out by the NMC in their 'Standards for pre-registration nursing education' (NMC, 2010). Above the theoretical and clinical knowledge required for general nursing care, student nurses must meet a set of 'Standards for competence', unique to the field of nursing being studied (adult nursing, mental health nursing, children's nursing or learning disabilities nursing). Each set of standards for competence consist of the same four domains; professional values, communication and interpersonal skills, nursing practice and decision-making, and leadership, management and team working. Student nurses are also required to meet a set of 'essential skills clusters' which include skills for care, compassion and communication; organisational aspects of care; infection prevention and control; nutrition and fluid management; and medicines management (NMC, 2010).

However, although nursing is arguably 'one of the most highly regulated professions with national and internationally stated criteria for practice and education' (Randall and McKeown, 2014), the profession is currently undergoing a crisis of legitimacy following high profile service failures such as the Mid-Staffordshire Inquiry into failings of care (Francis, 2013), the Berwick Review into patient safety (Berwick, 2013) and the Clwyd-Hart Review of NHS hospital complaints handling (Clwyd and Hart, 2013). Nurses have come under criticism in terms of their values and commitment, and have faced accusations that they lack compassion. Compassion is a central part of both the NMC standard 'communication and interpersonal skills' and the essential skills cluster 'care, compassion and communication' and as illustrated earlier in this chapter, interacting with service users in

the classroom is thought to support students' development of communication skills and empathy (Morgan and Jones, 2009; Repper and Breeze, 2007; Terry, 2012).

The 'Standards for Competence' (NMC, 2010) focus on nurses' development of person centred skills. The following extracts from the NMC Standards (2010) highlight the standards for competence in domain two; communication and interpersonal skills:

> All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

> **Adult nurses** must demonstrate the ability to listen with empathy. They must be able to respond warmly and positively to people of all ages who may be anxious, distressed, or facing problems with their health and wellbeing

> **Mental health nurses** must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.

> **Children's nurses** must understand their role as an advocate for children, young people and their families, and work in partnership with them. They must deliver child and family-centred care; empower children and young people to express their views and preferences; and maintain and recognise their rights and best interests.

> **Learning disabilities nurses** must use complex communication and interpersonal skills and strategies to work with people of all ages who have learning disabilities and help them to express themselves. They must

also be able to communicate and negotiate effectively with other professionals, services and agencies, and ensure that people with learning disabilities, their families and carers, are fully involved in decision-making. (Taken from 'Standards for pre-registration nursing education', NMC, 2010)

The essential skills cluster 'care, compassion and communication' consists of the following skills and behaviours:

1. As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.

2. People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.

3. People can trust the newly registered graduate nurse to respect them as individuals and strive to help them the preserve their dignity at all times.

4. People can trust a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from harassment and exploitation.

5. People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.

6. People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.

7. People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.

8. People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.

The standards for competence in domain two; communication and interpersonal skills, and the essential skills cluster 'care, compassion and communication' (NMC, 2010) serve to highlight the qualities and behaviours expected of student nurses post-qualification. They also act as a reference point for the areas where service user engagement is thought to have the most significant impact in the development of student nurses, notably; communication and interpersonal skills, compassion, respect, empathy and person-centred care.

1.6 Space, Place and Sense of Self

The core focus of the current study is on classroom learning, therefore it is pertinent to consider the context of the classroom and the impact that it has on the people within it. The definition of a classroom according to the Oxford English Dictionary is 'a room in which a class of pupils or students is taught' (OED), however, the physical location of a classroom is just one concern alongside the more social and contextual elements of its use. The setting in which service user engagement occurs has a potential impact on the perceived success of the interactions. The field of health geography provides a means to understand the dynamic nature of the relationships between people, health and place, and Andrews (2002) suggests that place can have a significant impact on social experience, particularly in terms of the experience of health and illness.

A 'place' is a specific point where people or phenomena can be located, and which can be identified within a larger 'space' (Andrews, 2003). However, a place is more than just a physical location; it requires elements of meaning and intention, framed within social context (Kyle and Chick, 2007) and should be seen as something which is experienced in a way that provides meaning and familiarity (Kearns, 1993). Carolan *et al.* (2006) argue that there are three important aspects to place: 1) setting; 2) situatedness or the significance attached to it, and; 3) locus, or the social environment. A healthcare setting is defined by its physical and environmental aspects, for example a clinic or ward within a hospital, but it is also defined by the provision of care via healthcare professionals. By carrying out the act of caring for service users the healthcare professionals give meaning to the setting and provide a social context. Each individual within that setting will attach their own significance to it, depending on their experiences, both in terms of the setting and the locus. Andrews (2003) found that when asking patients about their healthcare experiences

they typically recalled specific nurses, thus he argues that the act of nursing is integral to the feelings that an individual patient attaches to a healthcare setting. Likewise, a classroom will have different significance and meaning depending on the individuals interacting within it. Inviting a service user into the classroom setting has the potential to change the context of the classroom in a way that unsettles and provokes emotion (Church, 1995).

Kyle and Chick (2007) take this further by describing a 'sense of place'; a relationship with a place that comes from both personal meaning and social context. Our affiliation with a specific place allows us to inherit socially constructed identities which in turn contribute to the development of our individual and social identities. The context within which we interact with a place is important, and will be different for groups and for individuals within those groups (Kyle and Chick, 2007). Context is also dynamic, as the characteristics of a place will change over time depending on the individuals acting within it, and the social relations between those individuals. Cummins *et al.* (2007) argue that place should be understood in terms of the power struggles which occur between groups in society, as the outcomes of these may determine context. The classroom itself, then, will not change in terms of gross physical structure but is likely to change in terms of meaning and social context multiple times a day depending on the people within it and the nature of the learning taking place. The classroom space within the university is also a space where change is enacted, and as such is part of the process through which students acquire their developing identity as a nurse.

The physical location of a place should not be ignored, however, as aspects of the built environment such as architecture, décor, heat and light are important (Halford and Leonard, 2003), as 'forms, spaces and light impact our emotions about a place' (Read, 2007, p391). Read (2007) argues that scale is particularly important, as it is linked to feelings of alienation; large scale buildings can have a dwarfing effect, making people feel insignificant. Individual lecturers have limited control over classrooms as they are allocated a particular room which comes with its own set of rules over what can and cannot be done to the physical environment, for example, a large lecture theatre with fixed seating offers less flexibility than a small classroom with moveable furniture.

The classroom setting, therefore, is a particular space which can influence the type and quality of learning that takes place within it, and is an important consideration in the

exploration of the relationships and interactions between students, service users and lecturers.

1.7 Aims of the Current Study

The focus of this study is congruent with over three decades of government policy and rhetoric on health and social care that has increasingly intended that service users are at the heart of decision making, and that public involvement shapes policy and practice (DH, 2012; DH, 2013; HM Government 2007; HM Government 2012). A growth in interest in service user and carer involvement within the institutions providing health and social care (Greenhalgh *et al.*, 2011) has been matched by a concomitant interest within universities focused on the teaching and learning of practitioners and associated research (McKeown *et al.*, 2010; Morrow *et al.*, 2012). The focus on both inquiry and improvement in teaching and learning, and on the practice of service user involvement and community engagement in higher education, aims to make a significant contribution to the development of pedagogy in the field of service user involvement in the teaching and learning of nurses, with wider implications for the range of health and social care practitioner disciplines.

The aims of this study are to:

- Appreciatively explore the complexities of the tripartite relationship between students, service users and lecturers;
- Examine whether this tripartite relationship shifts perceptions and develops dialogues and relationships;
- Develop a model that reflects best practice in relation to service user engagement.

The study will examine what is happening at the moment, with a focus on what works well and what could work better, which will feed into the design and implementation of new models of service user engagement.

1.8 Chapter Summary

This chapter has explored the wider literature of service user involvement in nurse education in order to provide both background and context to the study. The current position on service user involvement in terms of healthcare education policy as laid out by the Nursing and Midwifery Council was presented, with a brief consideration of the impact of this on Higher Education institutions. The pre-registration nursing programme outcomes as related to communication and compassion were explored, as these are two of the areas thought to be supported by service user involvement. The specific setting of service user

involvement in nurse education was then explored, with reference to the ideas around place and space as a means of examining the classroom setting. Lastly, the aims of the current study were presented.

2 Literature Review

2.1 Introduction

The lack of clear guidance and direction to support the changes in service user related health policy (Terry, 2012) has led to varying levels of service user involvement, reflecting different interpretations of the term 'involvement'. At the most basic level, 'tokenistic' involvement is enacted through service users who are brought in to talk to groups of students about their experiences, with little interaction or follow-up; a more sophisticated and embedded approach to involvement is one which shifts to being more integrated, collaborative and engaged (Tew, 2004). There are many examples of integrated working, involving local or higher education institution based user groups such as the 'Comensus' group at the University of Central Lancashire (Downe, 2007), and 'SE-SURG' at Anglia Ruskin University (Blackhall, 2012), as well as service users employed as higher education institution staff (Terry, 2013). An integrated approach to working allows service users to be involved in many areas of the curriculum, including planning, delivery, assessment, evaluation (Forrest *et al.*, 2000), as well as in practice settings and throughout wider university life.

As the focus of the current study is specifically on classroom engagement the aim of the literature review presented within this chapter is to identify current approaches to service user involvement in nurse education, particularly in the classroom environment, and to develop an understanding of the benefits and challenges of these. The chapter opens with an overview of the review method, including an in depth description of the search strategy used, the inclusion and exclusion criteria for the papers found, and a summary of the most pertinent literature. A detailed report of the final set of papers chosen for review is then presented and the gaps in the literature and the need for the current study are identified.

2.2 Review Methods
2.2.1 Design

An integrative approach was taken to the literature review in order to summarise the current literature on service user involvement in pre-registration nurse education in the classroom. An integrative literature review allows for a broader approach than other review methods, such as systematic reviews or meta-analysis, as it includes both quantitative and qualitative studies, as well as more theoretical papers with the aim of providing a more comprehensive understanding of the topic (Whittemore & Knafl, 2005). The ability to

combine more diverse methodologies is particularly important for a comprehensive overview of the literature for new or emerging topics (Haracz *et al*., 2013).

2.2.2 *Search Strategy*

A literature search was conducted using databases CINAHL Complete, Academic Search Complete, and MedLine. The search terms used were '("patient" OR "service user") and "nurs*" and "education"'. A total of 144,954 papers were retrieved from this search, which were then reviewed for inclusion based on the criteria in Table 2.1. The number of articles included and excluded at each stage of the selection process is illustrated in Figure 2.1.

Applying the inclusion and exclusion criteria to the initial search records identified 156 papers which warranted more detailed evaluation. Abstracts were retrieved for these papers and the inclusion and exclusion criteria applied once more, which identified 63 papers. Journal hand searching, reference lists and networking provided a further 15 papers which met the inclusion criteria, giving a total of 78 papers included for more detailed full text evaluation.

Table 2-1 Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Conducted in, or related to, higher education	Relates to context other than higher education
Discusses education of nurses	Relates to education of patients
Discusses service users and their involvement in nurse education	Relates to service user involvement in research, or clinical environments
Discusses service user involvement in the context of classroom teaching	Relates to service user involvement in the context of simulation, assessment, course development or student selection
Published in English	Published in a language other than English
Describes a primary research study using any methodology	Is a discussion paper, commentary, editorial or a review paper
Meets at least six of Walsh & Downe's (2006) twelve essential criteria for appraising qualitative research studies	Meets less than half (n=<6) of Walsh & Downe's (2006) twelve essential criteria for appraising qualitative research studies

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                    ┌─────────────────────┐
                    │  Papers identified  │
                    │ through database    │
                    │     searching       │              ┌──────────────────┐
                    │   (n=144,954)       │─────────────▶│ Papers excluded  │
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                             │                           │   (n=144,798)    │
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                    │ Abstracts retrieved │
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                    │    evaluation       │─────────────▶│ Papers excluded  │
                    │     (n=156)         │              │ based on criteria│
                    └─────────────────────┘              │     (n=93)       │
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                    │ Full text retrieved │
                    │  for more detailed  │
                    │     evaluation      │
                    │      (n=63)         │
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  │ Potentially      │  ┌─────────────────────┐
  │ relevant papers  │  │   Full text         │
  │ identified       │  │ articles assessed   │          ┌──────────────────┐
  │ through hand     │─▶│  for eligibility    │─────────▶│ Papers excluded  │
  │ searching,       │  │     (n=78)          │          │ based on criteria│
  │ reference lists  │  └─────────────────────┘          │     (n=62)       │
  │ and networking   │           │                       └──────────────────┘
  │    (n=15)        │           ▼
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                        │  Full text          │
                        │ articles assessed   │          ┌──────────────────┐
                        │   for quality       │          │ Papers excluded  │
                        │     (n=16)          │─────────▶│ based on quality │
                        └─────────────────────┘          │   criteria       │
                                 │                        │     (n=2)        │
                                 ▼                        └──────────────────┘
                        ┌─────────────────────┐
                        │ Papers included in  │
                        │ qualitative         │
                        │ synthesis           │
                        │     (n=14)          │
                        └─────────────────────┘
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Figure 2.1 Flow Chart of Literature Search

2.2.3 Overview of Papers included in Full Text Evaluation

Of the 78 papers, 75 had a specific higher education focus. Of the three that had a wider focus, all at least made reference to higher education. Half of the papers (n=39) reported on specific studies, while of the remaining 39, 25 were discussion papers, 12 were literature reviews, one was a commentary and one was an editorial.

The majority of the papers were UK based (n=61), with 47 of those based in England. Of the remaining 14, one was based in Wales, two in Northern Ireland, four in Scotland, one in Guernsey and the remaining six were UK wide. Of the 17 papers which were not UK based, six were based in the USA, four in Australia, two in Ireland, and one in New Zealand. The remaining four included data from a range of countries, which included the UK.

The main curriculum focus for over half of the papers (n=57) was nursing, with just under half of those (n=27) specifically looking at the Mental Health field. Of the remaining 30 papers, 18 had a general nursing focus, while three had a specific focus on the Adult field, five on the Child field, two on the Learning Disability field, and two had a post-registration focus. Of the 21 broader healthcare sources: six encompassed the broader field of Healthcare Professionals, 12 the field of Health & Social Care, one was General Medical, one focused on Radiotherapy and one focused on Psychological Therapies.

Figure 2.2 shows the number of papers by year of publication. The earliest paper returned by the literature search was published in the American Journal of Nursing in 1938 (with the title 'Some nurses are poor teachers'). However, the earliest paper retained at this point within the selection process was published in 2000, as none of the papers published prior to 2000 met the inclusion criteria. Although the table shows a reasonable spread of publications throughout the years, it is interesting to note the surge of publications on the subject from 2012. While this picture may not be simple to unravel, as it is likely to have a multitude of contributing factors, it is worth noting that the increase in publications occurs in the years following the addition of service user involvement to the NMC standards (NMC, 2010).
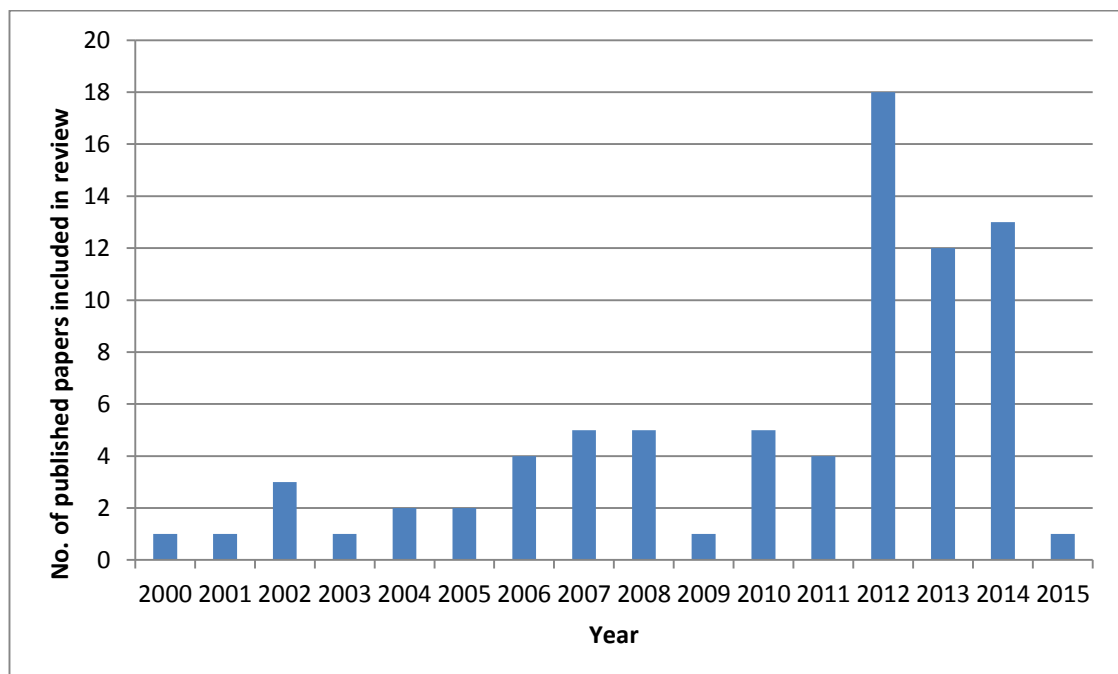
Figure 2.2 Sources Identified in the Integrative Literature Review, by year of publication
(Note: the data for 2015 only includes January)

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2.2.4 Final Selection of Papers

Following the full text evaluation, sixteen of the papers met the inclusion criteria and were retained for quality assessment. In their paper, Walsh and Downe took eight quality assessment tools and carried out a mapping exercise in order to provide a synthesis of the criteria for appraising qualitative research studies (Walsh and Downe, 2006). Their framework provides three levels of assessment, consisting of eight stages at the broadest level. These are broken down into twelve essential criteria, which in turn are further broken down into 53 specific prompts at the most detailed level. Walsh and Downe (2006, p117) do not provide rating criteria for an overall quality score, rather they state that 'as a baseline requirement, we would expect the criteria identified in column two [the twelve essential criteria]… to be addressed adequately in qualitative research papers'. As the sixteen papers to be quality assessed were likely to be limited in scope due to the nature of a journal publication (i.e. having restrictive word limits, and requiring adherence to a template), it was felt that this baseline requirement would provide a good indication of quality.

The majority of the papers (n=12) met between six and nine of the twelve criteria. A further two papers met over nine of the criteria, however, none met all twelve. The two papers which met fewer than six of the criteria were felt to not have adequately met the quality criteria and were therefore not included in the final analysis. Table 2.3 provides an overview of the fourteen papers which were selected for the final analysis. The papers are presented in the table in chronological order of publication.

The final fourteen papers are mostly evaluative in nature, and are all small scale studies, in single higher education institutions and with small groups of students from a single cohort. This perhaps reflects the current position of education based nursing research as a nascent body of knowledge, in the early stages of study, and potentially limited in terms of funding. The focus, in the main, is on the value of service user involvement to students, with little attention paid to service user or staff perspectives. Twelve of the fourteen papers are UK based, and all of those are based in England. The remaining two are based in Australia and New Zealand. The earliest paper was published in 2001, and the latest in 2014, covering a span of fourteen years. Half of the papers (n=7), however, were published in the last 5 years (i.e. since 2010). In terms of curriculum focus, three of the papers included all nursing fields taught at the institution in question (one of those included medical and other health professions as well). The majority (n=8) had a specific focus on the Mental Health field, with

only one focusing on the Adult field. The final two papers, with a specific focus on the Child field, were also two of the three most recent papers, with one published in 2013, and the other in 2014.

It is worth noting that the specific restrictions of the inclusion criteria for the final papers in this review led to some interesting and high quality papers being excluded. Where these have not been included in the review, but were felt to have particular relevance in terms of the current study these have been referenced elsewhere in this thesis. Table 2.2 provides an overview of these papers.

Table 2-2 Papers Not Included in Review, but Referenced Elsewhere in this Thesis (presented in alphabetical order)

Authors	Overview of Paper	Reason for Exclusion
Downe *et al.* (2007)	Evaluation of the set up and early development of a community engagement project within the Faculty of Health at a HEI	Not classroom focused
Felton and Stickley (2004)	Exploration of mental health nurse educators' perceptions of service user engagement through individual interviews with lecturers	Not classroom focused
Forrest *et al.* (2000)	Evaluation of service user input into curriculum design, particularly the knowledge, skills and attributes they feel nurses should possess	Not classroom focused
Jha *et al.* (2009)	Review of patient engagement in medical education across various aspects of the curriculum	Review paper
Lathlean *et al.* (2006)	Report on a symposium which presented three initiatives around service user engagement and the benefits of these	Discussion paper
Masters *et al.* (2002)	Evaluation of a project to increase service user engagement, looking at the knowledge, skills and attributes they feel nurses should possess	Not classroom focused
Morgan and Jones (2009)	Review to identify approaches used to engage service users in healthcare curricula, stakeholder perceptions and impact on student nurses	Review paper
Nazarjuk *et al.* (2013)	Evaluation of the introduction of simulated practice where service users 'act' as patients for student nurses	Not classroom focused
Repper and Breeze (2007)	Review to describe methods of service user engagement and how these initiatives have been evaluated. Areas for development identified	Review paper
Rhodes (2012)	Concept analysis of service user engagement in healthcare education, evaluative discussion of the literature and identification of a 'model case'	Review paper
Terry (2012)	Literature review to explore how service user engagement in classroom settings can impact on student learning. Areas for development identified	Review paper
Terry (2013)	Exploration of best practice in service user engagement across 15 HEIs, with a general focus on all aspects of engagement	Discussion paper
Towle *et al.* (2010)	Review of the literature on patient involvement in healthcare professional education. Proposes possible future directions for research	Review paper
Wykurz and Kelly (2002)	Review to identify the roles and settings in which patients participate as teachers and the benefits to each of the stakeholders involved	Review paper

Table 2-3 An Overview of the Fourteen Papers Meeting the Criteria for Inclusion in the Final Review

Authors & Study Site	Aims	Service User input	Participants & Field	Study Design	Findings	Limitations
Costello and Horne (2001) University of Manchester, UK	To evaluate the participation of patients in classroom based teaching within a pre-registration nursing programme	3 service users carry out classroom teaching, with a combination of presentation from academic staff, presentation from service user, and discussion	23 students Adult Nursing	Evaluative case study	Students in favour of involving patients in teaching sessions, felt discussion part of session to be most worthwhile. Identified three factors to success of sessions - skill of teacher, cooperation of patient and willingness of students to engage in discussion	Small scale, single site, single cohort. 23 student participants but reported on 69 individual questionnaires (assumption is that each student attended 3 sessions). Service user comments only from one of the three involved. Discusses role of staff but does not include staff in the evaluation
McAndrew and Samociuk (2003) University of Leeds, UK	To explore the impact of collaborative, reflective sessions where students and service users discuss student placements and jointly reflect upon mental health issues	5 service users take part in reflective sessions with students during their placements, which are facilitated by staff	5 service users; 7 students Mental Health Nursing	Evaluative case study	Pre-attitudinal surveys showed differences between expectations of students and service users - for students the purpose was a collaborative one; service users felt that students had the most benefit to gain from the sessions, and the purpose was for them to impart their expert knowledge to the students	Small scale, single site, single cohort. Small group, only beginning stages, no formal evaluation as yet beyond the pre-attitudinal survey
Cooper and Spencer-Dawe (2006) University of Liverpool, UK	To evaluate the impact of interprofessional education (IPE) workshops co-facilitated with trained service users	14 service users attended training and took part in IPE workshops as co-facilitators	10 service users; 63 students; 7 staff General Medical and Health	Qualitative evaluation	Students reported positively - indications of changes in attitude and perceptions. Service users and staff also reported positively, service users felt that they had learned new skills alongside helping students. Staff also reported changes to their clinical practice and relationships with service users	Small scale, single site, single cohort. Authors acknowledge that data could have been strengthened by including more students in the evaluation (less than half of those who took part were included)
Rush and Barker (2006) University of Nottingham, UK	To evaluate the combination of service user input in enquiry based learning with final year nursing students	2 service users provide the 'case study' for enquiry based learning sessions	26 students Mental Health Nursing	Qualitative evaluation	Students were positive in their evaluations - found the sessions relevant and thought provoking, providing a more rounded view of mental health issues than traditional EBL approach. Students found it useful to reflect on own practice both before and after placement	Small scale, single site, single cohort. Limited evaluation, no indication of future options. No formal evaluation of service user or staff perspective, but some acknowledgement of service users comments

Authors & Study Site	Aims	Service User input	Participants & Field	Study Design	Findings	Limitations
Simons *et al.* (2007) University of Southampton, UK	To evaluate the development of a service user academic post in relation to student learning	One service user employed as a service user academic	7 service users, 10 staff, 35 students Mental Health Nursing	Observational case study	The inclusive model adopted can help to integrate user perspectives. Support needs for such posts are not met by traditional employment arrangements. The service user academic is a powerful role model for students, which challenges preconceived ideas	Small scale, single site, single cohort. Limited evaluation, no indication of future impact. Limited discussion of impact on student learning
Rush (2008) University of Nottingham, UK	To investigate the impact on student nurses' practice and the underpinning mechanisms and contexts following service user involvement in the classroom	Classroom teaching - 12 service users conduct teaching sessions following preparation for the role	26 students Mental Health Nursing	Qualitative evaluation	Twelve of the students exhibited traits that suggested they had undergone transformative learning. Identified differences between 'nurse' and 'student' identities and different ways of learning	Small scale, single site, single cohort. Potential power issues as students interviewed by a researcher who was also programme leader - this is not acknowledged. Part of a larger study which service users are included in but their views were not reported in this paper. Did not consider staff perspectives.
Simpson *et al.* (2008) City University, London, UK	To evaluate the involvement of service users in the education of mental health student nurses through the use of an online discussion forum	12 service users participated in a 6 week, moderated online discussion forum for students carrying out enquiry based learning tasks	13 students; 10 service users Mental Health Nursing	Evaluative case study	Students recognised the opportunity to explore the service user perspective, felt that they were able to improve their understanding. Some felt concern for the service users, and refrained from asking questions/commenting where they felt this may cause offence	Small scale, single site, single cohort. Authors acknowledge difficulty with timing of the forum (while students are on placement). Difficulty with online aspect - issues with differing levels of technological competence, and access to the internet. Did not consider staff perspectives.
Schneebeli *et al.* (2010) Auckland University, New Zealand	To evaluate the impact of service user involvement in mental health nursing education	One service user employed on a contractual basis to provide classroom teaching and to facilitate discussions with small groups of students	30 students Mental Health Nursing	Qualitative evaluation	Service user role seen as an important element of the course and valued by students	Small scale, single site, single cohort. Low response rate means that they cannot claim that the results are indicative of the general student body - authors acknowledge this. No comment on how the involvement of the service user in the analysis of the data may have affected the outcome (or not).

Authors & Study Site	Aims	Service User input	Participants & Field	Study Design	Findings	Limitations
Blackhall et al. (2012) Anglia Ruskin University, UK	To evaluate the benefit of service user involvement in pre-registration nursing education	10 service users are part of a service user group within the university. Members speak to students in classrooms with a lecturer present	A single student cohort across all four fields of nursing All Fields	Qualitative evaluation	Personal knowledge and previous experience informs attitudes towards mental health. Majority of students who attended service user led sessions found it challenged their attitudes and beliefs. Helps students see the person, not just the illness	Small scale, single site, single cohort. Very limited evaluation, no indication of number of students who were asked to fill in surveys and the response rate. Some follow up indicated, although authors acknowledge that more work is needed beyond this. Did not consider service user or staff perspectives.
Tew et al. (2012) University of Birmingham, UK	To evaluate a collaborative learning initiative which brought together nursing students, social work students and service users with the aim of improving service delivery	6 service users involved in the collaborative learning initiative: produced videos to be viewed online and took part in a series of workshops with students	6 service users; 69 students Mental Health Nursing & Social Work	Qualitative evaluation	The majority of students valued the experience - it provided new insights into the service user perspective, which triggered an emotional response.	Small scale, single site. Two cohorts with some evidence of improvements made to the initiative following the first cohort evaluation. Service users appear to have been included in the evaluation, but their perspective is not covered in this paper. Did not consider staff perspectives.
Byrne et al. (2013) Central Queensland University, Australia	To explore the views, experiences and perceptions of undergraduate nursing students who have been taught by a service user academic	One service user employed as an academic at the HEI	12 students Mental Health Nursing	Qualitative evaluation	Students found to be wholly positive about the experience - portrayed an enhanced self-awareness and greater understanding of the service user perspective	Small scale, single site, single cohort. No indication of how long the course was, or how the sessions were taught (described as distance learning). Only half of the students on the course agreed to be interviewed. Did not consider service user or staff perspectives.
Rhodes (2013) University of Huddersfield, UK	To explore the impact of service user involvement on student learning and subsequent influence on practice as a qualified nurse	Unknown number of service users share their stories within the classroom	1 student Child Nursing	Evaluative case study	Student described the profound emotional impact that service users had had on her, and how she has translated what she learned from them into her own practice	Small scale, single site, single student. Individual case study provides an in depth account, but only of one student's experiences. Risk that that student is an exception. Some reflection on own position as staff, but other staff perspectives not considered. Did not consider service user perspectives.

Authors & Study Site	Aims	Service User input	Participants & Field	Study Design	Findings	Limitations
Turnbull and Weeley (2013) Anglia Ruskin University, UK	To evaluate the impact of the introduction of a student pledge to enhance patient care	Unknown number of service users share their stories within the classroom	284 students Adult, Child & Mental Health Nursing	Evaluative case study	Each pledge reflected one of the 6 'essential skills clusters' identified by the NMC. 77% of pledges were fulfilled, suggesting that service user involvement helped to change practice. Where they weren't fulfilled, students all gave reasons as to why; the most often cited being lack of time	Small scale, single site, single cohort. Evaluation of student clinical practice assessment document assumes that students self report accurately. No follow up/direct contact with any of the students. No evaluation of service users who were involved in the classroom teaching.
Fenton (2014) University of Salford, UK	To develop and embed a digital learning object within taught modules - capturing the lived experience of a young person with a life threatening condition	One service user initially in a classroom session, but unable to repeat this - a digital learning object was an alternative means to present her story	40 students Child Nursing	Quantitative questionnaire	Overwhelmingly positive student response - valuable resource that enabled students to hear a service users' perspective	Small scale, single site, single cohort. No indication of how analysis was conducted. No formal evaluation from staff or from service user involved. No indication of whether students would have liked to see any improvements, or any comparative comments regarding the classroom session versus the digital learning object

2.3 Results

All fourteen papers were examined and initial ideas were noted considering the perspective of each of the three groups of stakeholders (students, service users and lecturers) as well as areas where the focus was specifically on interactions between the stakeholders. The papers were then re-examined for textual material reflecting perspectives from each of the four viewpoints: *The Student Point of View*; *The Service User Point of View*; *The Staff Point of View* and *Interconnectedness*. This included areas of dissonance as well as resonance.

All fourteen papers focused on the benefit to students, thus *The Student Point of View* is the biggest of the four areas presented in this chapter. Six broadly framed areas of focus were identified based on the perceived impact of and student attitudes to service user involvement in the classroom. Eleven of the papers discussed issues relevant to *The Service User Point of View*. However, of those eleven papers, only six actually involved service users in their study. In the papers where service users were not consulted as part of the research study, some consideration was given to how service users are involved and their needs. *The Staff Point of View* is the smallest of the four areas, with only three of the papers offering an insight into the staff perspective. Finally, *Interconnectedness* describes the interactions between the three groups of stakeholders (students, staff and service users), with nine of the fourteen papers offering insights into this aspect of service user involvement.

2.3.1 *The Student Point of View*

All fourteen of the papers reviewed included evaluations from the student perspective. Eleven of the papers included between seven and 69 students, with the mean figure being 31. Of the remaining three studies, one (Rhodes, 2013) provided an in depth account of an individual student's experiences, while another (Turnbull and Weeley, 2013) evaluated 284 student clinical practice assessment documents, but did not directly seek the opinions of students themselves. The Blackhall *et al*. (2012) paper surveyed a single cohort of nursing students, but gave no indication of the numbers involved, or the response rate to the survey.

2.3.1.1 *Students Value Service User Input*

The majority of the papers (n=12) directly referred to the value placed by students on the involvement of service users. In their study to evaluate the impact of service user involvement in interprofessional education (IPE) workshops, Cooper and Spencer-Dawe (2006) surveyed the student participants prior to the workshops and found that the majority 'began the programme by emphasising the intrinsic value of working with service

users and the benefits to their own education' (Cooper and Spencer-Dawe, 2006, p609). This finding echoes those of McAndrew and Samociuk (2003), whose pre-attitudinal survey suggested that students were keen to collaborate with service users, and believed that this would be mutually beneficial. It is worth noting, however, that in both of these studies student participation was on a voluntary basis (i.e. their interactions with service users were in addition to their standard course participation) and therefore some element of self-selection may have occurred, with only those students who valued service user involvement choosing to take part. Tew *et al.* (2012) also found that the majority of students were open to the possibility of a dialogue in which their assumptions and attitudes might be challenged through the involvement of service users. However, they also acknowledged that some of the students, albeit a small minority, 'did not see this sort of learning as a priority' and would have preferred a different, potentially more traditional approach, to acquiring the same knowledge (Tew *et al.*, 2012, p328).

Several of the papers provided evidence to suggest that students continue to value service user input post-involvement in the classroom sessions. In their evaluation of an enquiry-based learning (EBL) programme involving service users, Rush and Barker (2006) found that all of their student participants (n=26) were positive when describing the experience, in both written and verbal feedback. Costello and Horne (2001) reported that the majority (n=61 of 69) of their survey respondents felt that the service user led sessions were 'very satisfactory'. It is not clear what the remaining eight responses were, and whether they were from eight different students, or a combination of multiple responses from the same students. Rhodes' (2013) individual participant was also very clear on the value of service user input, scoring it ten out of ten in terms of importance.

Eight of the fourteen papers reported on specific benefits of service user input as identified by their student participants. Gaining a deeper understanding of issues affecting service users was seen as a direct benefit (Tew *et al.*, 2012), along with increased understanding of their role as nurses (Schneebeli *et al.*, 2010), and their impact on service users through their interactions in a clinical setting (Simpson *et al.*, 2008), particularly in terms of the interventions that they could offer as practitioners (Schneebeli *et al.*, 2010). Gaining an appreciation of the service user perspective allowed students to link theory and practice (Tew *et al.*, 2012), thus deepening their understanding of their taught modules (Turnbull and Weeley, 2013) by making the theory more relevant (Rush and Barker, 2006). At the same time, service user input was felt to 'normalise' the experience of illness (Schneebeli *et al.*, 2010), and encourage a recovery oriented practice (Simons *et al.*, 2007). Cooper and

Spencer-Dawe (2006) found that students in their study who had attended all four workshops were able to think in terms of 'what can I do for them (service users)' rather than 'what service users can teach me', which they proposed emphasises a deeper focus on the needs of patients and a desire to provide better services.

Students in five of the studies also offered caveats to the amount of value that they were able to gain from service user input. Students in Tew *et al.*'s (2012) study felt that there was greater intrinsic value to be had from working with the same service user for a period of time, rather than several different service users. Other students pointed out the necessity for relevance, feeling that they had more to gain from working with service users whose experience was directly relevant to the academic topics they were studying (Costello and Horne, 2001; Fenton, 2014). The context of engagement was also felt to be important, with students favouring relaxed and informal sessions (Costello and Horne, 2001; Rush, 2008). Students in Rush's (2008) study also spoke of the difference in the learning environments of the classroom and placement, with the latter viewed as 'work' and the former as 'an environment where they could 'relax' and concentrate on their learning' (Rush, 2008, p536). Students reported that they had more at stake in their work environment, and would be less likely to ask a question in placement if they thought it might offend.

2.3.1.2   *Service Users Are People Too*

One of the strongest ideas across the fourteen papers in this review was that of service users as real people. This can be divided into two distinct ideas: the first is the notion of the 'reality' of service users' physical presence in the classroom and the benefits that students derive from this; the second is the idea that service users are 'people', which describes the realisation from students that service users are 'just like us'.

The first idea, 'reality', reflects students' and lecturers' desire to bridge the gap between theory and practice, with the idea that providing a service user viewpoint adds an element of practicality from a real life perspective, thus allowing students to develop their understanding of the wider context of living with a medical condition. For students in Cooper and Spencer-Dawe's (2006) study, having a service user in the classroom gave them an insight into how the service user felt and their views on their condition, which Cooper and Spencer-Dawe argue reinforces 'the principles of service-user centred care' (Cooper and Spencer-Dawe, p616), although they do not provide evidence for this. Students across several of the studies suggested that interacting with service users in the classroom gave them new opportunities such as the opportunity to work in a more collaborative way

(McAndrew and Samociuk, 2003), exposing them to real experiences (Rush, 2008) and highlighting the impact that living with a condition can have on daily life (Byrne *et al.*, 2013). Students also appear to value the interactions with service users as being better than reading about hypothetical scenarios (Costello and Horne, 2001; Rhodes, 2013), as they suggest that information from conversations with service users is likely to be broader in its reach than that covered by a textbook (Fenton, 2014; Tew *et al.*, 2012) and have a stronger emphasis on the journey of recovery (Schneebeli *et al.*, 2010) and is therefore more likely to be retained and remembered (Simpson *et al.*, 2008). Rush and Barker (2006) also suggest that textbooks tend to contain what should happen as opposed to what actually does happen, and claim that life experiences from a real service user add an 'inspirational factor' to the teaching sessions where they are involved (Rush and Barker, 2006, p259).

Students across six of the reported studies suggested that hearing from a real person in the classroom provided specific benefits in terms of developing their understanding of individual perspectives (Costello and Horne, 2001; Fenton, 2014), and normalising the experience of illness (Schneebeli *et al.*, 2010) by bringing the 'reality of practice into the classroom setting' (Turnbull and Weeley, 2013, p457), in a way that lecturers are unable to do (Rush, 2008). Students in Byrne *et al.*'s (2013) study were also able to identify the potential issues caused by overgeneralising from one person's perspective, as they pointed out that not everyone's experience of one condition would be the same.

Both Cooper and Spencer-Dawe (2006) and Costello and Horne (2001) highlight the importance of service user engagement for the development of team working and person-centred care. The opinion of both authors is that bringing service users into the classroom allows students to see how knowledgeable service users are about their own conditions, and emphasises to students that service users' can be active participants in their own care.

The second idea, service users as 'people', stems from the idea that when students only encounter service users in clinical settings, they are more likely to think of them as 'patients' rather than 'people'. Bringing service users into the classroom setting to interact with students reminds students that anyone can have an illness, and that having an illness does not make them any less of a person (Rush, 2008), and also allows them to see that service users have concerns beyond the immediate clinical issues (Simons *et al.*, 2007). For Costello and Horne (2001), service user engagement is about changing students' focus from one of passive learning to actively engaging with service users in order to develop their

understanding, which Cooper and Spencer-Dawe (2006) propose leads to more person-centred care as students realise that what service users actually need might not be what the student thinks they need. A student in Rush's (2008) study illustrated this with a story about decorating the bedroom of a service user in a way that they thought he would like, although no-one had actually asked him. After speaking with a different service user in a classroom setting, this student realised that the first service user should have been consulted about the bedroom, and described feelings of guilt for not having done so. Rhodes' (2013) individual participant also spoke of learning to value the necessity of taking the time to find out about each individual service user's perspective, in order to ensure that they were being given the highest standard of care.

2.3.1.3 Gaining New Insights

One of the values of service user involvement posited by the papers in this review is the insight that it provides nursing students into the service user perspective. When asked what their thoughts were prior to taking part in McAndrew and Samociuk's (2008) study, one service user stated that it would be 'good … for trainees to get some insight into the treatment of people with mental health problems' (McAndrew and Samociuk, 2008, p619). These insights come from the sharing of lived experience (Simpson *et al.*, 2008) and an emphasis on recovery (Byrne *et al.*, 2013), which allows students to develop their self awareness, as well as deepening their learning (Turnbull and Weeley, 2013). Turnbull and Weeley (2013) also suggest that insights come from the opportunity to connect with 'raw experiences' (Turnbull and Weeley, 2013, p457), which provides a link to the following section, which explores the idea of students enhancing their learning via an emotional response.

Students in Fenton's (2014) study spoke of gaining insights and developing empathy following their interaction with the digital learning object which contained a young person's experience of a life-threatening condition, although it is unclear whether students were able to give specific examples of this. Students in Rush's (2008) study, however, were able to give examples such as gaining an understanding of the impact of stigma in society, and the 'realisation that "hearing voices" could be a constant presence' (Rush, 2008, p534). One of Rush and Barker's (2006) student participants was able to take this idea slightly further by stating that insights into service users' perceptions of health care services could be reflected on, with a view to improving those services once they were a fully qualified nurse. This is built on by students in Byrne *et al.*'s (2013) study who suggest that the insights from involvement encourage them to look at different options for treatment and for ways of

working with people that are not 'the set textbook standard way' (Byrne *et al.*, 2013, p199). Students in Tew *et al.*'s (2012) study also suggest that insights reinforce the belief that service users are the experts in their own care, and encourage them to think about the language that they use to communicate with service users. This supports Cooper and Spencer-Dawes' (2006) finding that exposure to the service user perspective encourages students to 'place the service user at the centre of the care process' (Cooper and Spencer-Dawe, 2006, p603).

Rhodes' (2013) individual student participant suggests that insights work both ways, and that reflecting on service users' stories can provide insights into the self, particularly in terms of self-awareness and the potential to change your mindset. These insights can also come from debriefing sessions following involvement, where students are given the opportunity to discuss and reflect on the experiences that have been shared and take on board each other's opinions, giving different viewpoints (Rush, 2008).

2.3.1.4   An Emotional Response

Many of the student participants either displayed or described an emotional response to service user involvement, which some of the authors link to increased learning. Tew *et al.* (2012) described students in their study as being moved emotionally by the stories shared and the resulting dialogue, in a way that allowed them to move forward. This suggests that learning has taken place, but Tew *et al.* do not clarify in what way students have been taken forward. Students in Rush's (2008) study expressed a wide range of feelings, from positive emotions such as inspiration, to more negative feelings of shock, guilt, anger and, from these, discomfort. These students were able to make the link between being affected emotionally and increased learning: one student described having 'a lump in my throat' and went on to say that 'if something gets to you that way then you remember it' (Rush, 2008, p535).

Rhodes' (2013) single participant went into some detail with regard to the emotional impact that service user involvement had had on her, and described having more extreme reactions than she had anticipated; 'she had expected to be upset … she had not expected to be distraught' (Rhodes, 2013, p10). Rhodes' participant claims that this impact led to deeper learning, as her experiences of service user involvement in the classroom have stayed with her, which reflects both Tew *et al.*'s. (2012) and Rush's (2008) findings. Rush (2008) also emphasised the potential hazard where service user stories lead to students feeling uncomfortable and taking on the burden of responsibility. Rush speculates that it is

important to provide training for service users to enable them to talk about their experiences in a way that does not make students feel that they are being blamed. Rush also suggests using strategies such as encouraging students to identify ways in which they could improve their own practice to the benefit of the service user. Rhodes (2013) concludes with the opinion that it is better for students to find out how they react to emotionally disrupting situations in the 'relatively safe environment of the university setting' (Rhodes, 2013, p11), as opposed to the presumably less safe practice setting.

In a slightly different take on emotional impact, students in Simpson *et al*.'s (2008) study exhibited concern for the emotional wellbeing of the service users, suggesting that asking questions might risk upsetting or causing offence to the person being asked.

2.3.1.5 Changing Attitudes

One of the intended outcomes espoused by the rhetoric of service user engagement is to facilitate a change in practice, which Byrne *et al*. (2013) argue is currently limited by the attitudes of health professionals. Interacting with service users in a classroom environment is believed to be one way in which students' attitudes can be changed in order to begin to develop the desired change in practice. Blackhall *et al*. (2012) claim that the insights gained through interacting with a 'real' person in the classroom can help students to develop 'positive, but realistic' attitudes towards service users (Blackhall *et al.*, 2012, p23), as they found that students who had personal experience with mental illness (either themselves, or others close to them) were more likely to have a positive attitude to start with; a claim which Rush (2008) supports as she argues that negative attitudes are more likely to be compounded if students' only exposure to service users is in an acute clinical setting, and suggests that meeting service users who are in a recovery phase is more likely to foster positive attitudes.

Seven of the studies described changes in attitudes among the students involved in the teaching sessions with service users. Byrne *et al*. (2013) suggest that the course led by the service user in their HEI challenged students' preconceptions and assumptions, as students stated that they would be more likely to look at things from a different perspective, questioning their attitudes and how these might impact on their interactions with service users. They go on to claim that these findings support the involvement of service users in teaching recovery concepts as an important strategy for the development of recovery-focused services. However, given that only half of the students in the single cohort provided feedback, this claim could be considered to be somewhat sweeping. Cooper and

Spencer-Dawe (2006) are more tentative in their claim that service user engagement improves student attitudes, as they suggest that there appeared to be an association with the number of hours of contact with service users and an increased awareness of the importance of person centred care, based on the responses of students who had attended one versus four of the workshops in their study. Blackhall *et al*. (2012) suggest that their attitude surveys illustrate that there is a positive relationship between service user engagement in the classroom and the development of positive attitudes among student nurses. The remaining four studies found that students had their assumptions challenged during service user sessions (Tew *et al*., 2012) and following the sessions were less likely to make assumptions regarding service user behaviour (Rush, 2008), that students were less likely to hold negative stereotypes (Schneebeli *et al*., 2010) and were more likely to have an optimistic approach to care (Simons *et al*., 2007).

2.3.1.6   Changing Practice

Although a change in nursing practice could only be verified through longer term research involving nurses post-qualification, and even then it would be difficult to separate the influence of service user involvement from everything else that has impacted on a student nurse throughout their studies, many of the student participants in the research studies in this review spoke of making changes in their practice, or acknowledged the potential for change, following service user involvement. Rush (2008), for example, claims that all of the student participants from her study 'reported that they had either taken specific actions in practice and/or gained new knowledge, which they attributed to the service user sessions' (Rush, 2008, p534). Clearly there is an element of ambiguity here, depending on the split between the three different options in this statement, but the claim is made that some students had taken specific actions in practice.

Students in Schneebeli *et al*.'s (2010) study attribute service user influence for their increased understanding of interventions that they could offer as practitioners, which hints at the potential for a change in future practice, assuming that the students do use the previously unknown, or little understood interventions. New insights gained by students may also emphasise the need for new ways of working (Byrne *et al*., 2013), whilst also encouraging them to look at their own approach to care giving and question how this is perceived by service users and their families (Tew *et al*., 2012) and how they can improve this (Rush and Barker, 2006). Students from Byrne *et al*.'s (2013) study reflected on the experience of service user involvement, and how hearing service users describe nurses made them question their own practice; 'would I be like that nurse that she had to deal

with, or would I be [different]?' (Byrne *et al.*, 2013, p199, brackets in original), emphasising, to them, the importance of involving service users in their own care. Rhodes' (2013) individual student participant also associates behaviours that she adopts in practice to the influence of service user involvement, such as putting the patient at the centre of care, although Rhodes acknowledges that 'it is not possible to fully ascribe these attitudes purely to the user involvement experiences that Anna had' (Rhodes, 2013, p21). Students also talked about their behaviour on placements, both in terms of the future, as in trying to implement things that they have learned in order to improve their practice while on placement (Simpson *et al.*, 2008) and in terms of the idea of conforming behaviours among qualified nurses, where service user involvement was seen as a 'necessary reminder of how patients would like to be treated' (Rush, 2008, p536). Some of the students were able to provide specific examples of changes they have made to their practice, such as saying 'hello' to patients as well as staff when entering a ward (Rush, 2008), setting up a card school after hearing a service user talk about games as a means of distraction from unwanted thoughts (Rush, 2008), addressing practical aspects such as ensuring sufficient fluid intake and hand washing (Turnbull and Weeley, 2013), finding out and then using parents'/relatives' names (Rhodes, 2013), encouraging service users to focus on strengths (Rush, 2008) and focusing on individualised care by discussing needs, wants and expectations with the service user and their family (Rhodes, 2013).

The example from Rush (2008) goes some way to counter a potential issue with the research approach, in that the researcher carrying out the interviews with the students is also the programme leader, which could cause an imbalance of power and lead to students saying what they think the researcher wants to hear. However, in this instance the researcher claims to have challenged the student by suggesting that they would encourage service users to focus on strengths anyway, regardless of influence from service user input. Rather than agreeing with the researcher, as could potentially have been expected, the student insisted that her focus on strengths is a direct result of service user involvement.

Both Simons *et al.* (2007) and Turnbull and Weeley (2013) make somewhat sweeping claims regarding the generalizability of their findings , with Turnbull and Weeley (2013) stating that service user involvement 'clearly has the power to inspire students to take pride in addressing the little things that mean so much to patients' (Turnbull and Weeley, 2013, p456). This claim is based on evidence of the fulfilment of pledges to make a change in practice, taken from students' practice assessment documents. This not only assumes that all of the students are self-reporting accurately, but also relies on the subjective

interpretation of students' comments on their forms, as no direct contact was made with any of the students to elaborate on or clarify any of the content. Simons *et al.* (2007) are slightly more circumspect with 'the study has … identified the potential for transferability into practice, for example, by students developing greater optimism when in clinical settings' (Simons *et al.*, 2007, p252), however, they have provided little evidence within the paper to support this.

2.3.2   *The Service User Point of View*

2.3.2.1   *How Service Users Are Involved?*

The majority of the papers (n=10) give a clear insight into how service users are involved in the classroom. The most popular form of involvement is that of sharing stories, which both allows a wide variety of views and perspectives to be heard and promotes learning through discussion (Blackhall *et al.*, 2012). Sharing stories also gives service users the opportunity to give students an insight into their personal skills and expertise and life experiences (Cooper and Spencer-Dawe, 2006). The importance of being able to share openly and honestly was highlighted by both Blackhall *et al.* (2012) and Byrne *et al.* (2013), although with the caveat that service users have the right to refuse to answer certain questions. Two of the papers described a service user academic, where a single service user was employed at the institution and carried out lecturing duties among other activities (Byrne *et al.,* 2013; Simons *et al.*, 2007). Students in Byrne *et al.*'s (2013) study valued the insights provided by the service user academic in their role as a lecturer, particularly her ability to discuss her experiences in detail.

Service users in Cooper and Spencer-Dawes' (2006) study contributed to interprofessional educational (IPE) workshops as co-facilitators with members of staff. Following their involvement, they described the way in which the informal nature of the workshops allowed communication barriers to be broken down, allowing them to provide their perspective alongside the theory presented by the staff facilitator. Rush and Barker (2006) also highlight the advantages of small working groups, as they make it easier for all students to participate and are potentially less daunting for service users. Group discussions shift the learning focus from a didactic style to that of a shared experience, allowing the service user to also gain from the sessions (Costello and Horne, 2001), although in their pre-attitudinal survey, McAndrew and Samociuk (2003) found that students were more open to a collaborative way of working, whereas service users felt that

the purpose of the group sessions was for them to 'impart their expert knowledge to the student group' (McAndrew and Samociuk, 2003, p619).

Other means of involvement centred around digital options, with Fenton (2014) highlighting the effectiveness of recording digital stories when working with children and young people. She argues that recording children's stories allows them to share those stories within a safe and supportive environment, and also captures their perspective at a particular point in their lives, specifically before their transition into adulthood. Simpson *et al.* (2008) used a more interactive digital option with the development of an online forum through which students could ask questions of the service users. However, student feedback on the forum experience was mixed, with some suggesting that the anonymity of the exchanges allowed people to be more open, while others felt that they missed out by not having a face-to-face interaction. Engagement was also an issue, as only some of the students fully participated in the forum discussions.

The timing of involvement was also highlighted as being of particular concern, with the argument that the earlier involvement takes place the more benefits to the student, in terms of developing good communication skills prior to their first placement (Cooper and Spencer-Dawe, 2006) and fostering a recovery-focused attitude (Byrne *et al.,* 2013).

2.3.2.2   *What Service Users Need*

Some consideration was also given to the needs of service users, before, during and after involvement. Prior to involvement practical considerations such as access, transport and timing of the sessions should be taken into account (Costello and Horne, 2001). Recruitment is also fraught with issues, as service users in Cooper and Spencer-Dawes' (2006) study point out that not all service users are suited to involvement work, as they may be close-minded, only have negative views to share, or are only interested in their own cause or illness, all of which were seen to be detrimental to effective involvement. This also highlights the importance of training prior to involvement, so that service users are fully aware of their role and what is expected of them (Cooper and Spencer-Dawes, 2006). Rush (2008) argues that this also has an effect on student learning, as the students in her study commented positively on how well prepared the service users were. Service users themselves also appreciate the support and training, as evidenced by Simpson *et al.* (2008) in their discussions following involvement in the online forums, where their service user participants praised the support and training that they received, particularly the use of a former service user facilitator in the training sessions. Support in terms of payment was

also highlighted by service users in Cooper and Spencer-Dawe's (2006) study, who valued the 'open and direct' approach taken (Cooper and Spencer-Dawe, 2006, p611).

The importance of briefing and debriefing was identified by Rush and Barker (2006), and timing was thought by Costello and Horne (2001) to be crucial, as they took care to ensure that the session itself was held at an appropriate time for the service user, and that enough time was allowed within the session for them to make their contribution.

Simons *et al.* (2003) also identified the difficulties in terms of employment legislation with their model of a service user academic employed by the institution, which caused tension among academic staff.

2.3.2.3   *What's In It For Us?*

Service users who are involved in classroom sessions are generally clear about the value that they gain for themselves, with many viewing involvement as being both emancipatory and empowering (Byrne *et al.*, 2013), and a way of playing an important part in teaching and learning (Costello and Horne, 2001). For some service users, their involvement is borne from a desire to make a difference, and to be involved in making a change in services for the better (McAndrew and Samociuk, 2003; Tew *et al.*, 2012), by contributing to the education of nurses in a way that challenges stereotypes and stigmatising views (Simpson *et al.*, 2008). Being involved at a classroom level offers service users an opportunity to express their views and feelings in a more open way than they would be able to in a clinical setting, as they have a less dependent relationship with student nurses in the classroom setting (Costello and Horne, 2001).

Service users spoke of gaining practical skills through their involvement in classroom sessions, such as information and communications technology skills (Simpson *et al.*, 2008). The sessions were also seen as cathartic (Costello and Horne, 2001), and sometimes offered an alternative way of looking at past experiences in a way that allowed them to find 'closure' (Simpson *et al.*, 2008, p638). Service users in Costello and Horne's (2001) study spoke of being able to expand their knowledge of their condition through their involvement in sessions with nursing students, thus enabling them to take a more active role in their care.

Being involved in a service user and carer group, such as SE-SURG (South Essex Service User Research Group) as described by Blackhall *et al.* (2012), was thought to provide emotional support, as well as reducing feelings of isolation and increasing feelings of self-worth.

Simpson *et al.* (2008) offered the only negative viewpoint from service users, where they spoke of feelings of frustration where students were not as engaged as they would have liked in terms of asking questions and following up on responses.

2.3.3   The Staff Point of View

Although only three of the fourteen papers offered an insight into the staff perspective, the responses given by staff who were included in the three studies provide an interesting viewpoint. There were three main areas of concern for staff: their opinion on the benefit of service user involvement for students; their views on how service user involvement should take place; and the impact of service user involvement on them as lecturers. The three papers include one which covers all of the fields of nursing, one with a mental health focus and one with a child focus.

Staff in Cooper and Spencer-Dawes' (2006) study took part in interprofessional educational (IPE) workshops as co-facilitators alongside service users. One staff member acknowledged that what the students in their workshop learnt from the service user was something that they themselves would be unable to teach, and all of the staff facilitators thought that the workshops provided students with 'a unique and memorable learning experience' (Cooper and Spencer-Dawe, 2006, p611). Staff members from Simons *et al.*'s (2007) study, where a service user was employed as a service user academic, felt that this position provided a strong, positive role model for students, which promoted a more recovery-oriented approach to care as students could see what it is possible for service users to achieve. Finally, in her in depth case study, Rhodes (2013) provides a reflective account of her position as a member of staff, and identifies the importance of service user involvement in promoting increased self-awareness in students, where exposing them to emotionally difficult experiences allows them to gauge their own reactions and responses in the relatively 'safe' environment that is the university setting, as opposed to a practice setting.

Staff who co-facilitated Cooper and Spencer-Dawes' (2006) IPE workshops also discussed the role of service users, and felt that a service user centred focus was appropriate for students to experience as service users become increasingly more central to their own care. They agreed that recruitment should be specific and based on a clear person specification, and they also felt that the difficult nature of involvement, i.e. the requirement to talk about personal circumstances, meant that service users should have the option to withdraw from involvement at any time. These discussions were part of a single focus group following the IPE workshops, involving the seven staff facilitators and the researchers.

Rhodes (2013) reflected on the student perception of the lecturer's role, and highlighted the difference between using examples from professional practice and the 'real situation' portrayed by service users. She argues that it is clear that there is no comparison between the two and students learn more from the reality of service user involvement. Simons *et al.* (2007) describe both formal and informal impacts on staff: formal, through the notion of increased involvement in a more authentic and less tokenistic way; and informal, through an increase in self-awareness among the staff, who reported changes in their daily practice particularly with regard to their language in relation to service users. However, they fail to provide any specific examples of these changes. Cooper and Spencer-Dawes' (2006) seven staff facilitators also felt that they had developed following the experience of co-facilitating with service users, and indicated that they had made changes to their own clinical practice as a result. Again, however, there are no specific examples provided to support this.

2.3.4   *Interconnectedness*

2.3.4.1   *Power Relations*

The difference between the practice and classroom settings were highlighted in four of the papers, all from a mental health nursing perspective, in terms of the balance of power between student nurses and service users, and the inherent opportunities for learning. In the practice setting, the power is thought by the authors to be held by the student nurse, as they are the ones holding the expertise and knowledge, which they then use to help the service user (Byrne *et al.*, 2013; Rush, 2008; Schneebeli *et al.*, 2010). Byrne *et al.* (2013) also acknowledges the potential for this to lead to the development of an 'I know best' attitude in the clinical practitioner. In the classroom setting, however, the roles were thought by the authors to be reversed, where the service users are the ones with the knowledge and experience, and the student nurses are the ones being helped (Rush, 2008; Schneebeli *et al.*, 2010). Schneebeli *et al.* (2010) argue that being able to interact with and learn from service users in this reversed role situation supports students in developing the ability to recognise service user's expertise in clinical settings, which Byrne *et al.* (2013) suggest addresses the traditionally unequal relationship. However, no real evidence was provided to support these claims.

Costello and Horne (2001) identified similar issues with the relationship between service users and lecturers from an adult nursing perspective, and suggested that for service user sessions to be successful, lecturers must become adept at shifting the focus of teaching by facilitating discussions between service users and students. There were also concerns

where service users were not identified as being 'professional' in the same way that lecturers are, which Cooper and Spencer-Dawe (2006) suggest can be overcome through better role definition for the service users and management of the students' expectations. Byrne *et al.* (2013), on the other hand, argue that students respect the fact that service users have different life experiences to share, and highlighted that any initial reticence from the students participating in their study quickly dissipated. McAndrew and Samociuk (2003) suggest that language may play a part in the imbalance between students' perceptions of lecturers and service users, as service users are likely to use 'layman's language' rather than professional terms. However, Tew *et al.* (2012) argue that it is important for service users to retain their way of speaking, which they seem to imply contributes to the authenticity of the experiences they are sharing.

2.3.4.2   *What Makes It Work?*

Three of the papers offered insights into the perceived factors for the success of service user engagement. For Costello and Horne (2001), from an adult nursing perspective, success depends on three factors, which they describe as 'the skill of the teacher, the cooperation of the patient, and the willingness of the student to engage in discussion' (Costello and Horne, 2001, p99). This places responsibility on the shoulders of all three groups involved, and they go on to suggest that interactions between the three groups are also important, in terms of the relationship between the lecturer and the service user, and the way in which the lecturer prepares the students to interact with a service user 'out of context'.

From a mental health nursing perspective, Rush and Barker (2008) identified group size as an important factor, with smaller, more informal groups being preferential as they enable contributions from everyone involved. Simpson *et al.* (2008) also identified the opportunity for questions, from all three groups, as being vital to the success of service user sessions.

2.4   Limitations in the Context and Scope of the Literature

The fourteen papers presented in this review are clear with regard to the value of service user engagement, particularly for students, and to a lesser extent, for service users and lecturers. However, none of the papers adopts a high level of critical engagement with the core concepts or wider political context of service user engagement. All of the studies presented within the papers are small in scale, based on a single site and with small numbers of participants (n=1-63). Only one of the papers (Tew *et al.*, 2012) included more than one cohort of students, and while Turnbull and Weeley (2013) report 284 student

participants their evaluation is based on students' clinical practice assessment documents and does not appear to have involved any actual students at all. Several of the papers indicate low response rates to their studies, with Cooper and Spencer-Dawe (2006) acknowledging the fact that a higher response rate would have strengthened their study. Byrne *et al.* (2013), on the other hand, report positive results in terms of a particular module without acknowledging that only half of their target population of students responded to the study. Only six of the fourteen studies include service users as participants, and none include staff beyond the three papers which take staff comments into account.

All fourteen papers report using an evaluative methodology, which offers a means by which to explore the processes and practices of service user engagement in the classroom. However, the descriptions of the evaluative processes used do not provide enough detail to adequately judge the overall quality and depth of the methodological approach used in the studies. None of the studies adopted a participatory approach that would allow the participants to critically engage with the research process.

The papers in this review provide some indication of how service users are involved in the classroom; however, this is predominantly presented as context to the study, as opposed to being part of the aim of the study. None of the papers offer suggestions as to how or why service user engagement works, and what, if anything, needs to occur for service user engagement to be successful.

Whilst there appears to be reasonably clear evidence of the value of service user engagement, albeit not in great breadth or depth, there are clear gaps around the actual processes and practices that occur both within the classroom, as well as before and after the teaching sessions, that contribute to the perceived success of service user engagement in the classroom. There are also gaps in terms of the interactions and relationships between students, service users and lecturers. This study aims to address these gaps.

2.4.1 *Rationale for the Current Study*

The review of the literature highlights the value of service user engagement, predominantly for students, but also to a lesser extent for service users and lecturers. This value is linked to classroom based sessions involving actual service users (as opposed to case studies, for example) and is measured in terms of the insights gained by students and the subsequent learning that occurs for all three groups (students, service users and lecturers). What the literature does not tell us, however, is how this learning actually evolves, and what

processes, practices and interactions (if any) need to occur for an individual teaching session involving a service user to be perceived to be adding value.

This study intends to build on the studies reviewed in this chapter by exploring the complexities of the relationships and interactions between students, service users and lecturers within the classroom, using a participatory approach which involves members of all three groups, in order to develop a model of best practice that will begin to answer some of the questions raised by the gaps in the literature reviewed in this chapter.

2.5   Chapter Summary

This chapter began by outlining the aim of the review to be presented and described the integrative approach taken to the literature review, and the search strategy used. An overview of the 78 papers included in the full text evaluation was given, in order to provide a wider context for the final papers selected for full review, before a more detailed report was provided of the final fourteen papers included in the full review.

In the second half of the chapter, a detailed analysis was presented on the fourteen papers included in the final review, all of which were mostly evaluative in nature, small scale studies, in single higher education institutions and with small groups of students in a single cohort. This analysis included 'the student point of view', 'the service user point of view', 'the staff point of view' and 'interconnectedness'. In 'the student point of view' attention was paid to evaluations within the fourteen papers from the student perspective in terms of the specific value that students gain from service user engagement in the classroom setting, particularly the advantages of an actual service user as opposed to case studies in textbooks, and how this develops a sense of 'patients as people'. Students participating in the studies in the fourteen papers also spoke of the insights that they were able to gain from service users in the classroom setting, and the way in which this was increased when they experienced an emotional response to the stories being shared. Students also described changes in attitude, alongside the potential for changes to practice, although it is unclear whether any of the suggested changes were implemented.

In terms of 'the service user point of view' attention was paid to the way in which service users are actually involved at classroom level, the most popular form of which was sharing stories. The needs of service users involved in teaching sessions were discussed, along with some recognition of the value of service user engagement for the service users themselves. From 'the staff point of view', opinions on the value of service user engagement for

students were discussed, as well as staff views on how service user engagement should take place and the impact that it has on them as lecturers.

This chapter also explored the idea of interconnectedness, and the tensions within the power relations found in the classroom, followed by thoughts from three of the papers on the specific attributes that contribute to the success of service user engagement.

Finally, this chapter addressed the gaps within the literature reviewed, and, in doing so, provided context for the current study, which will be further explored in the following chapter.

3 Methodology and Methods

3.1 Introduction

The review of the literature presented in the previous chapter provides clear, albeit not particularly robust, evidence that service user engagement in the classroom has value for members of all of the three groups involved; students, service users and lecturers. However, although it can be stated with reasonable confidence that service user engagement works, in that it has value and appears to have the potential to have a positive impact on students' practice, it is not clear from the current literature how or why service user engagement in the classroom has the impact that it does.

Therefore, the aim of the current study is not to examine a problem and provide a solution, rather, the aim is to explore the processes and practices which occur within the classroom in order to develop an understanding of how and why service user engagement works. This will be done by appreciatively exploring the complexities of the tripartite relationship between students, service users and lecturers with a view to developing a model that reflects best practice in relation to service user engagement.

Within this chapter the context and justification for the choice of methodology will be presented, before an in depth discussion of the Appreciative Inquiry approach, particularly in terms of the use of participatory workshops as a method of data collection. The study design will be explored, with information provided with regard to the different methods of data collection being implemented. The research context, ethical issues and the target population will be examined, before a detailed presentation of the process of data collection, including difficulties that arose and amendments that were made to the initial plan.

3.2 Methodology

The majority of research approaches start by identifying a problem to be solved, which presents difficulties for the current study, as the aim is to explore best practice rather than solve a problem. Problem solving approaches tend to focus on deficiencies, and have the potential to leave participants feeling as though they have been criticised (Carter, 2006); this was not deemed to be an appropriate approach for the current study. The fourteen papers presented in the literature review in the previous chapter all utilised an evaluative approach, which, while offering a means by which to explore the processes and practices of service user engagement in the classroom, does not necessarily offer in depth insights into

the dialogue and relationships of interest to the current study. Participatory approaches offer the opportunity to develop deeper insights into the interactions between students, service users and lecturers within the classroom; however, even participatory approaches such as Action Research still tend to operate on a problem-solving basis.

A participatory, appreciative approach (Cooperrider, 2008; Reed, 2007), on the other hand, allows for the exploration of the positive aspects of current practice. Appreciative Inquiry has a non-problem orientation, which allows researchers to study what is already working well and acknowledge best practice, while encouraging the development of even better practice (Carter, 2006). Thus, an Appreciative Inquiry approach was chosen as an appropriate approach for the study as it opened up possibilities for the key stakeholders (students, service users and lecturers) to give voice and share their positive stories about service user engagement in the classroom. The choice of Appreciative Inquiry was expected to facilitate the exploration of current processes and practices, as well as the interactions, dialogues and relationships within the classroom. It was hoped that this exploration would provide the basis for the development of a model of best practice in service user engagement in the classroom.

3.3   Appreciative Inquiry

Appreciative Inquiry was developed as an organisational development process and approach to change management by Cooperrider and Srivastva (1987). It has since been embraced as a research methodology, and has been implemented successfully in healthcare research such as midwives views of birth setting and models of care (Lavender and Chapple, 2004), the provision of services for children with complex needs (Carter *et al.*, 2004), hospital discharge planning of older people (Reed *et al.*, 2002) and the retention of nursing students on pre-registration nursing programmes (Williamson *et al.*, 2013).

3.3.1   *What is Appreciative Inquiry?*

Appreciative Inquiry is 'a simple but radical approach to understanding the social world' (Reed, 2007, p2). At its core, Appreciative Inquiry is a participatory approach which acknowledges the expertise of all of the people involved, where the researcher is part of the appreciative process and is recognised as contributing 'one expertise among many' (Van der Harr and Hosking, 2004). The emphasis is on celebrating achievements and successes, and focusing on what is positive and what works well. These elements are then examined to find out what the participants in the appreciative process think helped to make these things positive and work well (Reed, 2007).

The Appreciative Inquiry approach is built upon a theoretical foundation of five main principles; the Constructionist Principle, the Principle of Simultaneity, the Poetic Principle, the Anticipatory Principle and the Positive Principle. Understanding these principles 'is key to understanding how and why Appreciative Inquiry can be such a powerful agent for change, development and appreciating the best in organisations, settings and situations' (Carter, 2006, p52). The first principle, the Constructionist Principle, is related to Gergen's (1994) social constructionist theory, and the idea that people interpret the world differently, and that our thoughts on the world are constructed from those interpretations. Organisations must be read, understood and analysed as living, human constructions, in order for agents of change to be effective (Cooperrider *et al.*, 2008). Reed (2007) explains how this relates to the research process:

> *'For AI, attention is paid to the processes of construction, in the way people can come to tell different stories about the past, present, and future and the way these stories have the power to shape and reflect the way people think and act.'* (Reed, 2007, p26)

In this study, participants will be invited to share their stories about service user engagement with each other, allowing all three stakeholder groups (students, service users and lecturers) to learn from, and about, each other. The second principle, the Principle of Simultaneity, suggests that inquiry and change are inherently linked, and occur simultaneously. By developing an inquiry and opening dialogue and discussion on a subject, the seeds of change are planted through the stories that people tell, as they stimulate reflection and thoughts that can lead to new ways of working. By encouraging participants in this study to share their stories of service user engagement in the classroom and reflect on these, the opportunity will be provided to focus on best practice; this in itself opens up the potential to further improve practice and generate new appreciative dialogues. The third principle, the Poetic Principle, conveys the idea that people choose the stories, or parts of stories, that they wish to tell, and as such the story of an organisation is constantly being co-authored by the people within it. As participants in this study share their stories with each other best practice within the classroom is shared and cemented and the institutional story of positive service user experience becomes further embedded. The fourth principle, the Anticipatory Principle, suggests that the way that people behave today is framed by their image of the future, and if people can imagine a positive future full of possibilities they will move towards those possibilities (Reed,

2007). By reframing people's image of the future, change can be engendered in current behaviours. By encouraging participants in this study to look forward and imagine the ways in which service user engagement could improve, they are taking the first steps to making those improvements a reality. The final principle, the Positive Principle, suggests that people are more likely to be engaged, and change is more likely to be sustained long term if it begins from a positive foundation. Using an Appreciative Inquiry approach in this study will allow a positive stance to be taken from the outset, potentially encouraging engagement with the study and fostering positive change. This positive and appreciative approach also reflects the values that underpin Comensus. These five main principles provide a theoretical framework for Appreciative Inquiry, and Cooperrider *et al.* (2008) argue that they also confirm that a positive image is more likely to result in a positive action.

3.3.2   The Appreciative Inquiry 4-D Cycle

Developing an Appreciative Inquiry research project begins with the identification of an affirmative topic, where the aim is to explore strengths and achievements, or what Cooperrider *et al.* (2008) describe as the organisations' 'life-giving' story. The 4-D Cycle of the four phases of discovery (the best of what is or what has been), dream (what might be), design (what should be) and destiny (what will be) provides a framework for exploring the affirmative topic in an appreciative way (Carter, 2006). These four phases are briefly presented to demonstrate the way in which a complete cycle works, although not all were used within this study, as explained later in the chapter.

In the discovery phase the aim is to identify and explore the best of what is currently happening in relation to the affirmative topic. This is done through the use of generative questions to elicit storytelling about positive experiences and memories, which are then examined in order to develop a comprehensive overview of the affirmative topic.

In the dream phase participants explore what might be by discussing the positive examples shared in the discovery phase and work together to develop ideas of what the future could look like. The idea is to suspend restrictions such as resources and think creatively to envisage an ideal future.

In the design phase, the ideal image of the future developed in the dream phase is explored in terms of the current position and where participants want to be. Participants work together to develop ways in which the ideal image could be achieved.

In the destiny phase participants take part in action planning to explore what will need to happen to achieve the ideals outlined in the design phase, and take steps to implement these within the organisation by making commitments to specific activities, actions, tasks or processes.

3.3.3   The Appreciative Method

Data collection using an appreciative approach generally occurs through either workshops or interviews. Workshops can be conducted separately according to the four phases, or the four phases may be covered together in large workshops held over a longer period of time; Cousins (2009) describes an 'AI Summit' where participants involved in the inquiry are gathered together over a period of four days in order to explore each of the four phases. Clearly, this can be costly and time consuming and is, therefore, not always the most appropriate approach to data collection.

Appreciative data collection is based on questions which focus on positive accounts of actual experiences, which can be in the form of an interview, a focus group, a written account, or a workshop. The question must be framed in such a way that it evokes a real personal experience in the form of a narrative story that identifies the best of what is (Reed, 2007). These stories are either vocalised as part of an interview or can be produced as a written account either individually or as part of a workshops. Where interviews are used these are often carried out by participants rather than the researcher.

3.3.4   Criticisms and Limitations

One of the main criticisms of Appreciative Inquiry stems from its origins as an organisational development process and approach to change management, and whether this precludes it from being appropriate as a research methodology. Although it is the case that Appreciative Inquiry is primarily a change management tool, Cousin (2009) argues that it can also provide 'a distinct was of gathering and analysing data and theory building - as such, it qualifies as a research method' (Cousin, 2009, p168).

Appreciative Inquiry is also criticised for its positive approach, where researchers are accused of wearing 'rose tinted glasses' and ignoring or hiding any problems or difficulties behind a focus on more positive aspects. However, Carter (2006) suggests that this argument works in the opposite direction as well, that a problem-based approach is likely to find a problem, even if there is not one. Equally, there is a concern that by asking about what went well, the study is biased towards the success stories and away from the negative ones. Reed (2007) argues that exploring what works can be a more helpful approach to an

issue than focusing on what went wrong. Examining strategies that work can provide solutions to problems that are raised as part of the appreciative process.

3.4 An Overview of the Appreciative Inquiry Approach Used in the Study

In the context of the current study, a full 4-D cycle was not deemed to be appropriate, as the aim was to identify and model best practice, rather than implement change. Therefore, the study design focused on the discovery and dream phases of the cycle. Appreciative workshops were implemented as the main data collection process, allowing participants to share their positive experiences of service user engagement in the classroom and collectively explore these to determine what makes them positive, and how they have developed as a result of their involvement. Active participation in the workshops was encouraged through the use of creative techniques, and the facilitator adopted a light touch approach to the management of the workshops in order to foster creativity. Supplementary data were collected in the form of observations of teaching sessions involving service users, and individual interviews with participants, in order to support, contradict or problematize the data produced within the appreciative workshops.

3.5 Context, Ethics and Recruitment

3.5.1 An Overview of the Research Context

The University of Central Lancashire is a Higher Education institution in the North West of England. The University offers three of the four fields of nursing as pre-registration BSc (Hons) degrees within the School of Health, which is based on the main Preston campus. The adult and mental health fields have two intakes of students per year, while the child field has one intake of students per year. All nursing students are based at the University for fifty percent of their learning, with the other fifty percent being in practice placements. Service users, carers and the wider community are involved in the development, delivery and evaluation of the pre-registration nursing programmes. Service users share their experiences with students at the University and are also involved in assessment and student selection events. Service users provide feedback to commissioners on their involvement during annual monitoring of the NHS contract, and are involved in professional statutory regulatory body approval and monitoring events.

3.5.2 Access, Ethics, Informed Consent and Governance

Full ethics approval for the study was gained from The Ethics Committee for Built, Sport and Health (BuSH) at The University of Central Lancashire. A copy of the approval letter is provided in Appendix 1 (section 10.1).

Initial access with the key gatekeepers had been agreed as part of the bid approval process for the studentship. This meant that Comensus had been involved in the design of the proposal and the Head of the School of Health at the University of Central Lancashire had been fully supportive of the study. As the study developed further access to potential participants was gained as the researcher developed strong links with Comensus and staff within the University of Central Lancashire.

The research was conducted in the same institution where the researcher was registered as a student, with senior academics from the same institution on the supervision team, and as part of an externally funded study. It was felt that this combination could make potential participants feel coerced into taking part in the study, therefore, the researcher adopted a light touch approach to ensure that this was not the case. The researcher engaged with Comensus by attending regular meetings in order to provide information about the study and to allay any fears that service users may have had about becoming involved. The researcher also ensured that all engagement with service users as part of the study was carried out according to Comensus guidelines.

Potential participants were issued with an information sheet specific to their role giving an overview of the study as a whole, what their involvement would entail and what benefits it would bring to both themselves and the study. The information sheet also gave contact details for the research team to allow them to ask any questions and seek clarification, and information about how their contribution to the study and their personal details will be stored and used as part of the research dissemination.

Work was carried out with Comensus to develop suitable and accessible service user information sheets and consent forms that take into account the wide ranging needs of different service users. Work was also carried out with students on the design of the student information sheets and consent forms, to ensure that they were also appropriate. Information was pitched appropriately for the three different groups of participants; students, service users and lecturers. Information sheets were also available in a larger font, on a coloured background or in a different language, although this was not required. Support was available through the Comensus project for service users who had particular communication requirements, for example where service users require information in audio format or sign language, although, again, this was not required. Copies of all of the information sheets and consent forms used for this study are provided in Appendices 2 to 4 (sections 10.2 to 10.4).

Full informed consent was gained in writing from all participants. All participants were provided with information sheets and consent forms prior to the research activities they were planning to engage in (see section 3.5.3). At the beginning of each activity the researcher ensured that all participants had signed the relevant consent form and that all participants had had the opportunity to ask questions regarding the study.

The researcher was aware of the sensitivities of being observed, and of what may be revealed within the group sessions, for example where participants were reluctant to criticise other participant groups. One of the safeguards for this was the methodological approach taken, as the appreciative workshop approach allowed participants to meet on more than one occasion, thus allowing relationships to develop. There was a potential for distress caused by the subject matter, however it was thought to be unlikely and was therefore considered to be low risk. Although the methodology for the study is an appreciative one, with a focus on the positive aspects of service user engagement, there was a potential for disagreements or difficulties to arise within the research activities. Participants were made aware of the option to physically withdraw from any of the research activities at any time, and the researcher stated that they would pause, or stop, an activity if one or more participants were showing signs of distress. Participants were given details of support services within the University, for students, service users and lecturers, should they have felt that they needed to seek additional support following any of the research activities. All Comensus participants have open access to a counsellor independent of the study.

All research data were kept in a secure location at the University of Central Lancashire. Digital files were password protected and stored securely on the University server. Physical files were stored in a locked filing cabinet in a limited key card access room in the School of Health at the University. Participants' personal details were kept separate to any data (e.g. transcripts) which might identify them. All transcripts were anonymised by removing identifying details such as specific job titles and the transcripts were labelled using codes (e.g. Service User; 1st Phase Workshop).

3.5.3   *Participants: Target Population and Recruitment*

The key stakeholders were identified as: Year 1 and 3 students from the three fields of the undergraduate pre-registration nursing programmes offered at the University of Central Lancashire (adult, mental health and child); service users representing a diverse set of both lived experiences (e.g. patients/clients accessing adult, mental health, child health services

and carers with similarly diverse experience) and service users with specific Comensus engagement experiences (from those who have been involved with Comensus from its inception, to more recent members), and; lecturers with a range of experience of co-teaching with service users or facilitating service user engagement in the curriculum.

3.5.3.1 Students

Individual lecturers disseminated information sheets and consent forms regarding the appreciative workshops and the planned observations of teaching sessions (copies of which are provided in Appendix 2, see section 10.2) to their students on pre-registration nursing programmes in all three fields offered at the University of Central Lancashire (adult, mental health and child). Information about the study was also disseminated via electronic newsletters at both School of Health and University level. The information sheets contained contact information for the researcher, allowing students the opportunity to ask any questions that they may have had, and put themselves forward as participants if they wished.

3.5.3.2 Service Users

Service users by definition include people who use health care services and who are patients; with physical and/or mental disabilities, and/or acute, chronic or severe illnesses. The term service user can also include people providing care and support for a relative or friend, such as the mother of a child with a disability, a son caring for a parent or a wife caring for her husband.

Within this study, the working definition of service user includes people who are patients as well as carers.

Comensus (Community Engagement and Service User Support) is a service user led project based within the University of Central Lancashire, which was established in 2004 with the aim of systematically involving service users and carers throughout the curriculum within the then Faculty of Health, and which currently provides a central hub for co-ordination and facilitation of service user and carer involvement across several Schools within the University.

All service user participants were recruited through the Comensus initiative, which offers infrastructure and extra support for individuals taking part in teaching or other involvement activity. Typically, these will be adults who have volunteered for the role and have been supported to take it up; though they have a 'patient' or 'carer' identity they will have

exercised capacity in choosing to become a member of Comensus as autonomous individuals.

All service users involved in Comensus were given information sheets and consent forms regarding the appreciative workshops via the Comensus Coordinator, copies of which are provided in Appendix 3 (section 10.3). The information sheets contained contact information for the researcher, which allowed service users the opportunity to ask any questions that they may have had, and put themselves forward as participants if they wished. The researcher also attended Comensus meetings; initially to provide an overview of the study and answer any questions, and then to provide updates with regard to the progress of the study.

The Comensus Coordinator maintains a record of all requests for service user involvement in specific teaching sessions. This record was used to identify individual service users who were due to be involved in teaching sessions, who were then approached regarding the observation of those sessions. They were provided with an information sheet and consent forms, copies of which are provided in Appendix 3 (section 10.3), and were given the opportunity to ask questions and enter into a dialogue with the researcher and/or friends and colleagues to help ensure that consent was informed.

3.5.3.3   Lecturers
Information sheets and consent forms regarding the appreciative workshops and the observations of teaching sessions (copies of which are provided in Appendix 4, section 10.4) were disseminated among staff in the School of Health at the University of Central Lancashire via course team meetings, School wide electronic newsletters in the School of Health, and direct internal email. The information sheets contained contact information for the researcher, allowing lecturers the opportunity to ask any questions that they may have had, and to put themselves forward as participants independently.

3.6   Using Appreciative Inquiry, Being Flexible and Collecting the Data
Appreciative Inquiry relies on collaborative working to explore a particular phenomenon, and requires a flexible and responsive approach to data collection (Reed, 2007). As such, the process of data collection as described in the following sections deviates somewhat from the initial plan as detailed previously in this chapter. Where issues were encountered during the process of data collection, the initial plan was adapted to address and overcome these. Data were collected in four broad phases: Figure 3.1 provides a diagrammatic

representation of the actual process and Table 3.1 provides an overview of the participant data for each phase.

Brief demographic data on the field of nursing in which they are working or studying are provided for lecturers and students. Demographic data about the service users has been kept as general as possible in order to maintain anonymity and their experience has been categorised as adult, mental health or carer. This is by no means intended to diminish or belittle the experiences shared by the service users involved in this study, rather, the intention is to give a general idea of the types of experiences shared whilst ensuring the anonymity of the participants. Where participants 'fitted' into more than one category, emphasis has been placed on the area about which they shared experiences. Please note that while table 3.1 provides the participant information for each element of data collection, the total number of participants that took part cannot be gained by adding the figures in each column, as eleven participants (eight service users and three lecturers) were involved in more than one element of data collection.

The following four sections will describe each of the four phases in detail. At the end of each phase the data collected within that phase was synthesised and referred to in the preparation and undertaking of the following phase, in line with the appreciative way of working. Where data is provided within the description it is offered as a snapshot of the ideas generated by the participants involved, and as such is preliminary data prior to the main data analysis, which will be explored in the following chapters.

Table 3-1 Participant Data

Phase	Method	Service Users	Lecturers	Students
1	Workshop 1	3 Adult, mental health & carer	2 Child field	-
	Workshop 2	4 Adult	2 Child & adult field	-
	Workshop 3	6 Adult (3), mental health (3)	1 Mental health field	-
	Workshop 4	4 Adult (3) & carer	1 Child field	-
	Workshop 5	-	-	7 Mental health field
	Graffiti Wall		78 comments All fields	
2	Workshop	4	1 Child field	-
	Observation 1	2 Adult	1 Adult field	15 Adult field
	Observation 2	2 Mental health	1 Mental health field	70 Mental health field
	Observation 3	2 Adult	1 Adult field	148 Adult field
	Observation 4	1 Adult	1 Adult field	12 Adult field
	Observation 5	2 Adult	1 Adult field	36 Adult field
3	Workshop	7 Adult (5) & mental health (2)	1 Child field	12 Adult field
4	Workshop	5 Adult (2) & mental health (3)	1 Mental health field	-
	Interviews	-	3 Mental health (2) & child field	-
	Survey	-	16 All fields	-

The Process of Data Collection

Phase 1: Storytelling

Workshop 1.1
Service users &
lecturers

Workshop 1.2
Service users &
lecturers

Workshop 1.3
Service users &
lecturers

Workshop 1.4
Service users &
lecturers

Workshop 1.5
Students

Graffiti Wall
Lecturers

Synthesis of
data

Phase 2: Development, Understanding, Processes & Practices

Observation 1

Observation 2

Observation 3

Observation 4

Observation 5

Workshop 2.1

Synthesis of
data

Phase 3: Development, Understanding, Processes & Practices

Workshop 3
½ day workshop
Students, Service
Users & Lecturer

Synthesis of
data

Phase 4: Miracle Question

Workshop 4
Service Users &
Lecturer

Interview 1
Lecturer

Interview 2
Lecturer
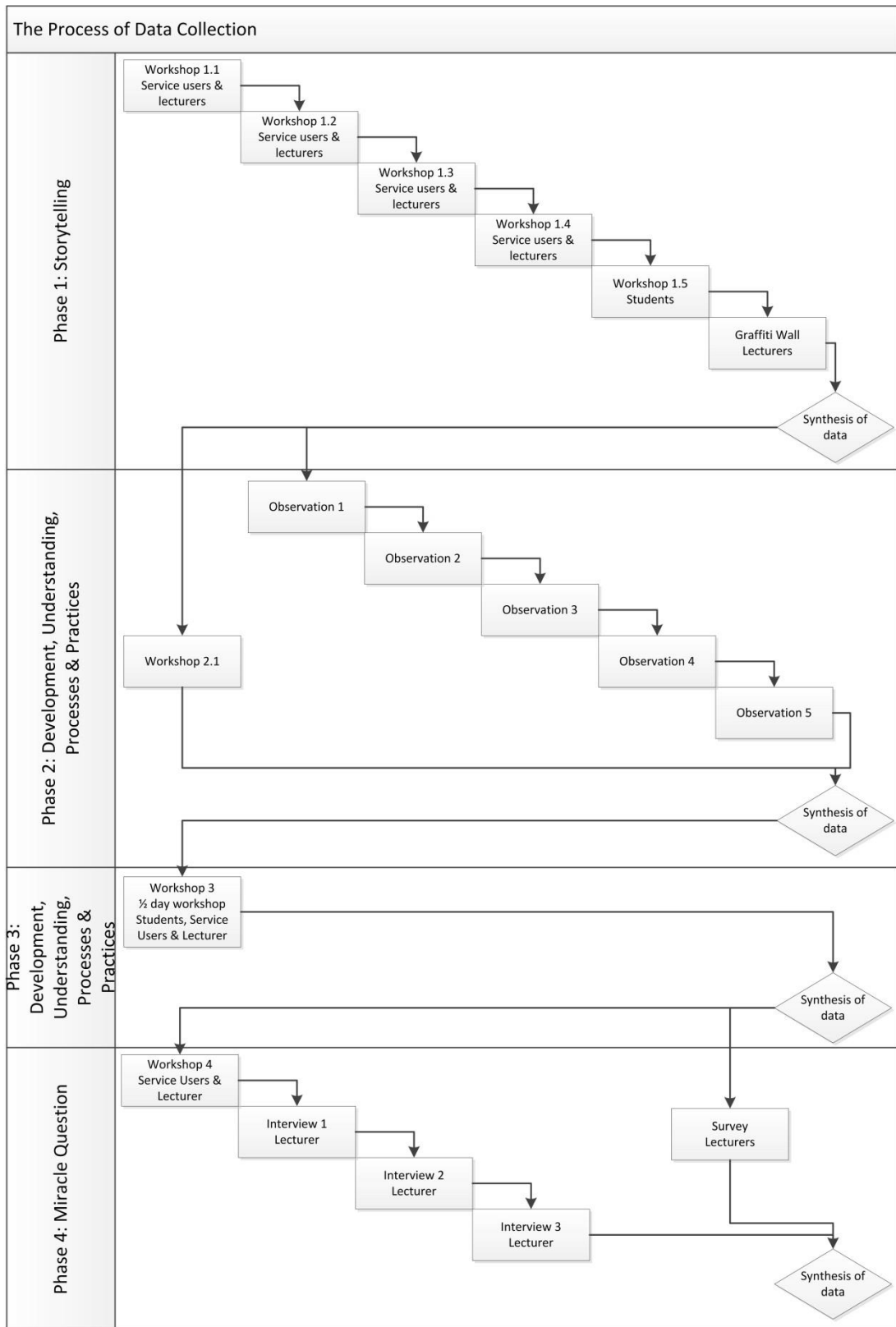
Interview 3
Lecturer

Survey
Lecturers

Synthesis of
data

Figure 3.1 A Diagrammatic Representation of the Process of Data Collection

3.6.1 Phase One: Workshops & Graffiti Wall

Appreciative workshops encourage storytelling and sharing of experience, and allow the development of new insights as participants discuss and reflect upon each others' stories (Slack and Bush, 2013). Invitations to participate were sent to students from all three fields of the pre-registration nursing programmes offered at the University of Central Lancashire (adult, mental health and child), service users and lecturers.

The original proposal as submitted to the Higher Education Academy for the studentship award was broad in scope and quite structured in its approach, and the study was arranged such that it could cope with a potentially high number of participants. A series of workshops was designed to explore service user engagement within the School of Health at the University of Central Lancashire. This format was designed to allow key participant groups to share specific points of interest and it allowed participants to attend more than one workshop. An iterative process occurred which meant that each workshop built upon work done in previous ones. Participants were invited to share their perceptions of best practice, the benefits that they perceive arise from service user engagement, what the tensions/challenges are that may unsettle teaching and learning and how these could have/have been overcome. The workshops were designed to be composed of mixed participants from each stakeholder group, thus modelling the actual engagement practices of interest. This aimed to allow dialogues to develop between participants and the engagement in, observation of and reflection upon any settled and unsettled relations as they might spontaneously be revealed.

Four rounds of workshops were planned in the original approach, details of which are included on the information sheets in Appendices 2 to 4 (sections 10.2 to 10.4). The workshops in round one were designed to begin with an overall brief, before focusing on storytelling, where participants would be encouraged to introduce themselves, and then share and discuss one or more positive stories about their experience of service user involvement in teaching sessions. The round two workshops aimed to focus on positive experiences of emotional development through service user involvement, and the third round aimed to concentrate on learning, in whatever form(s) participants felt that took. The fourth round workshop aimed to focus on the processes and practices surrounding service user involvement, before designing an initial model made up of the best practice revealed from the analysis of the previous workshops. In all workshops the intention was to encourage participants to think, in particular, about the relationships between students, service users and lecturers. At the end of each workshop the intention was to ask

participants to fill in a debrief sheet, which would explore their experience of the workshop. All of the workshops would be audio recorded and field notes taken, with the participants' consent.

However, because the design was pragmatic and responded to the ability of participants to respond and engage with the research, the original plan was not strictly adhered to. The following sections will present the data collection as it actually occurred.

3.6.1.1   Workshops (n=5 workshops)

The first four workshops comprised mixed groups of lecturers (n=6) and service users (n=17). Participants produced an individual written account of a positive classroom based experience of service user engagement, and then worked collaboratively in pairs to identify those aspects of each experience which made them positive. The participants organised themselves into pairs; there appeared to be an implicit understanding from the participants that the aim of the workshops was collaborative working, as participants in all four of the workshops appeared to be eager to ensure that the pairs were mixed as far as possible. The pairs comprised a service user and a lecturer as far as that was possible, and then two service users where it was not possible, as the number of service users outweighed the number of lecturers in all four workshops.

Once each pair had drawn up a collaborative list of positive aspects, the lists were then amalgamated into one overall list as a whole group exercise, where the participants worked together to decide if aspects were similar or overlapping, and therefore grouped together under one theme, or if they could stand alone. Once the final list was agreed upon, each participant was given four coloured stickers and asked to place one next to each of the four aspects which they felt were the most important for a classroom session to be positive.

Although the information sheets regarding the study and specific information with regard to the dates and times of the organised workshops had been disseminated to students as previously described in section 3.5.3.1, no students had attended the first four workshops. The final phase one workshop, therefore, used a more direct recruitment approach by working with an individual lecturer to organise a workshop to fit in with the timetable followed by a particular cohort of students. The final workshop was comprised solely of students (n=7). The protocol for the student workshop was adapted to incorporate the 'Remerge' facilitation software, on offer through the Media Innovation Studio at The University of Central Lancashire, to provide an alternative to the pen and paper approach.

The 'Remerge' software allowed the students to type their responses on wireless keyboards, sending the information directly to a large communal screen.

Each student produced a written account (using paper and pen) of a positive experience of a teaching session involving service users, which they then discussed in pairs, identifying the specific aspects that made the experience positive. The students paired off with the person they were sat next to. As there were an odd number of participants in the group, the final pair became a group of three, meaning that there were three initial lists of positive aspects. The students used their keyboards to type their positive aspects, which appeared on the screen on the wall in front of them as they typed. Once they had finished their lists as a pair, they then discussed all of the positive aspects as a group, particularly looking for aspects which they felt overlapped and could be grouped, while a facilitator from the Media Innovation Studio manipulated the list on the screen. The students then used their keyboards to vote for the four aspects which they felt were the most important.

The five workshops each produced a final list of positive aspects in line with the appreciative focus of the work, with each aspect assigned a number according to the votes it received. Although the production of these lists was a form of participant led analysis, a deeper level of researcher led analysis was undertaken to amalgamate them. There were clear differences between the service user and lecturer workshop lists and the student workshop list, as the students discussed physical aspects such as "breaks/food" and "comfortable room temperature" while the service users and lecturers did not. However, there were also some areas of overlap, so the decision was taken to continue the researcher led analysis and amalgamate the two lists in to one master list. Those positive aspects deemed to be the most important (receiving votes from at least six of the 30 participants) are outlined in Table 3.2. These are taken directly from the master list, and are in the participants' own words.

Table 3-2 Positive Aspects - Phase One Workshops

Statement	*Participants (out of 30)*
Engaging with a real person	12
Development of empathy	11
Students ask questions	8
Connection with real world	6
Students fully engaged	6
Interesting topic	6

3.6.1.2   *Graffiti Wall*

Following the phase one workshops it was felt that the 'lecturer voice' was lacking from the data, as fewer lecturers had attended the workshops than service users or students. To address this, the positive aspects from the final phase one workshops master list (41 aspects in total) were displayed on large posters as a Graffiti Wall in the entrance of the venue for the School of Health Staff Away Day in December 2013. Post it notes and pens were provided, and lecturers invited to add their comments to the Graffiti Wall. Lecturers had the option to add comments next to one or more of the 41 positive aspects, or to a general section of the Graffiti Wall (or to both if they wished).

As lecturers were given the option to leave comments anonymously, it is not possible to ascertain exactly how many different lecturers contributed to the wall. However, a total of 78 comments were added to the wall; 63 against particular aspects and 15 in the general section. Comments ranged from a simple 'Yes' to a more in depth commentary on a particular aspect. All of the comments were positive in nature. Of the 41 aspects, only seven did not receive any comments at all. Those aspects with the most comments were 'gaining new insights' (n=4), 'development of compassion' (n=3), 'gaining deeper understanding' (n=3), 'students ask questions' (n=3), 'connection with the real world' (n=3), 'students fully engaged' (n=3) and 'ability to talk about personal issues' (n=3).

Interestingly, the most commented on aspect, with four comments, 'gaining new insights', was not one of the most voted for aspects during the workshops, receiving only three votes out of a possible 30 (this does, however, place it in the top 15 aspects out of the 41). Six further aspects received three comments each, and three of these appear in the top six aspects from the phase one workshops; 'students ask questions', 'students fully engaged' and 'connection with real world'.

Of the remaining three aspects with three comments, two received three votes out of a possible 30 in the workshops; 'ability to talk about personal issues' and 'gaining deeper understanding', while the final aspect, 'development of compassion' only gained one vote.

3.6.2 Phase Two: Workshops & Observations

3.6.2.1 Workshops

Four workshops were planned for phase two. Although these had been planned via doodle poll with participants from phase one to ascertain the most appropriate times to hold the workshops, as well as continuing the general recruitment process, two of the four planned workshops were not attended by anyone, and the third was attended by one participant who agreed to take part in the fourth workshop instead. Only one of the four planned workshops took place. A mixed group of a lecturer (n=1) and service users (n=4) discussed how they and/or others had developed through their experience of teaching sessions involving service users. The group worked collaboratively to identify as many ways of development as they could, noting each one individually on a separate post-it note. These were then displayed on the wall and the participants worked together to organise the post-it notes into groups, by looking for similarities and differences, until they had identified seven unnamed themes. The group also identified 'Authenticity' as an overarching central theme (see Table 3.3). The label themes were developed by the researcher after the workshop as there was insufficient time to do this within the workshop itself. The theme labels were developed based on the content of the theme groupings and the participants' discussions, which had been audio recorded.

Table 3-3 Themes - Phase Two Workshop

Overarching Theme	Themes
Authenticity	Presentation of Self
	Communication
	Appreciation
	Breaking Down Barriers
	Emotional Development
	Making Connections
	Practical Skills

3.6.2.2 Observations

Observations allow information about behaviours within the classroom to be directly recorded (Opie, 2004), and provide a means of supplementing and confirming the workshop data. A non-participatory role of 'complete observer', following Gold's (1958) classification of observation styles, allowed overt observation with the minimum impact from the researcher's presence in the classroom.

Observations of teaching and learning were planned to be held in classroom where there was service user engagement. Ideally observations would be held within each of the following six student groups: Year 1 Child Nursing; Year 1 Adult Nursing; Year 1 Mental Health Nursing; Year 3 Child Nursing; Year 3 Adult Nursing; Year 3 Mental Health Nursing. Sessions to be observed were identified through the current curriculum document, as well as through records of requests for service user engagement made through the Comensus Co-ordinator.

Lecturers in the School of Health at The University of Central Lancashire who taught on the pre-registration nursing courses in the three fields offered at The University of Central Lancashire (adult, child and mental health) were approached through staff meetings, via Blackboard and directly through email to ask if they were involved in teaching sessions with service users that they would be happy to be observed by the researcher. This maintained the focus on lecturers who were willing to share their experience, and acknowledged lecturers who had experience of service user involvement as experts, in line with the appreciative approach. Five lecturers responded positively, therefore five observations of teaching sessions were carried out, four in the adult nursing field, and one in the mental health nursing field. Class sizes ranged from 15 to 148 students, with one or two service users in each session.

The observed aspects of each session included exchanges and interactions between participant groups, where the power lay, what controls/constraints were evident, the language, reflections and opinions that were shared. The sessions were audio recorded and field notes were taken in the form of a coding sheet (a copy of which is provided in Appendix 5, section 10.5) along with free notes. The coding sheet provided a framework for recording information at fifteen minute intervals, including who was leading the session, the style of the session (e.g. lecture, question and answer, etc.), how dynamic the session was, the level of student engagement, and whether there was any indication of verbal or emotional engagement. In each of the sessions the students had prior knowledge of the

researcher's presence in the session, and the researcher was positioned to the side of the room, towards the front and facing into the room, allowing for a clear view of the lecturer, service users and students, whilst remaining relatively unobtrusive and in a 'complete observer role' (Gold, 1958).

All five observed sessions followed the same basic format: the lecturer introduced the service user(s) who then shared their story from the front of the room (either stood or sat). In four of the sessions it was clear that the service users were sharing specific elements of their experience, based on the aims of the session. In the fifth session, one of the service users shared specific elements of their experience, while the second service user gave a more general overview of their experiences with a focus on areas that appeared to be important to them, rather than to the aims of the session. Two of the nine service users, in two different sessions, asked questions of the students during their story, and began to develop a dialogue almost straight away. All of the nine service users were happy to answer questions, and in each session the service user presentation was followed with a question and answer session. In two of the sessions (one with a single service user, and one where two service users were presenting their story together) there was a single presentation followed by a question and answer session. In the remaining three sessions, all of which had presentations from two service users, there were two presentations, each followed by a question and answer session, with a final question and answer session at the very end of the session for both service users together. In all of the sessions the students asked a variety of questions, often broadening the scope of the discussions beyond the aims of the session as they were clearly interested to know more about the service users' experiences. In two of the sessions it was apparent that some of the students had prepared questions prior to the session, as they had written questions at the beginning of the session. None of the students asked a question that the service users seemed reluctant to answer, and none of the service users refused to answer a question. One student had to rephrase her question twice before the service user answered in the way that the student had been anticipating. The student's initial questions were phrased as 'why did you…' which elicited 'I don't know' responses from the service users, but when the student rephrased the question to 'how did you…' the service user provided a detailed response.

All of the students in the five sessions displayed mid to high engagement throughout the sessions. The level of engagement was a subjective determination based on the proportion of students paying attention compared to the proportion of students who appeared to be distracted. Students were alert and listening throughout the presentations, and offered

thoughtful and insightful questions and comments following the individual service user presentations. However, there was some evidence of individual students being distracted, particularly in the lecture theatre session, and the general level of engagement decreased towards the very end of the sessions. One of the smaller group sessions ran significantly over time, mainly because the second service user was late arriving having had transport issues, but the majority of the students were happy to stay longer in order to get the most out of the session (individual students made their apologies and left at various intervals after the stated end of the session, stating transport or childcare commitments). Students in one of the larger group sessions (70 students) became restless and less engaged at the end of the session as noise from the corridor indicated that other students had begun to arrive for the next session. In all of the sessions the students applauded and thanked the service users for sharing their experiences, and in three of the five observed sessions students stopped to talk to the service users as they were leaving the classroom.

3.6.3   Phase Three: Workshops

3.6.3.1   Workshops: Core Consultative Workshop
A larger, half day workshop was organised as a response to the recruitment difficulties in phase two. As the smaller workshops were not attracting attendees, the decision was taken to amalgamate the remaining data collection into one big workshop. A mixed group of service users (n=7), students (n=12) and lecturers (n=1) attended the workshop, where they initially worked in individual participant groups, each with a facilitator. Each group worked collaboratively to identify ways in which they/others had developed, which they indicated on individual post it notes. The student group adhered their notes to a table, arranging them into four distinct themes, which they labelled. The service user and lecturer groups then added theirs, either to the themes that the students had determined, or created new themes if necessary. The final themes were 'appreciation', 'skills', 'management', 'positive and negative' and 'opportunities'.

All theme labels were decided by the participants within the workshop, except *Opportunities*, which was added later by the researcher, based on the content of the theme and the group discussions within the workshop.

The participants then discussed the processes and practices involved in service user engagement in their individual participant groups. Service users and lecturers began to develop a time line of activities before and after, as well as during classroom sessions; while the students were encouraged to think in terms of what processes and practices that they

thought might be in place. Each of the three participant groups noted each process/practice on a separate post it note. Once they felt that they had recorded everything they could, the three groups then came together to position the notes on a long desk, to provide a visual time line of service user engagement.

Finally, the participants came together to discuss what they thought service user engagement should look like, and what changes, if any, they might make to what is currently happening in terms of service user engagement in the classroom at The University of Central Lancashire. The audio recorded discussion was facilitated by the three workshop facilitators.

Following the phase three workshop the researcher and the three workshop facilitators came together to discuss the workshop. The three workshop facilitators shared their observations and opinions on the participant group that they facilitated. This discussion was audio recorded.

3.6.4   Phase Four: Workshops, Interviews & Survey

3.6.4.1   Workshop
The final workshop was a 'Miracle Question' workshop, comprising of a mixed group of service users (n=5) and lecturers (n=1). In line with the appreciative way of working, this was a 'dreaming' exercise. The workshop commenced with a creative exploration of the participants' definition of a 'classroom', before going on to the following miracle question: "If a miracle happened and you could have as much service user involvement of any type, what would it look like? How would you like to do it?" Participants were encouraged to set aside any perceived constraints (such as time, resources, etc.) and think creatively about what their ideal model of service user involvement would look like. The workshop was audio recorded.

3.6.4.2   Interviews
Individual interviews were planned to allow an in depth understanding of the role, benefits and challenges of service user engagement. Face to face, semi-structured interviews would be used as a means of interacting with participants on a one to one basis. Face to face interviews provides 'a stronger basis for the establishment of good rapport between the researcher and the participant' (Ritchie *et al.*, 2014, p182), and allow non-verbal communication to be noted. Semi-structured interviews offer participants the freedom to talk about the things that are of central importance to them, within a flexible structure set

by the researcher to ensure that topics crucial to the research study are being covered (Bell, 2014).

Semi-structured interviews were held with three lecturers who had expressed an interest in taking part in the phase four workshop, but who had been unable to attend. Two of the interviews were held in a meeting room, the third was held in the lecturer's own office. The interviews were between 30 and 60 minutes in duration, and were audio recorded. Each interview began with the miracle question from the phase four workshop. Prompts were used by the researcher to further explore aspects of the participants' responses, or to explore ideas raised by participants in the phase four workshop.

3.6.4.3   Survey

In order to further explore lecturer perspectives on the miracle question a survey was developed and disseminated via Blackboard at The University of Central Lancashire, and by email through the Higher Education Academy's 'Lived Experience Network', which covers a wide network of HEIs. The survey was developed using the online tool 'Survey Monkey'. The survey comprised of three groups of questions (a full copy of the survey questions is provided in Appendix 6, section 10.6), following an initial question designed to filter out respondents who were not lecturers (as the 'Lived Experience Network is open to all). The questions were a combination of open, list and scale questions, as based on Youngman's (1982) seven question types. Twenty four participants responded to the survey, eight of whom were filtered out as not being lecturers on pre-registration nursing degree courses. These respondents were directed to a page indicating that they did not meet the eligibility criteria for the survey, and thanking them for their time. Contact details for the researcher were provided should they want to follow up on the survey. Of the sixteen respondents who answered positively to the initial question, fifteen went on to complete the survey.

The first set of questions comprised a series of five statements, which respondents were asked to indicate their level of agreement with, given the following scale: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree. Each statement was followed by a comment box to allow respondents to add written comments if they desired. The statements were based on ideas that had been discussed by participants during the series of workshops. Table 3.4 provides an overview of the five statements and the responses.

Table 3-4 Statements and their Responses - Phase Four Survey

Statement	Response				
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1: Having a service user in the classroom is always the preferred form of involvement	4	8	1	1	1
2: Service user involvement works better with small groups of students	1	7	7	0	0
3: Having service users in the classroom is always a positive learning experience for students	3	6	3	3	0
4: Service user involvement is more effective when students have the opportunity to ask questions	6	8	1	0	0
5: Service user involvement should only take place in the final year of a nursing degree	1	0	0	6	8

Each of the statements reflected an aspect of service user engagement that was highlighted within the workshops. The responses to the statements generally reflect the ideas developed within the workshops, with the majority agreeing with the first four statements and disagreeing with the fifth.

The second set of questions focused on the use of technology within the classroom to potentially enhance service user engagement. Respondents were asked whether they currently used technology in the classroom, and if so, what kind of technology was used. Fourteen of the fifteen respondents completed the second set of questions, with two of the fourteen indicating that they did not currently use technology in the classroom. Of the twelve who did use technology, the most frequently used options were studio or visual recordings of service users produced for cinema, television or radio, and online material around service user stories. The least used options were video conferencing with service users, either where students were in the classroom or where students were online.

The third question was an open question, which reflected the miracle question from the fourth phase workshop; 'If a miracle occurred, and you did not have to consider resources, funding, staffing etc. what would you envisage as the ideal in terms of service user involvement within the university based part of the nursing curriculum? Please describe.'

Fourteen of the fifteen respondents completed this question, with responses ranging from a few words to a full paragraph.

3.7 Chapter Summary

This chapter has provided context and justification for the choice of methodology, by exploring the aims of the current study in relation to problem based and solution focused approaches, before providing an in depth discussion of the Appreciative Inquiry approach, particularly in terms of the use of participatory workshops as a method of data collection. The study design was explored, with information provided with regard to the different methods of data collection being implemented. The research context, ethical issues and the target population were examined, and a detailed presentation of the process of data collection was provided, including difficulties that arose and amendments that were made to the initial plan.

The following chapter will discuss the analysis of the data collected.

4 Data Analysis

4.1 Introduction

Within this chapter a detailed account of the process of data analysis will be provided.
Attention will be paid to the way in which the data were prepared for analysis, before
moving on to the process of analysis itself. Analysis is often a messy business and this was
the case with this study as the researcher sought to find the most appropriate approach to
use to work with the different data sources. Analytical techniques will be discussed
including the way in which the approach to analysis shifted during the course of analysis.
Initially a thematic approach had been chosen but after an initial period of analysis, this
proved to be unsatisfactory as it did not reflect the richness of the data. The researcher
then turned to a narrative approach but the nature of the data did not lend itself to a pure
narrative approach as data collection had not set out to collect stories. Attention then
turned to a thematic narrative approach drawing on some of Frank's (2010) socio-
narratological principles. This thematic narrative approach was chosen as it offered the
richest and most meaningful way of analysing and presenting the data (see Figure 4.1).
Following this, the development of themes within the data will be described, with the
introduction of the narrative elements of 'setting', 'character' and 'plot' as a framework for
exploring the themes. Finally, an overview of the thematic framework will be presented,
along with an exploration of the three main narrative themes, and a discussion of the
presentation of these themes throughout the following three chapters.

4.2 The Preparation of the Data

As the data were collected they were imported into the qualitative data analysis software
NVivo 10. Documents, images and audio files were all transferred in order to facilitate a
cohesive approach to analysis and the audio files were transcribed in full. The transcription
was carried out using a denaturalised approach (Oliver *et al.*, 2005), where attention is paid
to the non-verbal elements of the speech, such as pauses, 'ums' and 'ers' and interruptions
or people speaking over one another, as well as the actual verbal content of the speech.
The process of transcription also formed part of the analysis, as reflexive notes were made
regarding the transcriptions throughout the transcription process, which then informed the
development of themes.

4.3   A Journey to Identifying an Appropriate Analytic Approach
4.3.1   The Initial Approach: Thematic Analysis

As there is no prescribed way of analysing Appreciative Inquiry data it took time to develop an appropriate means of analysing the data. The data were collected with the intention of carrying out Thematic Analysis (Braun & Clarke, 2006), following a chronological pattern to reflect the nature of the appreciative process, as described in the previous chapter. Initial analysis consisted of several thorough readings of the data, as well as the process of transcription and reflexive note taking. As the data collection process involved a certain amount of analysis and interpretation by the participants, these constructs were already in place when it came to the analysis phase. Preliminary coding followed the themes developed with the participants in the first series of appreciative workshops: 'engaging with a real person', 'development of empathy', 'students ask questions', 'connection with real world', 'students fully engaged', and 'interesting topic'. However, as analysis deepened these preliminary themes felt very fragmented and not very coherent. Projecting forward to how these data could be reported on, it became apparent that a chronological reporting of the thematically analysed data would necessitate a significant amount of repetition, as similar thoughts such as issues around safety, and ideas, for example, around the implications for practice, were raised by the participants at each stage of the appreciative process.

4.3.2   Narrative Analysis

It was also clear that throughout the workshops that the participants were communicating powerful stories around their experiences, for example where involvement had made a personal difference to them, and the richness and the depth of these stories was at risk from being lost if the findings were reported using a descriptively thematic approach. In his work on narrative, Abbott defines narrative as the '*representation of an event or a series of events*' (Abbott, 2008, p13 italics in original), and suggests that a narrative, or story, can be as short as a single sentence. Given the proliferation of stories within the data, a more narrative approach to data analysis felt appropriate. However, the data did not lend itself to a fully narrative approach to data analysis. Narrative Analysis pays close attention to each individual participant's story, before synthesising the data to create a final narrative that combines each individual's experience (Bold, 2012). Although individual stories were evident in the data, often these were not full, coherent stories as the nature of the group discussions within the appreciative workshops meant that people were interrupted, or sent off track with a change of topic, or perhaps did not feel that the setting was an appropriate

Increasingly Narrative Approach

Thematic Analysis

Main Themes:
- engaging with a real person
- development of empathy
- students ask questions
- connection with real world
- students fully engaged
- interesting topic

Rejected
- fragmented
- not coherent
- repetitive
- did not reflect richness of data

Narrative Analysis

Rejected
- stories not the focus of the data
- individual stories, but often not full, coherent ones

Thematic Narrative Analysis
drawing on Frank's Socio-Narratology

Main Themes:
- Place Involvement Enacted
- Real Person
- Personal Development

Development of Themes:
Setting (Where)
Character (Who)
Plot (What)

Final Themes

Setting
"Real world as opposed to what?"
- university vs. real life
- a safe world
- a practical world

Character
"Students, service users, lecturers - there's a togetherness about it all"
- interacting together
- asking questions
- being real
- balancing power

Plot
"Involving service users has helped me grow as a student nurse"
- personal gain
- reflection
- implications for practice
- temporal aspects

Ongoing Process of Data Analysis

Reflecting / Reading / Iterative process / Coding

Reflecting / Reading / Iterative process / Coding

Reflecting / Reading / Iterative process / Coding
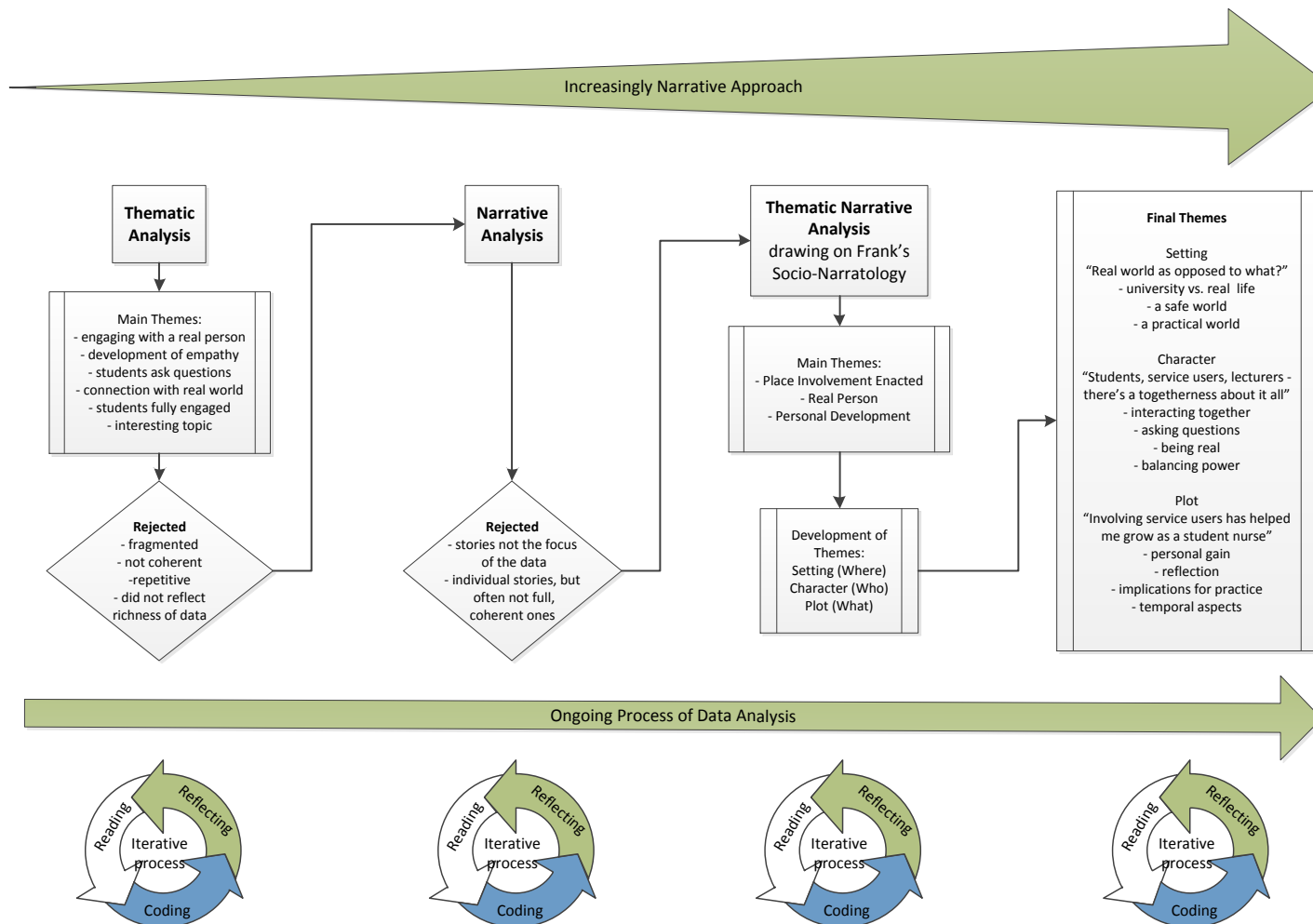
Reflecting / Reading / Iterative process / Coding

Figure 4.1 The Process of Data Analysis

one to expand on their stories. Equally, the stories were not the focus of the data collection, and a fully narrative approach to the analysis would have made it difficult to include data from the lesson observations, for example. Thus, the decision was made not to use either Thematic Analysis or Narrative Analysis in full, and instead a middle ground was sought that would allow all of the data to be included, but that would also allow appropriate representation of the stories that were shared.

4.4   Thematic Narrative Analysis and Being Iterative

Thematic Narrative Analysis (Riessman, 2008) appeared to present such a middle ground, as it combines elements of both thematic and narrative approaches; the thematic elements allow all of the data to be included, and to be analysed as a whole, while the narrative elements also allow more attention to be paid to the individual stories. Riessman's approach is somewhat fluid, however, making it difficult to pinpoint an exact analytical method, and as such a degree of interpretation is necessary (Bold, 2012). However, Riessman (2008) does suggest that Thematic Narrative Analysis allows for the categorisation of aspects of the accounts that are being told, therefore widening the potential for the inclusion of individual stories such as those around personal experiences and the motivation for involvement, with an emphasis on how things are said as well as what is said, thus also giving the opportunity to highlight points within the workshops where the participants were particularly emphatic, for example during discussions around respect within the classroom.

The data were revisited with a Thematic Narrative Analysis lens; this involved several close readings of the data, while making use of reflexive field notes and the interpretive ideas proffered by the participants within some of the workshops. This suggested three main thematic narrative areas of interest, these were: the place in which service user involvement was enacted; the benefit of having a real person in the classroom setting, as opposed to written case studies; and the personal and emotional development that occurs as a result of service user involvement in the classroom. These three areas were then used to guide the coding of the data. The data from each of the four main phases as described in the previous chapter were approached in turn. For each of the four phases, the workshop data were coded first, followed by interview, observation and survey data, where applicable.

As detailed, line by line coding of data progressed it became apparent that these three narrative themes did not adequately describe or encompass the multitude of stories

present within the data, for example, those around the importance of the mechanisms for development, such as reflection, and the discussions around the development of rapport and the building of mutual respect. Further iteration and reflection on the coding resulted in a clearer understanding of what was both fundamental to the stories being told and to the other data being analysed. Three, apparently simple, words were at the heart of the analysis: 'where', 'who' and 'what'. Further reflection led back to these three terms time and again and as each iterative cycle of reflection and analysis occurred, these words remained central and felt increasingly secure as a means of explaining the findings.

4.5 Developing the Themes: Narrative and Journey

Qualitative data analysis is an iterative process and is influenced by many factors; some are more unexpected than others. The point at which the analysis had turned to a focus on the seemingly simple thematic narrative themes of 'where', 'who' and 'what' occurred alongside a reading of the novel 'Midnight Tides' by Stephen Erikson[1]. A reflection on the narrative elements within 'Midnight Tides' triggered a connection between the descriptors 'where', 'who' and 'what', and the narrative elements of 'setting', 'character' and 'plot' respectively, in a way which precipitated the use of these elements as a framework to guide further thinking around each of the themes. This sparked a train of thought whereby the three year learning journey made by students as they make their way through the different stages of a pre-registration nursing degree could be compared to the types of journeys or 'quests' which the protagonists in high fantasy novels often embark upon, and which mirrored the overall journey theme within 'Midnight Tides'. If the beginning and end of a student's learning journey marks the prologue and epilogue of a novel, then what occurs in between could potentially be mapped within a narrative framework, using the elements of 'setting' (where), 'character' (who) and 'plot' (what), where setting is the location(s) in which learning occurs, character encompasses both the individual and their interactions with other people, and plot describes what happens in terms of the development of the students, service users and lecturers involved. Although the development of all of the characters is important, primacy has been given to the development of students into competent and compassionate nurses, as they are the focus of this thesis.

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[1] 'Midnight Tides' is the sixth instalment of the high fantasy series 'Malazan Book of the Fallen'. As an avid reader of fantasy fiction no apologies are made for weaving fiction into this element of the thesis. Researchers are influenced by many factors; academic writing, conferences, conversations with colleagues; in this instance 'Midnight Tides' was crucial to the development of a metaphor to guide the process of analysis.

This in turn triggered a desire to revisit the data in an increasingly narrative way, which led to a reading of Arthur Frank's work on narrative and stories, particularly his ideas on narrative identifying and 'interpellation' which he describes as the 'calling on a person to acknowledge and act on a particular identity' (Frank, 2010, p49), and on how stories connect people. This suggested that attention should be paid to the individual stories within the data in terms of the way in which they are used by members of the different participant groups to both position themselves within that group, as well as feeding into and working to sustain the collective identity for that particular group. Frank also discusses the importance of storytelling practice, of identifying what is at stake for whom, and how the story and the way it is told defines or redefines those stakes.

The data were then revisited from this point of view, and detailed coding was carried out using the three narrative elements of setting, character and plot. Throughout the coding process it was clear that each of the broad elements contained multiple interpretations, as well as common ideas that reoccurred throughout the data, thus the decision was taken to develop an overall meta-theme, as well as sub-themes for each of the three elements. These were developed through an iterative process whereby the data were constantly revisited and the themes refined. Following the coding of the data into the three main elements a report was run in NVivo 10 to provide an overview of all of the data that had been coded into each theme. Each set of coded data was read through several times and thoughts and ideas about the different aspects within these were noted. The full transcripts were then returned to, to ensure that these thoughts and ideas were reflected in the data as a whole, and any amendments made. At this point each of the three themes had a number of different aspects; 'setting' had sixteen, 'character' had seventeen and 'plot' had seven. As there appeared to be some similarities between some of the aspects, it was clear that some could be amalgamated under one sub-theme. The coded data, along with the reflexive notes, were returned to again and further detailed, line-by-line coding was carried out to develop the sub-themes. Where aspects were felt to be similar these were coded into the same sub-theme. At the end of this stage of the coding process the meta-theme was identified as 'mutual development through authentic relationships'; the theme of setting had four sub-themes, 'university vs real life', 'safety', 'positive benefits' and 'practical issues'; the theme of character also had four sub-themes, 'interactions', 'questions', 'real' and 'balance of power'; and the theme of plot had three sub-themes, 'personal development', 'reflection' and 'effect on practice'. A screenshot of this coding in NVivo 10 is provided in Appendix 7 (section 10.7).

Revisiting the full transcripts once again led to three slight amendments to the sub-themes in order to appropriately reflect the data. The sub-theme of 'questions' in the theme of setting was amended to 'asking questions' to reflect the active nature of this aspect. In the theme which corresponded to the narrative element of 'plot' it became apparent that 'effect' was not an adequate description of the discussions on practice, so the sub-theme was amended to 'implications for practice'. There was also some discussion within the data around the timing of service user involvement which did not sit neatly in any of the three sub-themes, therefore a fourth sub-theme of 'temporal aspects' was added. Finally, in order to stay true to the voices of the participants the descriptors of 'setting', 'character' and 'plot' were linked to direct quotes from the data chosen as theme headings, as follows: "Real world as opposed to what?" (Setting); "Students, service users, lecturers - there is a togetherness about it all" (Character) and; "Involving service users has helped me grow as a student nurse" (Plot).

The meta-theme, themes and sub-themes were again revisited and it became apparent that there were significant overlaps between some of the sub-themes, leading to repetition within the findings. The sub-theme of 'positive benefits' in the setting element was particularly difficult, in that it appeared to mirror several of the other sub-themes, particularly 'university vs. real life', 'personal development' from the plot element, and 'interactions' from the character element. The decision was therefore taken to code the contents of 'positive benefits' more appropriately, which rendered the 'positive benefits' sub-theme unnecessary. Several of the sub-theme descriptors were also amended during the writing up process to achieve more clarity within the text. Within the setting element, 'safety' and 'practical issues' were changed to 'a safe world' and 'a practical world' respectively, to better reflect the ideas discussed within the theme. Within the character element, each of the sub-theme descriptors was amended to reflect the action taking place within the theme, and 'interactions', 'real' and 'balance of power' became 'interacting together', 'being real', and 'balancing power' respectively. The sub-theme 'asking questions' already had an active feel, so it remained the same. Within the plot element, the sub-theme 'personal development' was amended to 'personal gain' to better reflect the ideas discussed within the theme.

Figure 4.2 provides an overview of the meta-theme, the three main theme descriptors and their sub-themes.
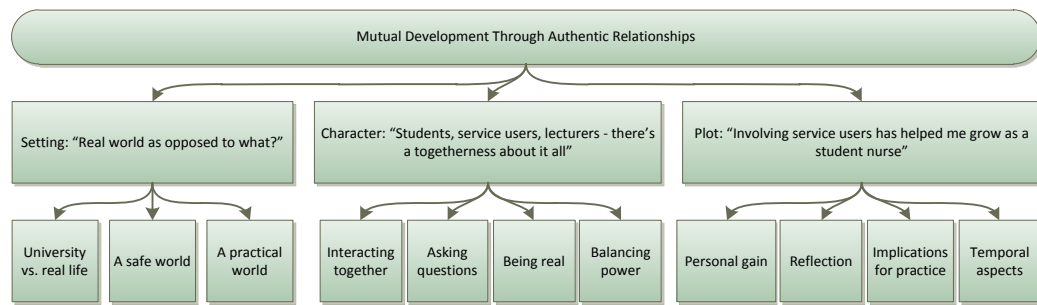
Figure 4.2 The Meta-Theme, Themes and Sub-Themes

During this process of theme development and detailed coding of the data, the world of high fantasy provided a unique point of view which supported me in the interpretation of the data. In order to fully explore this, three works of fiction from the genre of high fantasy, which utilise the aspects of setting, character and plot in ways that resonate with the data, have been chosen to frame each theme. These are 'The Chronicles of Thomas Covenant: The Unbeliever' by Stephen R. Donaldson (setting), 'Lord of the Rings' by J.R.R. Tolkien (character), and 'Earthsea' by Ursula K. Le Guin (plot). In each of the following sections the influence of these three novels on my thinking are further explored (an overview of each novel is provided in Appendix 8, section 10.8).

4.5.1   Theme 1 - Setting: Real world as opposed to what?

Within the data, the setting for or 'where' service user involvement takes place is important, and this spatial aspect is equally important in narrative. As Abbott (2008, p162), an academic writer on narrative, states, 'we want to know where the action takes place, what kind of space it occupies, what else if anything is present in this space, how vast it is, how confined, how it looks and feels'. Like Abbott, analysing the data prompted an interest in where the action was taking place (the setting of service user engagement) and how this was perceived by participants. Setting is also of importance in high fantasy, which is a sub-genre of fantasy fiction defined by its setting in an imaginary world. For some works of high fantasy the imaginary world is the only world there is, but for others, such as Stephen R Donaldson's series 'The Chronicles of Thomas Covenant, the Unbeliever' there are two worlds. This felt resonant and compelling as the data analysis was revealing the idea of two worlds; the world of 'university' was talked about by the participants as being distinct and separate from 'real life'. This notion of two worlds is also evident in Abbott's (2008) analysis of 'forking path narratives' where he describes 'two different conditions for what is possible, and two different kinds of time. But these do not conflict … They seem to belong, in other words, to a larger domain that contains them both' (Abbott, 2008, p168). Donaldson's protagonist's (Covenant's) transportation into another world allows him to

learn about himself and develop in ways that he would have been unable to do in the real world, which resonates with ideas within the data around the uniqueness of the university setting and therefore the learning that takes place within it.

4.5.2   Theme 2 - Character: Students, service users, lecturers - there is a togetherness about it all

Narrative distinguishes between character (who is taking part) and action, although there is an argument that the two are, in actual fact, inseparable; 'insofar as the incidents involve people, how those incidents play out is driven by the nature of the people involved' (Abbott, 2008, p131). An exploration of the interactions, actions and incidents between participants within the data resonated with the way in which Tolkien treats characters within his novels. The interactions between his characters are one of two key ways by which Tolkien keeps the action moving in 'Lord of the Rings' (the other being the physical movement of the journey through Middle-earth). Each of the companions who travel with Frodo brings a particular strength to the group, and is able to help and advise Frodo at different points in his journey. Frodo is also aided along the way by other characters, who, although they may have a smaller role, are equally important to both Frodo's development and the progression of the plot. This mirrors the interactions (actions) which are played out between the three participant groups (characters) involved in teaching sessions with service users; these interactions are seen to be of vital importance to the perceived success of service user involvement in the learning journeys of the students. Although Frodo is Tolkien's main protagonist, there is not one main protagonist within the data; each student could be described as a main protagonist or 'Frodo' of their own individual learning journey.

4.5.3   Theme 3 - Plot: Involving service users has helped me grow as a student nurse

Plot, or story, is 'an *event* or sequence of events' (Abbott, 2008, p19, emphasis in original), which in high fantasy often focuses on the development of the central character. In Ursula Le Guin's novel 'A Wizard of Earthsea', the plot is driven by the protagonist's (Ged's) development as a character from an overconfident, impatient and somewhat naïve boy whose reckless use of power releases a dark shadow into the world, into a thoughtful, tolerant and self-possessed young man who is eventually able to vanquish the aforementioned shadow. Although the development of students is arguably less dramatic in nature, the plot of 'A Wizard of Earthsea' has resonance with the ultimate goal of the pre-registration nursing curriculum, which is the development of students into competent

and compassionate nurses. The notion of development, from naïve student to registered nurse, both in terms of self and others, was described in some detail throughout the data.

4.6   The Meta-Theme: Mutual Development through Authentic Relationships

The meta-theme recognises an overarching set of ideas that were evident throughout the data. 'Mutual development through authentic relationships' encompasses the idea that service user engagement is more than merely an action carried out by service users (sharing life experiences) for the benefit of students in their development as competent and compassionate nurses. Instead, service user engagement is a complex and mutual set of interactions and relationships between service users, students and lecturers. These interactions and relationships occur within a distinct setting, are grounded in authenticity (where authenticity is interpreted as something which is real, genuine or true), and influence the development of shared narratives of service user oriented practice. Within the context of the findings from this study, authentic relationships are relationships between all three participant groups (students, service users and lecturers) that are grounded in openness and honesty, and allow mutual development to occur through the sharing of ideas and experiences.

As these ideas are closely woven throughout the data, providing a separate discussion of the meta-theme would necessitate a high level of repetition within the presentation of the findings. Therefore, the meta-theme will be referred to and woven into the presentation of each of the three theme chapters.

4.7   Reporting the Findings

The following three chapters will focus on each theme in turn; although the three themes are distinct at their core, there are areas where there is some overlap. Where this occurs, a conscious decision was taken by the researcher to place the ideas where they fit most strongly. The meta-theme 'mutual development through authentic relationships' will be woven throughout the commentary in each of the three theme chapters.

Each theme chapter will open with a pertinent quote from the novel chosen to highlight the theme being discussed, which will be followed by a consideration of that quote and a detailed exploration of the theme. Beyond the initial quote the findings will be presented in a way that does not include further elements from the three novels, however, these will be picked up again in the discussion chapter.

Quotes have been chosen from the data to illustrate elements within each theme. These have been labelled to show which of the three participant groups the quote is from, and which element of data collection it was taken from. The presentation of the quotes reflects the voice of the participants as far as possible, but punctuation has been added where appropriate in order to make the quote more readable. When written verbatim, some of the quotes had a stream of consciousness feel to them, which made them quite difficult to read. Capitalisation and the inclusion of full stops have been used within the quotes to minimise this. While quotes have been included from all three participant groups throughout the following three chapters in order to reflect the tripartite relationships within the classroom, the students were the least vocal of the three groups, and the service users far outnumbered the other two groups in terms of participation. As a result, the service user voice is referred to more frequently throughout.

Each of the following three chapters closes with a fictional narrative, written by the researcher from a student's point of view and designed to illustrate the main themes within the chapter. Both these narratives, and the initial quotes from the three novels, are presented in a different font to highlight their fictional nature.

4.8   Chapter Summary

This chapter has provided an overview of the data analysis process, beginning with the way in which the data were prepared for analysis, in terms of transcriptions and the use of NVivo 10. The initial approach to the analysis was outlined, and the choice of analytic method was discussed. Thematic Analysis was explored as an option, and preliminary coding was carried out using this method, however, it was quickly dismissed as the initial analysis did not reflect the richness of the data. Narrative Analysis was then explored as a potential analytic method, however this was also dismissed as stories were not deemed to be the focus of the data. Thematic Narrative Analysis was chosen as it seemed to present a middle ground between the two previously discussed methods. The data were then analysed using Thematic Narrative Analysis, the process of which was described in detail. The development of the themes was explored, including the use of narrative as a metaphor and the connections between elements found in the data and narrative elements found within high fantasy novels. Frank's (2010) work on narrative interpellation was discussed in terms of its relevance to the data, and further detailed coding was carried out from this point of view. The iterative process of refining the themes was described, with particular attention paid to the development of sub-themes and the labels used to describe them in order to appropriately reflect the data.

Three novels were chosen to further illustrate each of the three themes, and a discussion of each of these and its relation to the theme was presented, before a discussion of the meta-theme was presented. Finally, the chapter provided an indication of the way in which the findings would be presented in the following three chapters, including some discussion on the use of quotes within the presentation of the findings.

5   Setting: "Real world as opposed to what?"

'Why don't you ask me about where I come from? I've got to tell you. The world I come from doesn't allow anyone to live except on its own terms. Those terms - those terms contradict yours.'
'What are its terms?' the High Lord asked carefully.
'That your world is a dream'

'The Chronicles of Thomas Covenant, The Unbeliever', Stephen R Donaldson

5.1   Introduction

Within the data, the setting, or 'where' service user involvement takes place is important, both in terms of the wider context of the university setting and the more practical aspects of the actual physical location. In 'real' terms, the wider university setting offers a variety of different opportunities for service user engagement in the classroom, within facilities which are located in several different buildings around the main campus, ranging from fairly modern to older and more traditional. The actual, physical location of these classroom encounters encompasses a spectrum of venues, from smaller, more informal classrooms to much larger, formal lecture theatres. Within the data, the observations of teaching sessions illustrate this variety, as they took place in three different buildings, two different lecture theatres and three sizes of smaller classroom. Wider aspects of the university setting are also commented on within the data in terms of relational spaces such as corridors, lifts, café and library spaces.

The importance of the university setting is explored within this chapter, through the idea that there are two worlds (the university and the real world), and that certain types of learning can only take place in one of those worlds; a notion which Donaldson explores in 'The Chronicles of Thomas Covenant, The Unbeliever'. When Covenant is transported into another world he perceives it as a dream, but it is his immersion in this dream which allows him to learn about himself and develop in ways that he would have been unable to do in the real world. This resonates with ideas expressed within the data, that the interactions between students, lecturers and service users within the university are unique to that setting, thus, the resulting learning is unlikely to take place elsewhere. This chapter will explore these ideas in three sections, as illustrated in Figure 5.1. The first section, 'University vs. Real Life', will develop the notion that the university is a separate world, distinct from the real world of clinical practice, home and community, and as such provides

a unique space for students, service users and lecturers to interact. The second section, 'A Safe World', will explore the importance of safety, particularly in terms of emotional safety and the necessity of support for all three participant groups. The third section, 'A Practical World', will explore the more practical aspects which make the university such a unique setting. The three sections will also include references to the meta-theme 'Mutual Development through Authentic Relationships' where appropriate throughout. Finally, this chapter will conclude with a summary of the main findings for the theme of "Real world as opposed to what?", before presenting a fictional narrative written by the researcher from a student's point of view and designed to illustrate the main themes within the chapter.
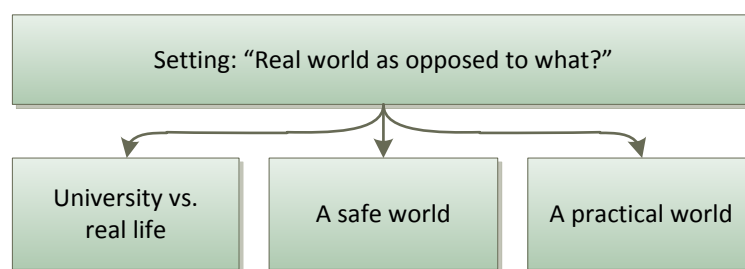

Figure 5.1 Theme and Sub-Themes for the Narrative Element of Setting

5.2   University vs. Real Life

In the wider context, both students and service users often referred to real life as something that occurs outside of the university setting, implying that the university is a different world, one which is grounded in a different reality and therefore open to different behaviours and interactions between the participants. One service user talked of this in terms of the insights that service users provide that help prepare students for the "real world", explaining:

> *"Yeah the key thing is that insight isn't it? We're giving them [students] insight into, our lives so they so they can learn er, and also, we're the sort of people they'll be mixing with when they're out in the real world, out of university and in the employment, these people that they'll be working with ... so they have to get used to us, yeah" (Service User; 2nd Phase Workshop).*

By coming into the university, service users bring a bit of real life with them, but in an accessible way that allows the students to learn and "get used to" working with them. A clear example of this split between the two worlds of 'real life' and 'university' is the difference between the classroom and the practice settings (although students may visit a variety of practice settings, the participants generally seemed to be referring to practice as

an acute clinical setting, i.e. hospital). The practice setting is seen to be more closely related to 'real life', and is a place where the 'nurse' aspects of a student's sense of self are dominant, and they will therefore behave accordingly, taking on a more professional role than they perhaps would in the classroom. Within the confines of the university, however, the 'student' aspects of themselves are given emphasis, allowing nursing students greater latitude to interact with service users, and to a certain degree lecturers as well, in a more relaxed manner. Interactions within the university, therefore, allow for a differently focused and concentrated form of learning, allowing students to gain more knowledge about service users and their conditions than they would be able to in the same amount of time in 'real life', as described by one service user:

> *"I say to some of the students, 'What you get here [in the classroom] is like a concentrated placement, cos you're getting a massive load of experience in say, in an hour, and to get that in real life you'd have to go out say two weeks here three weeks there four weeks here, and then you've got it ... it's like a concentrated placement and you get a reaction back'" (Service User; 2nd Phase Workshop).*

Student opinion appears to reflect this, as they acknowledged the difference between interacting with service users in the university versus practice. For one student, service user involvement was important because it "*made you think outside the classroom*", which appears to reflect the notion of the university setting being distinct from the practice setting. Another student explained the difference further:

> *"I personally thought this was useful because it was gaining insight into service users that are well in the community – don't often see on acute wards where my placements have been" (Student; 1st Phase Workshop).*

While on clinical placement in acute settings students are likely to only see service users who are unwell which apparently inhibits their ability to see beyond the illness phase, and into recovery. One student expressed surprise at the "*knowledge and professionalism of service users*", further highlighting the difficulty students face in seeing beyond a patient's medical condition, and suggesting that service users only exist for students when they are 'made real' by being in hospital. Once they are discharged and move from a 'patient in hospital' role to a 'person at home' role, they seem to almost disappear and stop being real to students. Being in the university allows students to see service users outside a patient

role and in a recovery, or 'person at home' phase and to interact with them a different way. Rather than focusing on their illness, as they would in a placement context, students are able to develop more relaxed and informal interactions with service users, which allows them to develop an understanding of them as people.

These two worlds are not only distinct for students, as lecturers suggested that a similar distinction is made between the worlds as experienced by service users. This distinction was highlighted by one lecturer who explained:

> *"Being in a university and teaching, being part of a teaching team and being in a classroom is a very, very different environment to the environment in which they receive care and treatment" (Lecturer; 4th Phase Interview).*

Not only are students able to interact with the service users in a different manner while in the university setting, but equally service users have the opportunity to interact in a more informal and open way with students and lecturers. The workshop facilitators reported that the university appears to be seen as a different world by the service users, "*there is that notion of this place being distinct you know a part of their community but distinct from the community and it being kind of a no go area" (Workshop Facilitator; 3rd Phase Feedback Session),* to the extent that some service users commented that before becoming involved in Comensus they would never have expected anything like that to happen, as one service user explained:

> *"If I can use my own personal experience, I would never have dreamt of being in the university. I might have been sweeping the floor, but never coming teaching … This is the place where it starts, in this university, so by bringing the community in and bringing in that authenticity, then that's the way you change things" (Service User; 3rd Phase Workshop).*

Many of the service users spoke of a drive and desire to make a difference to practice, and the university was seen as an interesting and effective vehicle for the beginnings of change to be made. There was a sense from one service user that things can be done in a university that would not necessarily happen elsewhere:

"I was thinking about what comes out of university, and I'm not sure whether we are, I mean this is where radical thinking starts and innovation isn't it? So we're part of that, I like to think we're part of that process" (Service User; 2nd Phase Workshop).

For this service user, being part of the university means being involved at the start of things, the beginnings of new ideas which have the potential for impact further down the line, when students qualify and become practicing nurses. The same service user emphasised the feeling of being in a different world as he described his involvement at the university as "*coming here … from being in another world*".

Emphasis was also placed on the non-classroom spaces within the university where students and service users, in particular, can interact on a more informal basis. The conversations that take place in these non-classroom spaces were valued highly, particularly by lecturers and service users, as they talked about how they created opportunities for students to speak on a one to one basis with service users. This in turn meant that the students could ask further questions which they may not have felt comfortable asking in front of their peers, or they could share their own experiences where they felt that they resonated with those of the service user, as described by one lecturer:

"And I think one of the things to happen as well is it precipitates corridor conversations, where people won't say anything in the classroom but they'll come up to somebody afterwards and say 'You know that was a lot like my sister's story' or, or whatever you know" (Workshop Facilitator; 3rd Phase Feedback Session).

These interactions were perceived by both lecturers and service users to hold a higher potential for deeper learning on the part of the student, as they offer opportunity for the further development of authentic relationships. The non-classroom interactions were also described as a point of pride for service users. When asked in one of the first phase workshops to relate a particularly positive aspect of being involved in a teaching session, one service user responded "*when after a teaching session some students stay back to talk to you about the session".* During three of the five observed teaching sessions it was noted that several students hung back at the end of the session and had a quiet talk with the service user involved, which suggests that this is a fairly frequent occurrence.

It seemed to be important to lecturers that these opportunities for students and service users to communicate outside of the classroom are encouraged; one lecturer commented that "*having them [service users] around more [on campus] would be good*", and went on to suggest that it would be beneficial to the students if perhaps service users could be allocated to a particular department or area, in order to be seen more often by students in an informal way.

For some service users the boundary between the two worlds of university and real life can become blurred, as they spoke of the apparent pleasure that they gained from being approached by students while in a clinical setting. For one service user these interactions appear to provide affirmation of the value of the sessions that they take part in:

> "*One of the best aspects of the teaching sessions is when the students see you out and about or on placement and still want to come and talk. This shows they are still interested in what we have to say*" (Service User; 1st Phase Workshop).

For this service user, the continuation of these interactions beyond the university and out into the student's placement - real world - was clearly an important element of the satisfaction that they gain from classroom involvement. However, there appeared to be an almost unspoken agreement that the opposite form of interaction, i.e. a service user approaching a student in a clinical environment, would be potentially intrusive and therefore inappropriate. For other service users, this idea of a blurred boundary between the two worlds takes the form of a transition period from one world to another; where the home setting is seen as an aspect of the real world. One service user shared his story of his journeys into the university:

> "*I get the bus … as soon as I'm on the bus I'm away I feel really good, but the walk to get to the bus I can be quite stressed and have to, er I just feel a bit anxious, just walking to the bus stop I find quite hard so, I I've tried walking all the way to the university but I find that hard, so the bus just gives that sense of connecting with people and some kind of framework to go with*" (Service User; 2nd Phase Workshop).

The sense of self that is dominant for service users in the home setting is potentially bound up with their role either as service user or carer, and the history that they have lived through. In a clinical setting, they are likely to be more clearly defined as patients, whereas

in the university setting their sense of self is as a more empowered person with valuable skills and experiences. Moving from one sense of self to another seems to require preparation for some service users, and the bus appears to be an integral part of this particular service user's preparation for being in the university setting, and as such could be described almost as a transition stage between the two worlds.

5.3   A Safe World

The notion of the university setting providing a safe environment was one which was returned to time and again by all three groups of participants, right from the first phase of workshops where "*safe environment*" was identified as a theme by the participants. This idea was developed as the workshops progressed, with the difference between university and real life being identified in the third phase workshop where the following statement was produced by the participants:

> "*Opens up opportunities to talk honestly from each other's perspective - in a safe place (classroom) which is different than real life practice*" (Participant Statement from 3ʳᵈ Phase Workshop).

The university or classroom setting offers an opportunity for students to listen and respond to service users' stories in a way that is different to opportunities offered in the real life, or practice setting. The opportunities provided by the classroom setting to talk honestly and openly is integral to the development of authentic relationships. The classroom setting is described by one lecturer as a place which *"enables sensitive foregrounding of emotions and feelings",* offering students a place in which to encounter the highly emotive aspects of a service user's story in a way that allows them to both display and work through the feelings that the telling arouses in them in a supported manner, either within the classroom context or on a more informal, one to one basis with the lecturers or the service users themselves. One lecturer highlighted the importance of this support:

> "*Some stories are difficult to hear and can be detrimental to students if they are not prepared and supported*" (Lecturer; 4ᵗʰ Phase Survey).

This opportunity is perceived by all three participant groups to be absent in the practice setting, where students are thought to be less able to voice their emotions or ask questions. One lecturer told a story of a classroom encounter with a foster parent of children with disabilities:

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"One mum … fostered a lot of children with disabilities … and she talked about when she went out to places nobody ever acknowledged or spoke to the child, and some of the students admitted that that they felt inadequate when these sort of children were in hospital … that they didn't know how to communicate with children with special needs, they didn't know what to do and what to say, you know. So that [classroom] gives you [students] a safe environment … to sort of ask questions or admit your problems, admit the way you feel deficient, you know, whereas perhaps on the ward you wouldn't" (Lecturer; 3rd Phase Workshop).

The environment created within the classroom offers students the opportunity to discover perceived inadequacies within their own practice, such as gaps in their communication skills, and the ability to work through these without feeling deficient or unprofessional. There was a sense from the participants that the support available to students within the university setting is far superior to that within the practice setting, as the infrastructure within the university provides multiple opportunities at different levels for students to seek and gain support, from the immediate support within the classroom environment to support services offered by the Student Union. It is this support that helps to make the classroom a safe environment, not just for students, but for service users and lecturers as well, as one lecturer describes:

"I think emotion, I mean all of this is about, you know … teaching with service users in the classroom it is emotional, you know. It's emotional for the students, it can be emotional for the lecturers, and I guess it can be for you [service users] as well … and I don't think that is a bad thing, but I think sometimes ... it's safer for it [emotion] to be experienced here rather than out in a clinical setting where there's no support" (Lecturer; 2nd Phase Workshop).

Listening to service user stories provokes feelings in students, where the experience that a service user is relating resonates with them, either through similarities with their own experiences or those of people close to them. It was apparent that the service users were aware of this, and keen that it should happen within the safety of the classroom as opposed to anywhere else, such as the students' home environment, as one service user suggested:

> *"I think it's good like, them getting, getting to be able to work through them*
> *feelings while they're here, rather than just like ... facing them when …*
> *they're on their own sort of thing ... Like here [classroom] they can talk*
> *things over afterwards in more like, a controlled environment, supportive*
> *environment, but it's when they're out on their own [in placement] they*
> *come across these things. If they've not experienced it before, they go home*
> *and they've nobody they can talk to and that must be hard"* (Service User;
> *2nd Phase Workshop).*

The balance between allowing a service user to share their experience, and supporting the welfare of the students creates a tension for the lecturers facilitating the session, as they attempt to both foster the learning opportunity while at the same time ensuring that the students are not adversely affected by what they are hearing. One lecturer described being aware of this tension, and the internal conflict that it causes:

> *"Cos you can't know who's in that classroom … I've seen it before where I've*
> *known something's going to go wrong in a classroom, where a service …*
> *user's come in and started talking about something that's too close to*
> *[what] a student is going through … themselves and you just sit there and*
> *you think 'How, how can we deal with that?' Because you don't want to stop*
> *the story but … you know you've got a duty of care to your students as well,*
> *but then you don't know in any one class how many other people are going*
> *to be affected by it"* (Workshop Facilitator; 3rd Phase Feedback Session).

This potential impact of relating a story and the awareness of its possible affect is also felt by the service users who also experience a sense of tension whilst telling their stories. The service users were aware that being a student does not necessarily preclude them being a service user, nor does their role as a student protect them from vicarious distress. Part of their training through Comensus explores this and they are encouraged to communicate this awareness to students, by letting them know that if they do become upset during a session they are able to leave. One service user describes:

> *"There has been occasions when some of the students have actually said,*
> *'You know I can relate to that', and there's been some talks where you can*
> *see some of the students … because they've been in that situation, becoming*
> *not so much upset, but starting to seem concerned … Just because they're a*

student doesn't mean to say they don't have their own issues, and we make

them all aware of that … then they know they can go out if it's too much …

It's very rare that we've had that, we've had the opposite effect, where

we've had some people talking in different lectures, and they've come to

some of our members and said, 'I can totally relate to that, and it's nice to

hear somebody else talk about it so it's not just me thinking like that'"

(Service User; 4th Phase Workshop).

Being aware of and managing this tension is clearly important for both lecturers and service users alike. However, this issue was not discussed by any of the students during the workshops. The service user states that it is *"rare"* that students leave sessions, which suggests that it does happen. However, he also implies that opposite effect happens more often, where students will approach individual service users in the non-classroom spaces and share a more positive reaction to the story that they have heard. Being open and honest and demonstrating awareness within the classroom sessions in this way provides opportunities for mutual sharing and the development of authentic relationships.

For students, the notion of the classroom being a safe space is more one of personal protection from service users. There was an implied feeling of vulnerability as students clearly identified a preference for the lecturer to remain in the room when service users were present, as reported by the workshop facilitator for their group:

"They'd had some experiences of where the person had come in and the

lecturer had exited, and they'd just been left with the person, and there were

others where they'd had the service user and the, the lecturers doing kind of

like a duet of some sort, and they felt quite ... a lot of what they were talking

about was being safe as students so … they quite liked the duet version of

things where there was somebody there who would actually help mediate

things … they wanted to be safe … to be protected from people that had

transgressed in some way" (Workshop Facilitator; 3rd Phase Feedback

Session).

This vulnerability could be linked to the reversal of power from being in the clinical setting where the 'nurse' aspects of their sense of self are dominant, to being in the classroom setting where 'student' aspects are at the forefront. Although students were keen that service users were recruited effectively to ensure that they were appropriate people to be

teaching a group of students, they were aware of the difference between interacting with a service user in the classroom setting rather than the clinical setting. They acknowledged that in the classroom, in the world where they perceived themselves predominantly as students, they were entering into a different relationship with the service users than they would have in a clinical setting. Service users in the classroom were not defined by the 'patient' aspects of themselves, which meant that students could ask them questions that they would not ask in a clinical setting:

> *"There was also the notion of them feeling safe because this person had presented themselves as [a] kind of like available person in a classroom setting, that they could ask all the questions that they perhaps wouldn't be able to ask that same person if they were in a clinical setting"* (Workshop Facilitator; 3rd Phase Feedback Session).

There is a similar sense that being in the university setting gives service users the freedom to express themselves in a more open and potentially safe way than they would be able to in a clinical setting, as they perceived that what they said would be less likely to jeopardise their care:

> *"I think in a very, very general sense the university is more of a protected space for user involvement than clinical practice, because it, it's safer [for service users] to communicate to students … your clinical care is not at stake when you're making that communication so it's safer for the service user to be ruder as well (laughs) if they wanted to be"* (Workshop Facilitator; 3rd Phase Feedback Session).

However, this freedom to express themselves does hold implicit risks. Some service users expressed concern at the possibility of being asked to share more of themselves than they wish to, with one service user describing the vulnerability he feels when students are asking questions:

> *"You see I feel more vulnerable though … because, erm, you don't know what they're going to ask or say or anything, so there's always that unknown element, which some people might like, but I feel more vulnerable"* (Service User; 4th Phase Workshop).

A fellow service user appeared to feel more sanguine at the prospect of being asked a difficult question, and reiterated that they always preface their sessions with a reminder that they do not have to answer a question if they do not want to, saying *"if there's things we don't wanna talk about we'll just say I'm sorry I'm not prepared to talk about that or I'm not prepared to answer that question"*. However, this was not evident from the observations of the teaching sessions as none of the sessions included a statement from either the service users or the lecturers involved with regard to asking and answering questions. Another service user expressed concern with this approach, suggesting that they needed to be able to feel that they could say that they did not want to answer a question *"without feeling as though you're being, obstructive"*, implying that he expected a negative response from either the students or lecturers if he declined to answer a question.

The service users were also concerned with the level of engagement within some sessions, particularly where students were distracted with mobile phones. As one service user explained, seeing students paying more attention to their phones than to what she was saying had quite a negative impact on her:

> *"When we stand there, we're telling you about something in our lives that could be absolutely horrific and re-traumatising. Each time you say it a little piece of you goes, you know, erm and you know for us, which I see loads, is people sat at the back of the room like that ... and it's so like ... thanks a lot … I'm baring my soul, my heart and everything and you can't even give me the decency to turn your phone off" (Service User; 3rd Phase Workshop).*

This had quite an impact within the workshop, and appeared to be a concern shared by many of the service users. One service user's approach to it, which was to say *"I would go and take a phone off somebody to be quite honest with you"*, evinced a strong reaction from the students in the group, who responded with apparently negative body language, such as folding arms and turning away from the service user in question. Several students did, however, offer potential solutions such as *"make 'em share what they're doing"* or *"tell them to leave if they're not going to listen"*, suggesting that although they did not necessarily agree with the service user's response to the issue, they did agree that it was negative behaviour which should be challenged in some way. One student gave a constructive response to actually involve phones in a teaching session - *"do a quiz with mobile phone answering"* - although this suggestion was not taken up by any of the other participants. One student offered a reason for other students' behaviour:

> *"I don't think a lot of students realise the benefits from sitting and listening to you and that's probably why they sit on their phone a lot"* (Student; 3rd Phase Workshop).

Another student relayed a story which described a lecturer's approach to the same issue:

> *"Student:* *We once had it in one of [lecturer]'s lectures and, erm, with everyone on their phones … and she said … 'If people don't want to be here then go, I'd prefer you to go than be on your phone', and ever since after that no one's sat on their phones, 'cos people felt like they were missing out if they didn't get to go.*
>
> *Lecturer:* *Did anyone go?*
>
> *Student:* *No they all put their phones away"* (Student & Lecturer; 3rd Phase Workshop).

The students involved in the workshop appeared to share the service users' concern that mobile phone usage during a teaching session was an issue, but differed on the way in which they would tackle it. However, there is a question over whether the students expected the service users to respond in the same way as a lecturer would, even though they inhabit different roles within the classroom setting, and the service users' voices are not necessarily strong enough to deal with what are perceived to be adverse conditions.

5.4 A Practical World

On a practical level, participants discussed aspects such as group sizes, and the structure and formality of the session; the optimum was felt to be a small group, in an informal session with a loose structure. More creative methods were also discussed, such as the use of technology to produce a 'virtual' classroom.

All three participant groups agreed that teaching sessions involving service users seemed to be more effective in a classroom setting rather than a lecture theatre and with small groups of students. For the students, the sessions in smaller groups were preferable as "*there was not many of us and we all got to ask things*". Another student explained that a small group session "*leads to more discussion, people feel uncomfortable voicing their opinions in larger groups",* suggesting that students feel more relaxed in smaller, more informal sessions that actively create opportunities for them to open up and share more, which in turn allows the development of authentic relationships. This is a view shared by

lecturers, one of whom suggested that small groups with service users *"can maximise the relational"*, and is also supported by service users who *"found no empathy"* in those sessions which took place in lecture theatres. Lecturers also suggested that smaller groups *"can be less intimidating for both student and service user"* and that they *"allow more discussion and dialogue"*. All three groups agreed that the sessions should be service user led, although one lecturer suggested that the ideal would be *"joint working in smaller problem solving groups"*. The rationale for the session being service user led appeared to be so that the service user's story was the focus. This was of particular importance for the service users themselves, who discussed issues around how they were expected to tell their story. The service users described how, for the majority of sessions, they would focus on particular elements of their story to fit in with the academic topic being discussed in the module that they were participating in, which resonates with the observed sessions, as four of the five were focused on a particular academic topic. In one of the observed sessions, for example, the academic topic was Mental Health Policy and Practice, and the two service users shared their stories of being sectioned under the Mental Health Act. However, one service user raised concerns that this did not give them the opportunity to develop their stories completely:

> *"But in a, in a classroom though, you don't have the time to individually develop your story completely, you're telling that story within the confines of an academic topic"* (Service User; 4th Phase Workshop).

As an alternative, the service users displayed a preference for smaller group working, where students were given the opportunity to speak to service users in a more informal and relaxed way, allowing service users more control over the story that they shared. They emphasised the importance of being on the same physical level as the students; for one service user sitting with students rather than standing in front of them provided the important difference between talking at the students and talking with the students:

> *"I mean we're sat down with them … rather than standing up and talking at them, we're more talking with them … I think they relax more cos they feel we're all together, you know"* (Service User; 4th Phase Workshop).

Being on the same physical level as students was also thought to improve eye contact, make students feel less intimidated and the service users seem less *"hard faced and … struggling to cope with life"*. By increasing the opportunities to give an honest and open

account of themselves, service users are encouraging the development of authentic relationships within the classroom setting. For one service user, the smaller group sessions helped students to feel at home in the classroom:

> *"They're really relaxed and at home, it's like, almost like story time and they will sit together and listen to us, so it is a more relaxed atmosphere" (Service User; 4th Phase Workshop).*

The suggestion that feeling *"at home"* is desirable suggests that home is somewhere that is comfortable and safe, and a place where you can relax and be yourself. Bringing the idea of home into the university suggests that the two worlds are closely aligned. This emphasises the idea that 'real life' is the more professional and formal environment of the practice setting.

Another practical and important issue related to time management within the teaching sessions, although one lecturer acknowledged that it was challenging:

> *"Time management: challenging to keep patient stories to time but important as lack of doing this puts people off involving service users in future" (Lecturer; 1st Phase Graffiti Wall).*

Although the suggestion that people would be put off involving service users appears to refer to lecturers, this view relates to students as well, as two of the observed sessions ran over time, prompting a lot of checking of watches, coughing and shuffling from the students in the room, even though they had been fully attentive and engaged right up to what should have been the end of the session. Students were also concerned with environmental aspects, citing the importance of things such as having *"breaks / food", "good room temperature",* and a *"comfortable room",* suggesting that students place more importance on their immediate surroundings than service users or lecturers.

One of the biggest practical issues that was raised by all three participant groups was the problem of access for some service users, particularly children and young people, or those with severely debilitating conditions. Bringing people who are deemed to be vulnerable into the university raises ethical issues, and also creates more requirements in terms of more sophisticated and potentially costly support. There are also issues in terms of timing, as one lecturer described:

"What is more difficult is getting children and young people in to the classroom … I, take … student nurses out to school to do the [pre-hospital admissions] clinics, which is fantastic erm … but sometimes you, you just think it would just be really good to have a young person in to tell us what it's really like to live with x y or z, erm … So I suppose that would be something, erm, but I am very aware of the constraints, you know, they're at school" (Lecturer; 4th Phase Interview).

One of the potential solutions to this was to utilise technology within the classroom, in terms of videocasts or live feeds, but this was met with very mixed reactions from the participants. For some of the lecturers this was an ideal solution, as it meant that where service users were unavailable or unable to access the classroom, a video alternative would *"bring in the voice of the seldom heard"* to ensure that students were still hearing service user stories. The students seemed interested in the idea of technology, but only as an addition to service users being present in the classroom. The students' idea of engagement, as reported by the workshop facilitator for their group, was "*a real person actually flesh and blood body"*. However, one student could see the advantage of being able to hear other service user stories as well, as they identified service user participants within the workshop whose stories they had not heard in the classroom:

"And then you could watch the other ones [service users] too couldn't you? 'Cos I know we've had a few service user talks, but we haven't, there's a few people in here that we haven't, you know, they are service users, we haven't heard their stories" (Student; 3rd Phase Workshop).

There was also a concern from lecturers that some students could become overwhelmed by a particular service user's story and use that person as a model for responding to other people with the same condition, even though each individual's experience is likely to be different. Offering additional stories via technological means would enrich the students' insights through exposure to a breadth of experiences. For the service users, however, there appeared to be no substitute for actually having a person in the classroom, sharing their experiences and being able to answer questions. The service users were invested in being physically present and offered responses such as *"it's a good idea but it still doesn't have the impact of having somebody there"* and *"the difference between watching a video and watching somebody actually tell you is immense".* Real impact for the service users was strongly linked to their physical presence which created the context for student interaction;

anything else was seen as a poor substitute. Mutual development can only occur where all are present and engaged together.

5.5 Chapter Summary

This chapter has explored the notion of setting; in particular the unique nature of the university setting in terms of the sense of self which it engenders in students, service users and lecturers, and the resulting interactions and learning which take place there. The importance of the different kinds of place has been discussed, including the non-classroom places within the university and the opportunities that they present for further interactions and learning. The notion of 'spillage' has also been explored, in the sense that the different worlds of university and real life are not sealed, but have blurred boundaries, and movement between the two worlds may often consist of a transition period.

A specific aspect of the uniqueness of the university setting is safety, as the university provides multi-level, multi-layered support for students, service users and lecturers. The classroom is perceived as being a safe environment, where students can experience the emotional impact of hearing service users' stories and are supported in this; equally, service users feel supported to share their stories with students. The tension that this creates, between maximising emotional impact and minimising vicarious distress, has also been explored. The idea of vulnerability has been discussed, both in terms of the vulnerability of students and their concerns with regard to service users who are perceived to be dangerous, and the vulnerability of service users in terms of not wanting to reveal too much of themselves and being able to refuse to answer questions, as well as the negative impact when students are not fully engaged in the session.

This chapter also discussed some of the practical issues of service user engagement in the classroom, where a preference was indicated by students, service users and lecturers for small, informal groups, in a classroom setting where there are opportunities for service users to sit with students, as opposed to standing at the front of the room. The importance of time management was also discussed, as were issues around access. Some alternative methods of engagement utilising technology were presented, but were seen to be useful only as an addition to having a service user present in the classroom.

Elements of the meta-theme, 'Mutual Development through Authentic Relationships', have been woven throughout the chapter. Setting clearly has a significant impact on the development of authentic relationships, with opportunities created particularly within the

non-classroom spaces where mutual sharing of life experiences can occur. Equally the importance of the classroom as a safe place has an impact on the development of authentic relationships, as the ability to talk openly and honestly is integral to this. Smaller, more informal groups where the service users are on the same physical level with students increase the opportunities for all participants to give open and honest accounts of themselves and encourage mutual sharing. Digital options for service user engagement were felt by participants to be a poor substitute for service users being physically present in the classroom, as all need to be present and engaged together for mutual development to occur.

To conclude this chapter, a closing narrative drawing on elements of the theme "Real world as opposed to what?" will be presented. This fictional narrative takes the perspective of a third year student nurse. 'Stepping into Another World' is the first part of her story.

5.6   A Closing Narrative: Stepping into Another World

It was a cold morning and she didn't want to get out of bed, but, as she hit the snooze button for the umpteenth time, she realised she was going to be late if she didn't get a wriggle on. Grabbing a coffee and a piece of toast as she dashed through the kitchen on her way out of the door, she reassured herself that she'd feel better once she was on the bus, she always did.

Arriving on campus felt like stepping into another world. After being on placement for the past few weeks she'd almost forgotten how to be a student. But there were her friends, waving her over as they headed for the stairs.

'Come on!' they called.

'What's their rush?' she wondered as she hurried over to them, 'it's not like them to be so keen.'

As she walked into the classroom she was relieved to see that there weren't many other students there; even though larger groups offered a degree of anonymity and she could usually get away with not saying anything, she still felt more relaxed with less people around. She dropped into a chair and shrugged her coat off, she didn't want to be too warm or she might find herself nodding off she was so tired. Just then the lecturer walked in, with another adult that she didn't recognise, and began to speak.

'Welcome everyone; we have a slightly smaller group today as we have a guest. I'd like to introduce you to Maggie. In our last session we talked about type 1 diabetes, and today Maggie is going to tell you what it's like to actually live with it. I'll give you a couple of minutes to get settled and then I'll ask Maggie to start, and I want you all paying attention. If you have any questions Maggie is happy for you to ask, but please do remember that she doesn't have to answer if she'd prefer not to.'

She sat up straighter; this could be interesting - but then she realised the downside of a small group, and turned to the friend sitting next to her.

'We'd better think of a question,' she said. 'We'll not get away with not saying anything today!'

'At least it's a bit safer asking here than in practice' her friend replied, smiling. 'Hopefully Maggie won't be too offended if we ask something stupid!'

'Well she looks friendly enough,' she murmured, aware that Maggie was about to start, 'so fingers crossed!'

6 Character: "Students, service user, lecturers - there is a togetherness about it all"

'Why Sam,' he said, 'to hear you somehow makes me as merry as if the story was already written. But you've left out one of the chief characters; Samwise the stout-hearted. 'I want to hear more about Sam, dad. Why didn't they put in more of his talk, dad? That's what I like, it makes me laugh. And Frodo wouldn't have got far without Sam, would he, dad?'

'Lord of the Rings', JRR Tolkien

6.1 Introduction

A student's journey is not an entirely solo one, each student needs the help and support of lecturers, and service users, as well as other students (and a whole range of clinicians) in order to successfully complete their course and become a skilled and compassionate nurse. The notion of journeying together is an important one and Tolkien's use of character in his novel '*Lord of the Rings'* highlights this effectively. Sam is a companion character but he is important to the story, Frodo would not have got far without him, as the quote above states, as he could not possibly have completed his journey in isolation. The companions who travel with Frodo are part of the Fellowship of the Ring and each brings a particular strength to the group, and is able to help and advise Frodo at different points in his journey. Frodo is also aided along the way by other characters, who, although they may have a smaller role in the story, are equally important to both Frodo's development and to the development of the plot. It is the interactions between the characters that allow the plot to move forward; much as the interactions between students, service users and lecturers are perceived to be of vital importance to the success of service user engagement in the classroom. Within the context of the findings from this study each student could be described as a main protagonist or 'Frodo' of their own individual learning journey and each is supported by people who accompany them for the whole journey or, as with the service users, small but crucial parts of the journey.

Within this chapter the ideas surrounding interactions will be explored in four sections, as illustrated in Figure 6.1. The first, 'Interacting Together' will develop ideas around the multi-way interactions found within the classroom and the importance of these for the success of service user engagement in the classroom. The second section, 'Asking

Questions', will explore the importance of the specific interaction of questioning, particularly in terms of opportunities for deeper understanding, and the development of communication skills. The third section, 'Being Real', will discuss the perceived benefits of having a person with lived experience in the classroom, as opposed to learning from scenarios. The fourth section, 'Balancing Power', will explore the issues raised by having another person in the classroom, and the tensions that this can cause, particularly for lecturers, but also for students and service users. The four sections will also include references to the meta-theme 'Mutual Development through Authentic Relationships' where appropriate throughout. Finally, this chapter will conclude with a summary of the main findings for the theme of "Students, service users, lecturers - there's a togetherness about it all", before continuing the fictional narrative written by the researcher from a student's point of view and designed to illustrate the main themes within the chapter.

Character: "Students, service users, lecturers - there's a togetherness about it all"

Interacting together
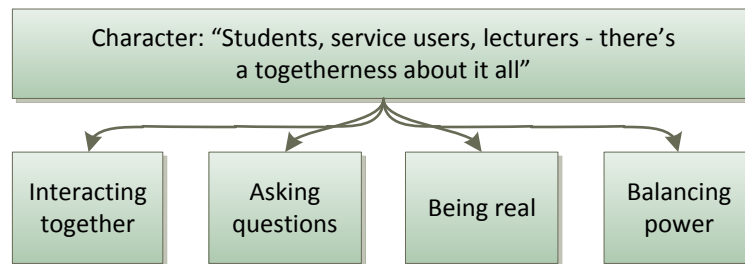
Asking questions

Being real

Balancing power

Figure 6.1 Theme and Sub-Themes for the Narrative Element of Character

6.2 Interacting Together

The notion of interaction between the three participant groups was seen by all three to be an important aspect of service user involvement. The main focus was on the three-way interactions within the classroom, with involvement from all three participant groups being viewed as important to the perceived success of the teaching session. For students, these interactions facilitated the breakdown of communication barriers, allowing them to talk to service users, while acknowledging that at the same time it allowed service users the opportunity to speak to them, as one student described:

> *"One of the, the things we said was breakdown of communication barriers …*
> *you get to talk to us, we get to talk to you" (Student; 3ʳᵈ Phase Workshop).*

This breakdown of communication barriers was only perceived to be possible where all parties were truthful and honest with one another; being *"truthful/honest"* was highlighted as being of particular importance by the participants in the first phase workshops, and is an integral component for the development of authentic relationships. One service user

elaborated on this by sharing a story about his experiences, where being open with the students in the group led to feedback which in turn allowed him to see those experiences in a different light:

> *" One of the things that occurred to me, and that, that was feedback from*
> *nursing students, was that in the scenario that I'd been in where my wife*
> *was paralysed and I lost my son, they were the first ones who came back to*
> *me and said, 'Well didn't anybody consider you from an emotional and*
> *mental state?' … and up to that point even I hadn't thought about that …*
> *and it was them who like put it into the spotlight and said, 'Why didn't*
> *somebody think about you, 'cos they should have done?' But they didn't do*
> *… nobody at any time ever, ever considered me, but it was only by talking to*
> *students here ... that I really realised that nobody had considered me"*
> *(Service User; 2nd Phase Workshop).*

By connecting in an open and honest way, authentic relationships were developed which allowed both the service user and the students appeared to gain from this interaction, with the students displaying a concern for the emotional wellbeing of the service user, suggesting that they were able to see beyond the experience conveyed by the service user to what lay underneath and what was missing. These connections are also perceived to be important by lecturers, as one lecturer acknowledged that mutual development occurs as students are not the only ones who learn from service users in the classroom:

> *"We [lecturers] also learn on the basis of having fresh ideas in the*
> *classroom, obviously that always happens … you know any teaching is*
> *always a two way street isn't it? But I think there are always insights to be*
> *had about things, however experienced you are, when you hear things from*
> *people's point of view" (Lecturer; 3rd Phase Workshop).*

Teaching sessions that were more interactive were perceived to be ones where effective learning was more likely to take place, as they encouraged debate with one another compared to sessions which relied on students just listening to the service users. For one service user, the whole concept of university engagement should be about being active rather than passive learners:

"I mean the thing about coming to university is to, er, be interactive isn't it?
… We want you to participate in the lesson and to debate things … and I
think it's, too much is just listening" (Service User; 4th Phase Workshop).

Building a rapport within the classroom was perceived to be a good way to facilitate interaction, and both lecturers and service users thought that the use of humour was a good way of doing this. Although the service user humour was described by one lecturer as sometimes being *"very black"*, they also said that this made the session *"really insightful or memorable"*. For service users, humour was an important tool by which they established their humanity within the classroom. Rather than being seen as someone in a vulnerable position who needs care, they were keen to be perceived as being on the same "*level*" as the students. One service user described the importance of creating a rapport through the use of humour:

"To create a rapport with them I think is important, 'cos they can feel at
home with you when they don't just see a service user, they see us as like
maybe someone on their level as well. Or you can have a bit of humour with
them, and a bit of banter if you can, 'cos that way they won't see you as a, a
scary service user that it could be in their heads, but if you connect with
them with humour, you know, I think that's quite good" (Service User; 2nd
Phase Workshop).

Creating rapport within the classroom was also viewed as a way of building mutual respect, which was seen as a key element of successful service user involvement, as one lecturer stated; *"if respect is present then it opens up the door – this is really important and pivotal to service user involvement"*. This mutual respect is multi-directional; the students agreed that it was important for them to have a respectful attitude, as they cited that the class should be "*willing to listen (respectful) (quiet)"* as being a priority for a positive teaching session. One lecturer's story of a teaching session implies a level of respect for the service user involved, which appears to be based on his professionalism:

"I just introduced and thanked the Comensus member and sat down with
the students. He looked smart, he was witty and quickly captured the
attention of the students. From the outset it was clear that the Comensus
member had listened to my aims of the session and taken that on board, he
invited the students to ask any questions whenever they wanted to, but

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throughout he posed questions to encourage student feedback and

questions" (Lecturer; 1ˢᵗ Phase Workshop).

Equally, service users spoke of respecting the lecturers and their aims for the teaching session, emphasising that the development of authentic relationships is important for service users and lecturers as well as students:

"For me it was about … partnership working … and knowing what the tutor

wants and working together to get the best thing … and that authenticity,

just being yourself, but working within that partnership thing" (Service User;

2ⁿᵈ Phase Workshop).

Service users also spoke of the negative emotional impact on them when respect was felt to be missing; this is covered in more detail in section 5.3. Part of the issue was felt to be a lack of engagement, which is perceived to be important for establishing positive connections and building mutual respect. Students being fully engaged in teaching sessions was an important element which was evident throughout all four phases of the data collection. For full engagement to happen, lecturers appeared to place the onus on the service user, as one commented *"if [the] service user strikes the right balance then it really does engage students"*. While service users were keen to ensure that they did this, and would ideally prefer a room of fully engaged students, one in particular had a more sanguine approach. He acknowledged that there will always be students whose attention is elsewhere, and therefore it was better to work with those who were interested, rather than wasting energy on those who were not:

"You can tell the ones that are really interested and the ones that are just

going through the motions … I think you've got to work with the ones who

you feel you can work with, and if they don't want to know, well … it's better

to … help the ones who really want to understand, and to make them really

good, than to be hitting your head against a brick wall with the ones who

don't really want to know" (Service User; 2ⁿᵈ Phase Workshop).

Although striking the right balance was felt to be down to the service user, some lecturers thought that it could be facilitated through appropriate preparation by *"connecting the material taught to the experience of a person"* and having a clear structure to the session. One lecturer also stated that service user engagement in the classroom can only be a positive learning experience for students:

> *"If the students and the person [service user] have been prepared properly and you [lecturer] have established a relationship with the person [service user]"* (Lecturer, 4th Phase Survey).

By working closely with the service user, lecturers felt that they could facilitate their disclosure in a way which avoided using the teaching session as "*a mechanism for catharsis; an opportunity to vent bad care issues which are not the students' fault*", as this was felt to be unhelpful. For one lecturer in particular, preparation was thought to be of vital importance in service user involvement, as she acknowledged the potential for a negative impact on the service user if the session was not deemed to be successful:

> *"You know, you can't ever make assumptions … The period of time that occurs before somebody's involved in a teaching session … needs to have, erm, really quite an in depth level of, of unpicking and development, before you go in together and just assume that it's going to work … because if it doesn't work then we've caused somebody who has struggled more than the average person in their life additional distress and that's … that's unforgiveable … you know"* (Lecturer; 4th Phase Interview).

The importance of these interactions before and after, as well as during the teaching session, was also highlighted by the students, who suggested that *"training [the service user], before speaking in front of class"* was important, as was having a *"lesson plan"* during the session and *"feedback"* from the lecturer afterward. Hidden among all of the more matter of fact points that were recorded by the students during this workshop, was the statement "*tutor look after SU [service user]*" which is far more emotive, and implies students' awareness that the teaching sessions can be emotionally difficult for the service users, and that support from the lecturers is essential. Support was highlighted as being vital by the service users, as one described:

> *"We can't do it without the support of the students, the staff … everybody, and our own and each other. 'Cos if we haven't got each other's support then, if somebody's not feeling well, and it happens, then you can just take a step back and say 'I'm not feeling good, can we…?' So you've got the peer support, you've got everything, you've got the training as well, 'cos we've all had training"* (Service User; 3rd Phase Workshop).

Student involvement in planning for the teaching sessions was suggested by a service user as an interaction which could further enhance service user involvement, as they could ensure that they're not just fulfilling what the lecturers want from the session, but that students get a chance to say what they want to hear, and be involved earlier:

> Service User: *I think one thing you could do, or the students could do themselves to help, that is to prepare a list of questions that they would like to ask us, us service users and carers, and us to feed back to that, and that way as a group, as a peer sort of group you could do that*
>
> Facilitator: *So briefing students before the lesson that service users come in*
>
> Service User: *Not just that, it's letting the students brief us as well, we need to ask what so we know exactly what they want*
>
> Facilitator: *So student involvement in the planning (Service User & Workshop Facilitator; 3rd Phase Workshop).*

This may have the potential to enhance engagement, if students have been involved in the planning for the session they may have begun to develop a connection before the session begins, thus increasing the likelihood that authentic relationships will be developed.

6.3   Asking Questions

Having the opportunity to ask questions was perceived to be an important aspect of a teaching session involving service users, for the students as well as the service users and lecturers. Asking questions was discussed as a means of opening up learning and allowing students to explore the issues being discussed in order to deepen their understanding; as one lecturer stated: *"the whole point is to provoke critical thinking and questioning minds"*. This form of interaction is not limited to students asking questions of the service user; although the majority of questions within the observed sessions were from students to service user. On several occasions the lecturer asked questions of both the service user and the students, and four of the service users also asked questions of the students. Service users highlighted the reciprocal nature of questioning during a session, with one service user explaining:

> *"I enjoy asking the students questions and getting their answers during the teaching session as well as encouraging them to ask questions of myself" (Service User; 1st Phase Workshop).*

Being able to ask questions is an argument which is presented for having an actual person in the classroom, as opposed to any other method of involvement, (although the use of remote methods does not necessarily preclude interaction, see section 5.4), as one lecturer describes:

> *"I suppose having the person actually there is always better for the students; it's always a better experience for the students 'cos they can ask whatever question they want" (Lecturer; 4th Phase Interview).*

Students may come to the session knowing what they want to ask; in one observation students had been briefed prior to the session and asked to think about the sort of information they might need, and questions they would want to ask. This preparation appeared to be effective; the students in this group asked more questions than any other group observed, on a wide range of subjects. Students can also develop their questions during the talk, by picking up on a point that they would like the service user to expand on, or questioning why something happened the way it did. In the experience of one lecturer, this can have unexpected consequences:

> *"So they can ask questions and, and often the conversation goes off, off in a direction that you perhaps hadn't ... thought it might" (Lecturer; 4th Phase Interview).*

Students seem to appreciate the opportunity to enhance their knowledge and understanding of a service user's lived experience. For one student, a particular session with a service user stood out as being memorable because the service user *"allowed us to ask questions and answered openly"*, thus enhancing the development of authentic relationships. This highlights the fact that asking questions is not just a one way interaction, for it to be successful those questions need to be answered as openly and as fully as possible. Clearly this has the potential to cause issues for the service user if a question is asked that they feel is too personal, or that they do not want to answer. This is generally overcome by making it clear to students that service users do not have to answer a question if they do not want to. However, this was not done in any of the observed sessions, although none of the questions asked appeared to make the service users uncomfortable, or hesitate to answer. Service users were very clear about the value of questions, and realised that some students might be put off from asking what may seem to be a very personal or difficult question, but encouraged them to ask it anyway. One service

user acknowledged this, and was keen that students should not be put off from asking difficult questions:

> *"And what it [a successful session] requires is for people to take on board and ask questions, and that's a really, really vital thing, 'cos by asking questions obviously it helps us and it does massive help to you, but … sometimes people feel nervous about asking questions, you want to get away from that … I mean I've been here ten years and I haven't come across a question that somebody's refused to answer, there will be one but I haven't heard it yet, so if we don't want to answer a question we won't answer it, but you'll gain more by asking questions and developing some of these points" (Service User; 3rd Phase Workshop).*

The importance of non-classroom spaces within the university setting for members of the three participant groups to hold more informal interactions (see section 5.2) was highlighted again here, as one service user explained to the students in the workshop that even if a question was asked that a service user declined to answer during the session, it might be that they would be prepared to answer it in a less public manner:

> *"On the other side of that, if somebody says they don't want to answer a question they might not want to answer it like this [in the classroom], but they might take you to one side afterward and give you an answer. So don't be afraid of asking questions like that" (Service User; 3rd Phase Workshop).*

Service users were also keen to highlight the fact that they welcomed questions as they provide affirmation for them that students are listening and are interested in what they have to say, as one service user explained:

> *"I think when they [students] seem interested in what you're saying … and … ask questions but not like intrusive questions, but like you know … just that if they seem interested in what you're saying … and want to learn and understand about things … it's good" (Service User; 2nd Phase Workshop).*

For lecturers, allowing students to ask questions also has the additional benefit of supporting them to ensure that they are framing questions appropriately, which is a skill that will be of use in practice. As one lecturer described, students are able to develop their communication skills in two ways; framing questions to gain the information that they

need, but also listening skills to ensure that they are asking the right questions and getting the answers that they need:

> *"Those communication skills of how to ask questions, without just getting a 'yes' and 'no' answer … They've got to be able to ask appropriate questions to get the information that they need to care for a, a child in my case, so that helps them to develop that hard skill, that question skill, but also listening skills as well, you know, they've got to learn how to listen properly to summarise and probe answers that they get"* (Lecturer; 2nd Phase Workshop).

Developing these communication skills within the classroom is thought to assist students with their development as nurses, as they are able to practice relating to someone who is in the position of service user and is a relative unknown, as one lecturer describes:

> *"It's about communicating with somebody you don't know isn't it, how do you approach somebody you don't know to do their blood pressure? You know, it can be difficult when you're not used to that sort of thing"* (Lecturer; 3rd Phase Workshop).

Being able to interact with service users in the classroom allows students to develop their relational skills in an authentic way which should be of value when they are working in the practice setting.

6.4 Being Real

Having a 'real person' as a physical presence in the classroom was perceived to be highly important by all three groups. The emphasis was very much on the session being as authentic as possible, so that students were presented with an individual's lived experience, in a way that they understood to be what had actually happened to that person in their life. This was thought to provide a more individualised view, as opposed to alternatives such as case studies and scenarios found in text books. Even though these may have been based on, or even written by a service user, they were thought to be faceless and therefore of less value than an actual person in the classroom. One lecturer told her story of becoming dissatisfied with case studies:

"We'd … develop scenarios that we used to trigger, erm, thoughts about what we should do when we're caring for people … and it would be a … written case study that largely was a conglomerate of experiences of different patients made into one … fictitious case study … but it was very much a paper exercise … So I wasn't entirely comfortable with that really cos I just thought that … that's not real, it's made up" (Lecturer; 4th Phase Interview).

Student thoughts appeared to echo this, as they discussed the use of scenarios:

"Student 1:   We use scenarios a lot

Student 2:   Yeah and we've watched videos too

Student 1:   Yeah but it's not real is it

Student 3:   I think the more realistic it is the better it is for us cos it puts more theory into practice when you do go out on placement" (Students; 3rd Phase Workshop).

Hearing the lived experience of an individual directly from them appears to hold far more weight with students than listening to lecturers relay information, or reading case studies in textbooks. One student described the difficulty of understanding what it must be like to live with a condition until they have actually spoken to someone who does have the experience:

"Like if we were sat in a lecture and the lecturer's telling us about a condition, we can guess what it's like, but because … you don't know anyone that's got it or anything like that … you don't have the real life experience, you could like guess but you don't really truly understand it 'til like someone like yourselves [service users] come in and tell us how you feel, what your experience is, how it's progressed with you, and you see it sticks in your mind more" (Student; 3rd Phase Workshop).

Having that interaction with a service user appears to assist students in retaining the information and understanding it, by having that individual to relate back to, as it "*sticks in your mind more*". There is a sense here that students feel they are gaining more from talking to service user who has experienced a condition, rather than having a condition described to them by a lecturer. Equally, lecturers appear to be aware that the service users are able to offer deeper insights, beyond the medical and care aspects of a condition

that they themselves are able to share. One lecturer shared her thoughts on the difference between the viewpoints offered by lecturers and service users:

> *"She was, you know, just so insightful and that insight is something that we as, as academics ... you can gain from an outside in view but you can never get that inside out perspective"* (Lecturer; 4th Phase Interview).

Another lecturer suggested that interacting with a service user in the classroom setting *"gives the student a true picture of a service user's experience and journey within the NHS"*. Some lecturers, however, raised concerns that having a service user in the classroom is only beneficial to students if that service user is able to present a balanced view, as one lecturer explained:

> *"Ensure you have 'good' service users (who don't have an agenda) and who can deliver a positive message to the students along with any challenges they may have encountered"* (Lecturer; 4th Phase Survey).

One lecturer suggested that service users from Comensus, the service user group at the University of Central Lancashire, sometimes seemed biased and *"as if they have an agenda"*. However, there is an argument, which was made independently, not in response to the lecturer's concerns that it is only through groups like Comensus, who provide training and support for the service users involved, that those service users are actually able to offer a balanced view. One service user explained that it is difficult to build up the confidence to share life experiences in such a way that they are understood by others:

> *"The difficulty is becoming confident enough, and confident enough in the group behind you to be able to express your feelings to people, so that they really understand how we feel"* (Service User; 3rd Phase Workshop).

Providing a balanced view can be difficult given that often the events that service users are recounting are emotional for them, and reliving them can often be traumatic. However, it is this realness and authenticity that captures the imaginations of students, and makes these sessions more interesting for them, as one lecturer stated "*student feedback often emphasised that the real life authentic experiences is what renders this interesting*". Service users were equally concerned that there were issues inherent in going too far the other way; developing their story too much could lead to an air of professionalism. They felt that

professionalism was inappropriate, as it conflicted with the real experience that they were sharing, leading to a lack of authenticity:

> *"Service User 1: I don't think we should try and be too professional, people should take us as we are, not, shouldn't try and be too professional*
>
> *Service User 2: I know where you're coming from that's being yourself isn't it*
>
> *Service User 1: Yeah we're sort of like giving, making it real sort of thing*
>
> *Service User 2: Yeah authenticity*
>
> *Service User 1: Yeah so I don't think like that we need to be like just*
>
> *Service User 4: Too tight too stiff with it*
>
> *Service User 1: Yeah I think that distracts from it I think if people are too you know too like slick" (Service Users; 2nd Phase Workshop).*

Seemingly, striking the right balance is a very difficult thing to do and at its heart is what one lecturer described as *"the ability of the service user to relate their own experience"*. This appears to be a concern shared by students, as one asked the question *"are we exposed to negative experiences more than positive?"* A different student, however, suggested that *"shocking service user experiences gives a realistic view of care"*, making a case for negative experiences offering a greater learning opportunity, as they are more realistic. One student was keen to hear service users' insights into how care can be improved, also highlighting the necessity for follow up work once an experience has been shared, which is an area which is further developed in section 7.3:

> *"I feel it could be more beneficial if the service user focused/explained how we could improve their experience from medical staff rather than focusing on their illness" (Student; 3rd Phase Workshop).*

Students also seemed to appreciate service users who not only offered their personal story in terms of their experience, but who also highlighted cultural differences, and explained how they do things differently and why. For one student, the story of a service user who was a Jehovah's Witness taught her a lot about differences, particularly in terms of the reasons for the decisions that were made and alternative treatments, that she felt she would never have learned in practice:

"We had, erm, a Jehovah's Witness that came in, and she were talking about her experiences … with blood, that she wouldn't accept the blood … erm and stuff like that, and for me I never understood why, do you know? … That taught me a hell of a lot, like why they won't accept blood and what different treatments there were and, where in practice you don't really see it you know, it teaches you a lot about it" (Student; 3ʳᵈ Phase Workshop).

Listening to service users tell the stories of their experiences, and having the opportunity to ask questions, gives students more understanding of the person behind the condition, rather than focusing on the illness itself, as one lecturer stated, *"students hearing patients' and carers' stories is very powerful and helps students understand how patient thinks and feels"*. One student told the story of a session that she had taken part in, with three service users, and how it had a positive impact on her learning, in terms of putting theory into context:

"One member spoke about his experiences as a carer of a child with mental health issues detailing what he considered good nursing care alongside detail of his family member's presentation, whilst the other two members of Comensus talked about their long history of engagement with mental health services and how they had been treated by staff and the system in general. The overall focus of the session was mental health nurses skills and attributes. I found the session really useful because it placed nursing theory into context. Two of the Comensus team were very engaging whilst the other was more anxious but all were very open and honest. It really helped with my learning as it was so early into branch." (Student; 1ˢᵗ Phase Workshop).

Having the opportunity to listen to these service users and learn from them seems to have had a positive impact on this student. However, it is important for students to be aware that each service user can only share their experience, and that experience is likely to be different from the next service user with the same condition, in the same way that their experience as a student is different from each of the other students in the classroom. The danger of overgeneralising from one person's experience highlighted the need for reflection and follow up, and the need for facilitation from lecturers, a one lecturer explained:

> *"[The students] were saying well you [students] really understand … what living with that condition's about and … I said, 'Do you learn what it's like for that person to live with that condition, or do you learn about what it's like for people living with that condition' … 'Cos with one person coming in they can only ever tell you what it's like for them'" (Workshop Facilitator; 3rd Phase Feedback Session).*

One of the benefits of having an actual person in the classroom, particularly from the service users' point of view, was the opportunity to eliminate some of the stigma attached to being a service user. The idea that students might be scared of service users, particularly those with mental health conditions, was one which was articulated by service users in one particular workshop. The discussion centred around the notion that students might have a preconceived idea of what service users are like, and might be worried or anxious prior to the session. The service users acknowledged that their appearance might not always help with this; one service user spoke of his experience of speaking to students, and joked that his beard did not help to dispel student's preconceptions but may in fact add to them:

> *"For me … especially when, you know, my beard's a bit longer and that … when they say mental patient … you can almost like see the fear in their [students'] eyes … thinking like, 'Oh, what we gonna get here?' … and like the lady who were with me just said … 'You could just see like the fear when you start talking just like melt … it's like seeing you as a person and … really getting interested in what you're talking about' … It just reminds me how much, just talking to someone for like half an hour, how much they can change, you know, 'cos I mean some of the students might not have experienced that, and like … it's quite understandable for people to be scared of things that they don't, don't know about, and everything they hear about is quite negative … and that's the best way to break that down … it's getting that personal experience of just being with somebody that, you know, that breaks that down, you know" (Service User; 2nd Phase Workshop).*

The change in students' perceptions, from being uncertain and fearful to having a genuine interest and seeing the service user as a person, marks a breaking down of pre-judgements and misconceptions, which is brought about through personal connections and the development of authentic relationships. These personal connections can also

highlight the recovery process for students, which they may not see in practice. For a different service user, being able to provide evidence for the students that it is still possible to live life even with a health condition is a way of reducing stigma, of shifting the perception of a service user from one sort of *"character"* to another:

> *"Students may have an idea about mental health, and we share our stories, and show them how we live our lives and we're coping relatively quite well. Even though we're still struggling with it day to day, we show them that you can lead quite good lives even though you've got a mental health problem. So they may have thought differently before we came into the room, 'Who's this character?', and then we start our stories, and, 'Oh right, not too scary', and then afterwards they think 'Oh right' and might see it differently about mental health now … so it can reduce stigma" (Service User; 2nd Phase Workshop).*

Having a 'real' person in the classroom provides students with first hand lived experience, which helps them to understand different points of view, and alters preconceptions. For the service users, however, this can cause issues, as the other side to challenging preconceptions is the danger of building new ones. There were concerns that being part of the university meant that they lost some of their identity as service users, and there is an expectation that they are fine, when that is not necessarily the case, as one service user explained:

> *"I think sometimes there's an assumption that like people like us … are like robots, and we don't have good days and bad days … I think sometimes the audience you're speaking to, if they've seen you before think, 'Oh they're fine', and they don't realise that you're, you go through all sorts of things and that today perhaps the last place you want to be is here, and yet you're still doing it, still come, and other days you're on top of the world and you feel great" (Service Users; 2nd Phase Workshop).*

6.5 Balancing Power

Having a service user in the classroom environment has the potential to upset the balance of power within the student-lecturer relationship. Some lecturers expressed concern over not knowing what the service user was going to say, *"like unpredictability – what service users may say (or not) to create discussion and debate"* and found it challenging to hand over the control of the classroom;

"I'm getting people, you know, that I've never met before sometimes, er, coming into a classroom, not really sure how they're going to conduct themselves, or what help they're going to need, so that's, you know, it's a bit of an unknown and it's interesting" (Lecturer; 2nd Phase Workshop).

In this instance, the challenge was seen as a good thing, as the emphasis on *'interesting'* was a positive one.

Although it could be argued that a lot of this uncertainty could be dispelled with an effective briefing session, it was clear from the observed sessions that that does not always happen, and when it does, sometimes it is a telephone call or email exchange which does not allow for the same in depth communication as a face to face meeting. There does appear to be a strong argument for a depth of interaction prior to a teaching session though, as there was a sense that lecturers felt far more comfortable and confident with service users that they already knew; *"the Comensus member was well known to me, he was friendly and was willing to 'take charge' of the session"*. Once inside the classroom, lecturers spoke of their role as facilitator, and emphasised its importance in terms of ensuring that the students get the most out of the experience, but were equally clear that it was difficult skill to master and constantly had to be learned:

"I think from a professional point of view actually sharing your classroom with another speaker is quite a … skill to develop, you know, not being too in the way but being there to support and encourage, erm, to try and help the students to get the most out of this experience, you know. When they've got a service user in the classroom, you know, it's not just hearing the story but actually listening to it and doing something with that. Really trying to encourage the students to question, erm to recognise issues that have been raised and maybe probe a little bit deeper" (Lecturer; 2nd Phase Workshop).

In one of the observed sessions the lecturer seemed to be particularly effective at prompting the students to ask questions, by asking a brief question or making a comment and planting a seed, which the students then picked up on either from the comment itself or in the service users' answer to the question and followed with several questions of their own. This allowed them to delve a little deeper into the issues that had been raised, and potentially further their understanding. There was a sense from service users that by giving students this opportunity to interact with them by asking questions and sharing stories of

their own, they were effectively handing control of the session over to the students. One service user shared a story of a session where this had happened, and said that *"the students thrived on the interaction and the fact that they felt in control of the teaching session"*. From the student's perspective many appreciated this, as *"everyone participating equally"* was an important factor for them for a teaching session to be positive. For some students, however, this step away from the traditional balance of power within the classroom can be uncomfortable, and one student explained that *"I think some students don't like to speak out"*. Equally, service users hinted at the tension that they felt when it seemed to them that lecturers felt that service users' knowledge was less valid than their own professional and academic knowledge:

> *"Service users can have a good knowledge base, you know, that is just as valid as, you know, but some, some people are more open to that than others aren't they" (Service User; 2nd Phase Workshop).*

The idea of mutual development, in that all three participant groups were constantly learning from each other, was one which came across quite strongly:

> *"We're each seeing things from other people's perspectives ... we're all learning to see things from a different angle aren't we, wherever we're coming in from I think" (Lecturer; 2nd Phase Workshop).*

Service users also spoke of learning from students, and being aware that while they may be experts in their own condition, they may not know as much about a particular subject as the students sat in front of them do, which one service user described as being *"humbling"*:

> *"I think mostly it's, er, it's quite a humbling thing as well, because like I say with the, er, with the nursing students … we may know a little bit about a subject but nursing students may know more than we know, so we have, we sort of listen to them and work out their story, how they're getting on as nurses. So yeah, it is quite humbling I think" (Service User; 2nd Phase Workshop).*

In some cases it seemed that service users had more respect for students than they did for lecturers, as the story told by one service user about a session he was involved suggests:

"[We] were going to go out and do a talk in between the lecture, it was a two or three hour lecture … and when we walked in the students turned round and said, 'Oh thank god you're here', and I said, 'Why?', and they said, ''Cos we're bored'. And they were on something like PowerPoint fifty seven of ninety odd, something like that … so she didn't see us when we come in, the lecturer, she didn't see us and kept droning and droning, and in the end I said, ''Scuse me we should have been up there fifteen minutes ago, I've been waiting on you' … and she actually said to me, 'Just let me finish this sentence' … and I went 'No' (laughs), I said 'We're already fifteen minutes behind', I said 'You just leave that there, you can come back to it. Go and have a break, go and have a brew and we'll carry on'. So we got up and done our bit … and the students were going 'Thank god' … because they weren't being taught they were just being talked at" (Service User; 4th Phase Workshop).

This service user appears to feel that their contribution to the session was more valid, and more important, than that of the lecturer. There is some indication that this is due to the method of teaching, rather than the lecturer themselves, which is reaffirmed by the students' comments, but, although said in a jokey manner, the service user comes across as being somewhat patronising towards the lecturer.

6.6   Chapter Summary

This chapter has explored the notion of character and interactions; particularly in terms of making connections and developing mutual respect by working together in order to break down communication barriers and deepen understanding. Particular attention was paid to the importance of creating the right balance within the classroom in order to fully engage the students and maximise learning, and the tensions that this creates. Interactions outside of the classroom environment were also discussed, and the importance of briefing and debriefing for all three participant groups was highlighted.

Questioning was identified as a particularly important interaction, in terms of students asking questions of service users in order to enhance their learning, but also students asking questions of lecturers, and service users and lecturers asking questions of students, and of each other. Developing appropriate questioning techniques was perceived as a valuable skill for students to take into practice.

The specific advantages gained from having a service user physically present in the classroom were explored. Actually hearing from someone with lived experience of a particular condition was highly valued by students, in terms of the perceived realness and authenticity of the stories being presented. Although issues of balance were highlighted where staff were concerned that service users may have a particularly negative view or be pursuing their own agenda, students exhibited a preference for stories with a higher emotional impact as these were felt to be more meaningful and presented better learning opportunities.

Some of the power issues created by service user engagement in the classroom were also discussed, where lecturers struggled with the idea of handing over control of the classroom, and the potential for unpredictability from the service user.

Elements of the meta-theme, 'Mutual Development through Authentic Relationships', have been woven throughout the chapter. Where all of the participants are able to interact together this is felt to break down communication barriers, which is a vital step towards the development of authentic relationships. By connecting in an open and honest way, and allowing students to practice their relational skills, authentic relationships can be built which leads to mutual development. This chapter provided evidence that all three participant groups learn and develop through service user involvement in the classroom. The notion that authentic relationships extend to service user and lecturer partnerships was also explored, with the suggestion that effective planning prior to the actual classroom session can enhance opportunities for personal connections to be made and authentic relationships to be developed. Service users were also keen to avoid becoming too 'professional' which they thought diminished the potential for authenticity and personal connections. Finally, opportunities for mutual development were thought by participants to be enhanced when there was a power balance within the classroom.

To conclude this chapter, a closing narrative drawing on elements of the theme "Students, service users, lecturers - there is a togetherness about it all" is presented. This fictional narrative, 'Building Authentic Relationships', is the second part of the student's story.

6.7   A Closing Narrative: Building Authentic Relationships

For a few seconds after Maggie had finished telling her story the room was silent. Then one student started clapping, and suddenly they were all joining in, applauding as loud as they could.

'I can't believe she's been through all that,' she muttered to the friend sitting next to her.

'I know,' her friend replied, looking a little shaken. 'You just don't realise, do you, what an impact it has.'

She gave her friend a searching look. 'Are you okay?' She asked, concerned.

'Yeah, it just … it gets you, doesn't it?'

'Yeah, yeah it really does.'

As the applause died away, the lecturer rose from where she'd been sitting and moved towards Maggie at the front of the room.

'Thank you, Maggie,' she said, 'for sharing your experiences with us. If it's still okay with you, we have time for a few questions.'

'That's fine,' said Maggie, smiling.

The lecturer turned to the students. 'I'm sure you all have a question ready, and there's enough time for you all to ask. Remember though, just because you've asked a question that doesn't mean Maggie has to answer it,' she said, 'so think carefully about what you're asking, and also how you're asking it. Right, who wants to start?'

Her friend raised her arm cautiously, and Maggie smiled at her, inviting her question.

'You, you talked about the male nurse changing your dressing, and his comments, and I just wondered … how did that make you feel?'

'Honestly?' Maggie replied. 'Erm, embarrassed. Humiliated, even. I think there's this sense that because you're behind a curtain no-one else can hear you, but that's just not the case. When he pulled the curtain back I fully expected everyone to be staring at me, disgusted. It was a horrible feeling.'

She frowned, certain that she'd been guilty of that. 'What should he have done differently?' she asked.

'You tell me,' Maggie said. 'What would you do in that situation?'

A lively discussion ensued around what the male nurse had done so horribly wrong, and how they would have dealt with the situation differently. Although there was a lot of

laughter and some downright ridiculous suggestions, she knew that ultimately they'd all taken Maggie's message to heart. Several of them took the time to say thank you to Maggie on their way out, and as she left she could still see two of her friends deep in conversation with the service user as they walked along the corridor.

'It was the way she said it,' she commented to her friend later that day. 'The look on her face when she said she felt humiliated, it was heartbreaking. I swear, I will never make a patient feel that way.'

7 Plot: "Involving service users has helped me grow as a student nurse"

Vetch had been three years at the School, and soon would be made Sorcerer; he thought no more of performing the lesser arts of magic than a bird thinks of flying. Yet a greater, unlearned skill he possessed, which was the art of kindness. That night, and always from then on, he offered and gave Ged friendship, a sure and open friendship which Ged could not help but return.

'Earthsea', Ursula K. Le Guin

7.1 Introduction

This chapter encompasses the notion that studying to be a nurse is not just about learning the theory: it is also about developing skills and developing as a person - a nurse is far more than just a walking encyclopaedia of nursing information. The quote above, from 'A Wizard of Earthsea', highlights this by describing the art of kindness as a 'greater' skill than the theories of magic learned at the School. In Ursula Le Guin's novel, the plot is driven by the protagonist's (Ged's) development as a character from an overconfident, impatient and somewhat naïve boy whose reckless use of power releases a dark shadow into the world, into a thoughtful, tolerant and self-possessed young man who is eventually able to vanquish the aforementioned shadow. Although the development of students is arguably less dramatic in nature, the plot of 'A Wizard of Earthsea' has resonance with the ultimate goal of the pre-registration nursing curriculum, which is the development of students into competent and compassionate nurses. The notion of development, from naïve student to registered nurse, both in terms of self and others, was described in some detail throughout the data. The character of Vetch is important to Ged's development both as a person as well as a wizard. Vetch is a counterpoint to Ged's impatience and pride, and the kindness he offers to Ged continues throughout Ged's journey. Ged's initial inability to defeat the shadow that he releases is not necessarily due to a lack of skill, but a lack of understanding about himself and the consequences of his actions. Compassion and competence as a nurse is built on knowledge, skills and reflection and understanding consequences of actions and inactions.

The development of students, service users and lecturers through service user engagement in the classroom will be explored throughout this chapter, in four sections, as illustrated in Figure 7.1. The first, 'Personal Gain' will explore the different ways in which each of the

three participant groups develops personal skills through service user engagement in the classroom, including skills such as communication, active listening, and facilitation, before focusing on the development of awareness, both of self and others. The second section, 'Reflection', will develop ideas around the importance of linking theory and practice in order to apply learning, and the role that lecturers play in terms of facilitating this in students. The third section, 'Implications for Practice', will discuss the implications for future development in terms of the perceived positive changes to nursing practice. The fourth section, 'Temporal Aspects', will explore aspects of timing in relation to when service user engagement should take place. The four sections will also include references to the meta-theme 'Mutual Development through Authentic Relationships' where appropriate throughout.

Finally, this chapter will conclude with a summary of the main findings for the theme of "Involving service users has helped me grow as a student nurse", before concluding the fictional narrative written by the researcher from a student's point of view and designed to illustrate the main themes within the chapter.
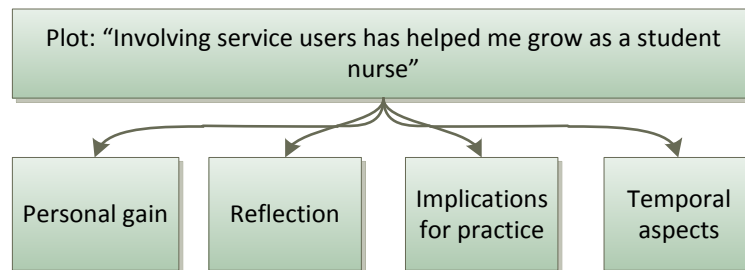
Figure 7.1 Theme and Sub-Themes for the Narrative Element of Plot

7.2 Personal Gain

All three of the participant groups were able to identify areas in which they had personally gained through sessions involving service users. The development of communication skills was rated as particularly important by all three participant groups; service users suggested that it was important for students to *"recognise the vital need for good communication and importance of different forms of communication"*, in terms of their future interactions with service users in healthcare settings, in order to provide the highest standards of appropriate care. Service users also identified the benefit to themselves, as one service user pointed out that the sessions had "*honed my communication skills which had become rusty*". One service user shared a story which highlighted the need for good communication in practice:

"My wife spent two and a half years in critical care … and one of the things we noticed is that the team of staff helping her, we'd have someone one day who was absolutely brilliant and the next day they weren't there, and because nobody told us why that was happening … we assumed it was because a lot of people died in … critical care. So for that reason they didn't want the staff to get to know us, so that's why they moved them on, and it was only when we came here, and talking to high dependency nurses, and they said it was all about the skills balance that's why people weren't there, but if somebody had explained that at the time rather than see somebody over there and thinking you've done something wrong, you would know why it had happened, so … the point here is that if you don't tell people why something's happened they'll make their own reason up and it might be completely the wrong reason" (Service User; 3ʳᵈ Phase Workshop).

As this story was being shared some of the students in the workshop wore expressions of concern and were nodding thoughtfully, suggesting that they agreed with what was being said and were taking on board the obvious need for strong communication and explanations of actions in a ward setting. This highlights the mutual development that occurs when authentic relationships are present. This also illustrates a particular aspect of communication that the students identified as being important; that as their general skills improve, their "*listening skills to patients improves*", suggesting that active listening is a skill they particularly valued and were aware they should acquire. Being able to listen to a service user was thought to lead to "*an understanding that their opinion is important*", which meant that students would be able to "*relate and empathise*" and "*understand their journey as a service user*". The majority of students felt that having service users share their experiences in classroom sessions had improved their communication skills, and in turn had had a positive impact on their attitude:

"*My attitude has changed, [I] value their opinions, they know a lot about their care, so involving service users has helped me grow as a student nurse*" (Student; 3ʳᵈ Phase Workshop).

However, one student described how involving service users had not had any impact on her at all:

> *"I don't feel that my attitudes/skills have changed towards service users from their input in our sessions" (Student; 3rd Phase Workshop).*

There is no indication of why she felt this way, whether it was because she already felt that her attitudes and skills were good enough and therefore did not need to change, or that she genuinely felt that she gained no value from service user interactions. Service users, on the other hand, were confident that they had gained many skills through their involvement in classroom teaching sessions, as one shared:

> *"Do you know I've learnt such a lot since I've come to this university ... I really have" (Service User; 2nd Phase Workshop).*

One of the main skills that service users felt they had developed was their ability to share their experiences in front of a group of students. However, this skill was one which caused some concern for lecturers, as they worried that sharing personal issues might be "*quite exhausting – even potentially re-traumatising for the service user*". Service users were clear that they felt a great deal of positive benefit from being in front of an audience, with one describing it as "*quite exhilarating*". For many of the service users, being in front of a class of students was the most enjoyable part of being involved in Comensus:

> *"I really enjoy me teaching, I really do, that's one of my, we do a lot of stuff but that's what I get the positive out of, I love being in front of a class" (Service User; 3rd Phase Workshop).*

Lecturers were also keen to highlight the ways in which they felt they had developed through service user involvement, with "*facilitating user involvement in the classroom*" being a key skill. One lecturer emphasised the reciprocal nature of learning and resulting mutual development:

> *"You find out new things about how people see things and there's always, sometimes you think, 'Well I've heard that before', but there's always a surprise in there which is good knowledge isn't it, so erm, you know, I think learning is always … at least two way, if not three way or four way, and I think one of the things that I've learned throughout having the service users involved is ways in which you can develop your teaching practice to be more creative, hopefully" (Workshop Facilitator; 3rd Phase Workshop).*

The service users identified several positive benefits for themselves, which were directly related to the university setting. One service user identified "*being supported in the university*" as a personal benefit, and several service users shared stories which highlighted apparent feelings of belonging and community which they describe as being unique to the university setting, such as the one below:

> *"Another good thing is, it's quite therapeutic when doing a teaching session for us. 'Cos we might have a bad day and think, 'Oh, I feel a bit down today', but you come to The University of Central Lancashire and do a bit, and you can connect more than you would at home, 'cos you've talked about your condition, or you've, erm, voiced a concern you've had in the week, or maybe a stress, or some anxiety that's affected you. So as soon as you give that talk or something, a seminar, something [can] just click with you and you're back on track. You go home and you think, 'Oh, I feel better now I've been with Comensus, I feel happy'. So for me it is, for me it's quite therapeutic" (Service User; 2nd Phase Workshop).*

Being at the university appears to offer the chance for service users to give voice to aspects of their condition that they would not necessarily be able to at home, and the connection with others seems to provide a therapeutic release. Throughout this story the other service users in the workshop nodded and offered verbal agreements, suggesting that it is one which is shared by others. For another service user it is the semi-formal nature of the interactions within the university that are of benefit.

> *"It's good for me as well, 'cos I'm social phobic, so I find it difficult to go into purely social situations, and that. So it's a way for me of meeting people in a more, like, semi-formal way, that I can cope with, whereas if somebody said, 'Right we're off to the pub, are you coming?' I'll say, 'No'" (Service User; 2nd Phase Workshop).*

Some of the service users also described being at the university as providing an escape from the isolation of their home setting, as one service user explained; "*it's an escape from being at home and it's connecting with people that are struggling like me".* Many of them used quite emotive language to explain how they felt about being involved at the university, such as "*I now feel valued and not worthless*" and "*I feel like me and my life experiences matter*". This is also noted by lecturers, who commented on the fact that the

"*process itself seems to be valued by service users themselves*", and leads to increased confidence and self-esteem. Other service users described the impact that student engagement in a session can have on them and on other service users, where they feel that people are really listening to what they have to say:

> "*The fact that that they've been able to tell their story, and the fact that students appreciate what they're doing, what they're going through to tell their story. I think it can be a sort of cathartic event sometimes, it enables them to talk about it without breaking down, and some of them couldn't before, talk about it without breaking down, and now they can*" (Service User; 2nd Phase Workshop).

The service users also displayed an awareness of the impact of their personal development on student development, highlighting the mutual development that can occur. For example, growing in confidence and developing communication skills was linked to the ability to conduct a session at the right 'pitch' to provide the best possible learning opportunity for the students, as one service user explained:

> "*For me, doing this in the beginning it was like gaining confidence and to be able to do that, to meet the staff and then … I've seen it develop and then you get the right pitch which helps the students*" (Service User; 2nd Phase Workshop).

A further gain was felt to be an increase in both self-awareness and the awareness of others, for all three participant groups. Each group felt that listening to and learning from the others allowed them to develop their awareness, both of themselves and others. For themselves, their awareness of their own values and beliefs increased, and they developed a deeper understanding of how they themselves behave and react in certain situations. In terms of others, they were able to understand how they might be feeling, or why they might be behaving or reacting in the way that they were. Lecturers highlighted the fact that before service user sessions took place many students "*did not know what a service user was or how they could input into health education*", suggesting that student awareness can begin to be raised when they are briefed on the upcoming session. Listening to stories about the difficult situations that people find themselves in was thought to support "*the development of a non-judgemental attitude amongst students*", which was confirmed by one student:

"My values have altered - I respect service users' opinions more and value that I can learn and gain information from them" (Student; 3ʳᵈ Phase Workshop).

Acknowledging the value of service user opinions implies that students are likely to be less judgemental in their dealings with them. Students also highlighted the breadth of their awareness, as they discussed the wider impact that a condition can have, not just on the service user, but also on those people closest to them, such as their families:

"I found the session where a sister spoke about her brother who suffered from a mental disorder very informative and enlightening … his sister described how the illness had affected her whole family. I was so unaware at the knock on effect that can occur when a member of your family is diagnosed with a condition" (Student; 1ˢᵗPhase Workshop).

Students also commented on the benefits that being involved in classroom sessions has for service users, with one highlighting "*the self-value service users get from coming to these sessions*", suggesting that their awareness of service users and the contribution that they can make to their education has expanded. This was further illustrated by one student, who indicated a certain amount of surprise following one of the workshops, at *"the amount of knowledge and understanding I can gain from listening to Comensus"*. Equally, service users were surprised at the amount of knowledge they were able to gain from students, particularly in terms of the alternative viewpoints that they were able to provide to their situation. For one service user, this helped to develop their own self-awareness:

"I think it increases your own self-awareness as well, the fact that you're able to talk to somebody and somebody sees it from a slightly different angle, and you think, 'Oh yeah, that's interesting, I never thought about that'" (Service User; 2ⁿᵈ Phase Workshop).

Service users also expressed surprise that *"students mentioned empowerment very often"* in one of the workshops, as well as the amount of subject knowledge that some of them had in a session:

> *"What came across to me, was how much the students really knew about the subject. It really came across in, in the sessions, some maybe needed some practice and a bit more work, but others were really on the ball, erm … it was quite a humbling thing for me, yeah, it's nice, yeah"* (Service User; 2nd Phase Workshop).

This raised their awareness of the technical competence of students, which was described as a "*humbling*" experience, implying that they did not expect students to be as knowledgeable or empathetic as they were.

For lecturers, being in teaching sessions with service users made them "*reconsider things that I've taken for granted,*" and also allowed them to "*keep in touch with current challenges and issues in healthcare delivery*". Not only did students learn about aspects of medical conditions during service user sessions, but lecturers pointed out that from the lecturer's point of view there was also a "*deepening of appreciation for the same difficulties*", and admitted that sometimes what they found out was surprising and had the power to alter their preconceptions around the wider impact of living with a medical condition.

7.3   Reflection

The involvement of service users was valued by all three participant groups because it offered opportunities for reflection. Although reflection encompassed personal reflections for all three groups, the emphasis was very much placed on the benefit of student reflection in terms of making the link between theory and practice and applying learning. Facilitating students to reflect and make these links was seen as an important skill for lecturers. Facilitating such reflection was thought to be an on-going skill, not limited to the classroom sessions involving service users. For one lecturer, it seemed to be vital that this reflection occurred immediately following the service user interactions, so that the impact of the session was not lost:

> *"Part of a skill for me is, is facilitating that reflection, or helping students to not only think while the service users and carers are in the classroom, but also afterwards as well. What did that mean to them, and how are you going to use that, actually put that, plan for some action, you know, 'cos reflection's not just thinking you've got to do something with it haven't you … I suppose like reinforcing … It'll just get lost if they do a theory session straight after that then … but if you reinforce it it'll probably stay with you"* (Lecturer; 2nd Phase Workshop).

Greater impact and learning was felt to occur when students were able to reflect on a service user's experience and think about how they might have done things differently to improve it. To this end, it was agreed by all three participant groups that sharing negative experiences can potentially provide a greater learning opportunity than sharing positive experiences. Reflection was seen to be of particular importance when the experiences being shared were negative. For one lecturer, it was important that the sessions were handled sensitively, and were more than just sharing a negative experience and a resulting sense of compassion about things that were wrong:

> *"It troubles me when, when service users are recounting that [bad experience] repeatedly, erm, and I'm not sure … [of] the value of that for the students … There is value for the students, if the students can then think about what should have been done instead, but often what happens is this, this shared, this mutual understanding that that was awful and a sense of compassion I guess, and a sense of we need to do better. But I really think that it's a learning environment and they should be, erm, learning what needs to happen instead, and I think if that bit there doesn't happen and the, erm, session isn't utilised in order to create knowledge in those individuals about what they should have done instead, then it's a waste of time. It's a waste of time 'cos the students don't know what they should do, all they know is what other people have done badly and it, it can't be pleasant for the, for the service users, and, and that happens quite a lot and, I have a, I have a problem with that (laughs)"* (Lecturer; 4th Phase Interview).

There are two concerns inherent within the sharing of negative experiences; the first is a question of value to the students, and the second is the impact that it has on the service user who is sharing their experience. The use of reflection can help to negate the concern

of value to students, where students are encouraged to reflect on the experience being shared, and to suggest potential solutions or ways of communicating with or responding to a service user that might have led to the experience being a more positive one, as one lecturer explained:

> *"We always manage to create opportunities for the students to discover ways that they could respond to a patient that would be helpful, or engaging, or bring out the best in that person, or help that person to find ways that will aid their recovery, rather than just criticising previous workers" (Lecturer; 4th Phase Interview).*

In terms of the impact on the service user recounting the negative experience, lecturers were concerned that this could be re-traumatising, but felt that supporting service users to reflect on their experiences in order to frame them in a different way, and share their thoughts on what could have been done better, would serve to lessen this impact, at the same time as helping the students to reflect:

> *"Helping the people that have learned from their experiences to share what they've learnt, not saying they shouldn't tell their story I think there's value in there, but the greatest value is in them enlightening us, so that we can work better, we can learn from their experience rather than just know their experience" (Lecturer; 4th Phase Interview).*

While comments from service users suggested that they were equally convinced that sharing their negative experiences led to greater learning on the part of the students, they appeared to be less concerned about the negative impact that it might have on themselves than lecturers were, as this issue was not raised by them. They were, however, as keen as lecturers to ensure that negative experiences were reflected upon in terms of what could be done to make them better, as explored by one service user:

> *"We look at what weren't right as well though, I think you learn from bad experiences … I mean if you just look at it through rose tinted glasses you're not going to learn anything … You can learn far more from what's gone wrong than you can from what's right … [but] it's where to go you know, unless you actually repair that and try make it a good learning tool to teach,*

'This is what happened, do you think that were right?' So they've got to

think about, is that right or not right and think would they do it differently to

make it better" (Service User; 2nd Phase Workshop).

Lecturers also highlighted the implications for the students of dealing with the emotions raised by shared negative experiences, and one indicated that this was something that she paid particular attention to when reflecting with her student groups following service user involvement:

"For some [students] it's [service user session] raised emotions that they

may never have anticipated, and that's another development thing for me

really, helping students to kind of, to cope with that and learn from it, rather

than it being a negative thing, going away and thinking, 'Oh my goodness'.

Because some of the stories are quite, erm, well sad, shocking, the whole

range of things and, and so dealing with that after the service users have

gone has been interesting as well" (Lecturer; 2nd Phase Workshop).

It was important to both lecturers and service users that the service user sessions were not treated as standalone learning opportunities, but were integrated into the wider curriculum. Lecturers in particular felt that service user sessions gave them a learning resource which could be used in other sessions, by making links back to the particular service user story. This illustrates the mutual development that can occur. For example, one lecturer described a session on policy where she made a link back to an individual service user and asked students to think about how the policies they were studying may have affected them:

"Contextualising, I think that's one of the kind of skills that you can see, sort

of putting the service user's experience into context … and that's a skill,

putting it into place, you know, when we talk about social policy what

impact was that having on that service user at that time, and what could

you know, what policies or whatever could have influenced what was

happening to them" (Lecturer; 2nd Phase Workshop).

One of the workshop facilitators was keen to explore the different ways that this reflection could be encouraged, and asked students about whether they shared their own experiences of practice in their home groups, which are small tutor led groups within the curriculum:

"Workshop Facilitator: The thing I was wondering, in your home groups
yeah, have you … shared your experiences on
placement and the learning that you've gained, and
how that's changed your knowledge, your skills,
your attitude about care based on a particular
experience? Have you benefited from other people's
experiences?

Student 1:   Not to that level I don't think, we've obviously
spoken about us experiences but I wouldn't say to
that level

Workshop Facilitator: 'Cos you can't all see everything can you, but if
you've shared the learning and what you've gained
and how it's changed your knowledge or skills. I'm
just thinking about, that is another forum when you
come together, 'cos you're facilitating each other
then

Student 1:   I think we do that in small groups, in friendship
groups don't we more

Student 2:   More than what we do in our home groups we have
spoke about it our experiences in home groups but
…" (Workshop Facilitator & Students; 4th Phase
Workshop).

The students indicated that a level of informal reflection takes place within their friendship groups (taken literally as groups of friends), where they share experiences that they have had in practice. On the surface this would appear to be beneficial, and highlights the importance of social spaces within the university where discussions such as these can take place, as mentioned in Chapter 5.

7.4   Implications for Practice

Students were able to identify the potential impact on their practice, for example, they discussed the way in which a service user's story changed the way they saw certain behaviours and suggested that they would make changes to the way that they worked in practice in order to improve the service. There was a clear consensus among the students that interactions with service users in the classroom allowed them to *"reflect on practice in order to provide better care"*, making a link between the stories shared by the service users

and their own individual practice. One student gave a specific example of a way in which practice could be changed, which appeared to be as a result of previous interactions with service users:

> *"When we're obviously qualified and we're running our own wards, we may change things so that patients have more contact with a nurse and say, like, that's their nurse for that bay and they'll be with them for the whole shift, and that sort of thing" (Student; 3rd Phase Workshop).*

Being able to identify deficits in practice and suggest solutions highlights the importance of reflection, as discussed in the previous section, and implies that, in this instance, the process has been followed through, albeit that the student is not in the position to operationalise her proposed action.

Communication skills appear to be a vital aspect of achieving higher standards of care, as many of the students focused on different aspects of communication when they spoke of the potential impact on their practice. They spoke of being "*mindful of the terminology used*" to be certain that they are understood by service users, and equally making sure that they listened to "*ensure they [service users] are heard, be their advocate*". Students also spoke of empowering service users, which they linked to communication, as one student explained:

> *"Erm yeah, just about empowering, erm, patients, service users … so that you feel comfortable being open with us, telling us how you feel, what you need and then in return we can then act on that and give you, you know, tailored care and holistic care really and … yeah" (Student; 3rd Phase Workshop).*

Being able to communicate effectively with service users is perceived by students to have a direct impact on the quality of care that they feel they are able to provide, with higher quality care being seen as "*tailored*" and "*holistic*". Students were clear that one of the main advantages of being able to interact with service users in the classroom was the impact on their ability to see them as individuals, with lives and experiences beyond their medical conditions. One student identified the fact that, on busy wards in particular, it was often difficult to see past the "*patient*" element to the individual behind:

"It helps with communication and has improved my communication and listening skills … to look at a patient holistically and see the patient more as an individual, not just a patient, which sometimes happens on busy wards in practice" (Student; 3rd Phase Workshop).

Improved communication skills appear to be key to being able to look beyond and treat each service user holistically; being aware that for service users, being in hospital is a much broader experience than just receiving treatment. One student described a heightened awareness of all of those other aspects, which she explained meant that she was able to consider the wider experience of service users:

"From the [classroom] engagements, it has made me think more about different aspects of the patient including their feelings, and I feel that I am more aware of a patient's experience and stay in hospital, and trying to make it a better experience" (Student; 3rd Phase Workshop).

This sense of empathy with service users is developed through exposure to the stories and life experiences shared within the classroom. One student suggested that the more shocking the stories were, the more she empathised with them:

"Having a service user speak in class helps see/be in their shoes and understand how they feel, and learn how to improve my practice and learn, as some of the stories are quite shocking … making me empathise with this" (Student; 3rd Phase Workshop).

There is an implied link between the emotional impact that a story has and the development of empathy, in that the more shocking a story is for the student listening, the higher the emotional impact and, therefore, the more likely that the student will empathise, and continue to empathise with other service users in the future. For lecturers, this emotional impact was key to increasing empathy and enhancing the compassion in nursing:

"My hope is the emotions will help nurses to think about the service user's position, help them to imagine how they would feel in certain situations, which, I hope, will help the nurses to be sensitive and caring" (Lecturer; 1st Phase Workshop).

The service users were equally clear about the potential impact that their involvement could have on students, with one service user stating:

> "The students are so good that leave here and go into practice, there's only maybe one or two that will, there's always going to be a percentage, but they're just too good now thanks to Comensus aren't they" (Service User; 4th Phase Workshop).

There is clearly a sense of pride in what Comensus is able to achieve, and a suggestion that service user involvement in the classroom has had a direct impact on the calibre of student that graduates from the University of Central Lancashire.

7.5 Temporal Aspects

The timing of service user engagement within the students' course was of particular importance to service users, although there were divided opinions on what constituted the right time. For the majority, the perception seemed to be the earlier the better, with some service users expressing concern that students became that much more "*cynical*", and even "*jaded*" once they had completed their first placement during their first year, and that having classroom interactions with service users before their placements gave them a better understanding of how to interact with them in practice. One service user spoke of the difference between speaking with first and second year students for the first time:

> "We think the second years, after they've been out on placement, if they haven't spoke to us beforehand, become a little bit cynical shall we say, or a little bit jaded. Whereas the first year students are still … wide eyed, they know why they wanna be here, they haven't been on placement and it gives them a better, and they've said to us it'll give them a better understanding going into a placement, so they have more information about how to go about things" (Service User; 4th Phase Workshop).

It was not clear from the discussions what the service users believed happens in practice to make students become more cynical, however, they clearly believed that whatever it is can be protected against or negated through their engagement in classroom sessions. It is clear from the previous section that students can identify the benefits of service user engagement on their future practice, but there is no indication from them whether the timing of it makes a difference. Students were emphatic that they wanted more classroom involvement, but were unclear about when they felt this should take place, beyond being

able to identify specific sessions where it would have been useful.

Conversely, some service users felt that it was better to speak to students after they had been on placement, as they felt that they needed the experience of being on placement to be able to relate to what the service users were saying:

> *"The only problem with being first years is that they've not been on placement … what we're gonna be teaching from now on, it's not going to be in place … So they've not got, unless they've got previous experience before coming on the course, they're not going to have anything to relate things to, so you can't, it's not going to be a two way street is it"* (Service User; 4th Phase Workshop).

Although timing was an obvious concern for service users, there is no clear consensus about when they feel is the right time to introduce classroom interactions to students. Lecturers, on the other hand, agreed that service users should be involved *"throughout the student journey"* in order for involvement to be meaningful and for students to *"understand what partnership working really means"*.

Service users also had interesting ideas around continuity of involvement, which they discussed with equally mixed responses as those on the issue of timing, which is encapsulated by one service user:

> *"I've never been in that position, erm, of, of being part of a, a weekly meeting session or teaching session with the same group, but I can see that there would be real benefits from that. In one respect that you are able, no matter what the students are studying that particular week, you are able to bring, er, a perspective to it from, from our service user carer perspective … that is a constant throughout the course. On the other hand, I think all of us have such different topic areas, subject areas it is better maybe to bring that variety in to the students, so that they get a, a wider cross section"* (Service User; 4th Phase Workshop).

On the one hand, service users spoke of the benefits of being attached to a particular group on a weekly basis, and being able to offer their perspective on whatever it was that they were studying. The service user who had experienced this talked of "*not being a service user but just being one of them*", and felt that the continuity of his involvement had led to

an acceptance into the group. This meant that he could offer his opinions and be part of the general discussions around the particular topic, and that perhaps students were more receptive to his input, potentially leading to the development of more authentic relationships. On the other hand, the diversity of experience brought by the different service users involved in Comensus was thought to be a particular strength of the group, and that students would get the most value from hearing a wider cross section of life experience, rather than the continuity of input offered by an individual service user.

7.6 Chapter Summary

This chapter has explored the notion of plot (an event, or sequence of events within a narrative) as a vehicle for the development of character, particularly in terms of personal skills such as communication and active listening skills for students, facilitation skills for lecturers and presentation skills for service users. Particular attention was paid to the development of awareness, both in self and others, for all three of the participant groups.

Reflection was identified as a particularly important area of development, in terms of personal reflection for students, service users and lecturers, but with the emphasis being on students reflecting on their learning and applying it to practice. Facilitation by lecturers was felt to be key to the success of reflective practice.

The implications for students' future practice were discussed, where students were able to apply their learning and suggest ways in which their practice might change for the better following their interactions with service users in the classroom.

This chapter also explored some of the temporal aspects of service user engagement in the classroom, where service users in particular struggled to agree on the appropriate time to introduce service user led session to students.

Elements of the meta-theme, 'Mutual Development through Authentic Relationships', have been highlighted throughout the chapter. Evidence of the mutual development that is thought to occur through classroom involvement was illustrated in terms of the development of communication skills in participants in all three groups. Interacting with service users in the classroom allows students to develop communication skills, but it also provides service users the opportunity to develop their skills, particularly in terms of presenting their story to students in an appropriate way to facilitate student learning. Lecturers valued the opportunity to develop skills in facilitation, and to learn about service

user experiences in a way that allowed them to use the experiences shared in classroom sessions to facilitate future reflection on theory and policy with students.

To conclude this chapter, a closing narrative drawing on elements of the theme "Involving service users has helped me grow as a student nurse" is presented. This fictional narrative, 'Reflecting on Experiences', is the concluding part of the student's story.

7.7   A Closing Narrative: Reflecting on Experiences

The usual shuffling and clattering as everyone went through their personal rituals to make themselves comfortable at the desks began to die away as the lecturer indicated that she was about to start.

'To begin today's session, I want to talk about the last session we had, when Maggie was here to talk about her experiences of diabetes,' the lecturer addressed the students. 'Let's start off with what you thought about it.'

'I thought the discussion we had was really good,' her friend volunteered. 'When we talked about the nurse changing her dressing.'

The lecturer nodded. 'Why was that good?' she asked.

'Well,' her friend mused, thoughtfully, 'it was like, she told us about something that upset her and then we talked about why it had upset her and what could have been done differently.'

She nodded in agreement, along with several of the other students who had been in the session with Maggie.

'Okay, so what was the problem?' queried the lecturer.

'He shouldn't have said what he said!' she exclaimed. 'It was a horrible thing to say.'

'He was acting the way you would if you were practising on a dummy,' her friend added. 'It was like he didn't realise there was an actual person behind the dressing.'

One of the other students shook her head, 'he won't have been talking about her personally though, he won't have meant to be hurtful'

'But that makes it worse doesn't it?' she argued. 'It's like, thoughtless.'

'So what have you learned from this?' asked the lecturer. 'What would you do differently?'

'That's easy,' her friend said. 'Always remember you're talking to a person, it's not just about what they're presenting with.'

'Yeah,' one of the other students agreed, 'and also make sure you're not talking too loud behind a curtain cos other people can still hear you.'

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'It's about respect, isn't it?' she said. 'No-one wants their personal business talked about where everyone can hear, you just have to try and be considerate.'

The lecturer nodded thoughtfully. 'Is it really that easy though?' She asked, 'is it as simple as that?'

The students looked at one another in consternation, it was, wasn't it?

'I guess it's not,' one student admitted, reluctantly. 'It's not that easy on a busy ward.'

'Alright,' said the lecturer, smiling. 'We're halfway there - you know 'what' you need to do, now let's think about 'how' you'd do it…'

8 Discussion

Ged had learned all he could of dragons at the School, but it is one thing to read about dragons and another to meet them.

'Earthsea', Ursula K. Le Guin

8.1 Introduction

On a pragmatic level, NMC quality assurance guidelines state that HEIs are required to 'demonstrate their commitment to public protection through assuring the quality of learning, teaching and assessment in academic and practice settings', 'involve service users and carers in all aspects of programme design, delivery and evaluation' and 'attend to the safety and wellbeing of service users who students work with while they are learning' (NMC, 2014). These were evident in the findings, along with so much more. This thesis set out to explore what goes on in classrooms, and whether there is value beyond the rhetoric of service user engagement; the findings demonstrate the value of this engagement and the importance of authenticity. The overarching meta-theme, 'mutual development through authentic relationships', encompasses the idea that service user engagement is more than merely an action carried out by service users (sharing life experiences) for the benefit of students in their development as compassionate nurses. Instead, service user engagement is a complex and mutual set of interactions and relationships between service users, students and lecturers. These interactions and relationships occur within a distinct setting, are grounded in authenticity (where authenticity is interpreted as something which is real, genuine or true), and influence the development of shared narratives of service user oriented practice.

Within this chapter these ideas will be discussed and further explored by building on the findings presented in the previous three chapters and drawing more heavily on the concept of journey which was evident in each of the three themes. Due to the narrative underpinning of the analysis, the discussion has been linked to the academic idea of The Hero's Journey, developed by Vogler (2007) from Campbell's (1949) work on comparative mythology. Vogler's (2007) framework describes 'the process of making a journey, the necessary working parts of a story… and the passage of a soul through life' (Vogler, 2007, p.xiv).

Throughout this discussion a diagrammatic representation of the model of classroom engagement will also be presented; each part of the process is illustrated with the relevant

section of the model prior to the complete model being revealed later in the chapter. Of necessity, this model will be a simplification of what occurs in the classroom and a representation of ideal practices; the actual practices and social relations in the classroom are inevitably richer and more complex than can easily be presented diagrammatically. The process of the journeys, from their beginnings prior to classroom engagement, through the process of learning and interactions, and beyond will be discussed, with specific reference to the importance of setting, in terms of the two worlds of real life and the special world of the university and the impact that this has on an individual's sense of self. Ideas concerning the different aspects of self and the specific interactions that occur as a result of the aspects of self displayed by participant groups in the classroom will be explored, along with the benefits of having a 'real' person in the classroom and the power struggle apparent between all three participant groups. Core journey outcomes will then be explored, including the development of communication skills, and a deeper understanding and awareness of both self and others. The final diagrammatic representation provides an overview of the model that presents the ideal conditions for successful service user engagement in the classroom.

Finally, a reflexive account will be presented from the researcher's point of view, before the limitations of the study are discussed, and some thought given to the implications for practice and policy and the potential for future research.

Note: In keeping with the links previously made to the high fantasy novels that triggered the process of analytical thinking, connections will continue to be made throughout this chapter. However, acknowledging that the focus of the findings should be on the academic component of the work, these are presented as 'side journeys' that the reader can choose to take (or not as the case may be). These side journeys are composed of pertinent aspects of the novels that add an external perspective to the discussion of the theme. The side journeys are presented in sidebars to the main text, with the appropriate point in the main text marked with a 📖 symbol to guide the reader. The aim of these side journeys is to add another facet to the appreciation of the journeys taken by the students, service users and lecturers.

8.2 The Beginning of the Journey and the Call to Adventure

Although each participant is on their own personal journey[□], commonalities were found between individuals within each participant group (i.e. all the students are on a similar journey, albeit with some individual differences) and across the participant groups. The sense of journeying was strong within the stories shared. There is precedent for the use of the journey metaphor as a scholarly framework; the idea of a journey is evident in both student and service user related research, in the form of the 'student learning journey' (Tedder and Lawy, 2013; Walls *et al.*, 2009) and the 'patient journey' (Elliss-Brookes *et al.*, 2012; Trakatelli *et al.*, 2012; Weldon *et al.*, 2015), which also contains references to a 'recovery journey' (Schneebeli, 2010). The Department of Health (2014) also use the idea of a journey in their response to the Mid Staffordshire enquiry, which is titled 'Hard Truths: The Journey to Putting Patients First'. The notion of 'journey' is compelling. Campbell's (1949) academic studies of mythology identified a common journey, known as 'The Hero's Journey', which Campbell developed with a view to making a more universal statement about the structure and nature of narratives. Vogler (2007) later developed 'The Hero's Journey' as a framework for writing:

> *"The hero is introduced in his ordinary world where he receives the call to adventure. He is reluctant at first to cross the first threshold where he eventually encounters tests, allies and enemies. He reaches the innermost cave where he endures the supreme ordeal. He seizes the sword or the treasure and is pursued on the road back to his world. He is resurrected and transformed by his experience. He returns to his ordinary world with a*

A Personal Journey

In the narratives referred to in the previous chapters, the heroes Covenant, Frodo and Ged are on physical and metaphorical journeys. They must travel through unknown lands, with the help of others, whilst learning about themselves and developing as individuals.

treasure, boon, or elixir to benefit his world." (Vogler, 2007) (emphases removed)

The heart of the hero's story is always a journey, beginning in comfortable, ordinary surroundings and moving into a challenging, unfamiliar world. Although this may be a physical journey, moving to an actual place, it can also be a journey of the mind, moving from one state of being to another (Vogler, 2007). The hero is often unremarkable at the start of the journey, and does not perceive themself to be the hero of their own story.

The narratives presented by participants in each of the three groups resonate with The Hero's Journey, as they each have a beginning in what they described as the real world. The real world was presented with multiple facets, including home, practice and clinical settings and wider community settings. The individual journeys in the real world tended to be distinct and separate, with little opportunity for interactions and connections to be made, thus limiting the possibilities for the development of understanding. In many ways each participant is the hero of their own journey. Figure 8.1 provides a simplified representation of the beginning of the journey for each of the three participant groups.

As in The Hero's Journey, each of the participants received the 'call to adventure', which took the form of a trigger, prompting them to enter the special world of the university. At the start of the journey participants are uncertain of the end point (although they may have some ambitions) and uncertain about various aspects of self-knowledge (i.e. can they fulfil the mantle of 'hero'?). Once the call to adventure has been heard, the hero can no longer remain in the comfort of the real world, but must move to the special world to address the challenge or problem with which they are faced. For participants in each of the three

Service Users' Journey

Students' Journey

Lecturers' Journey

WIDER SOCIETY: a space which contains multiple facets of the 'real world', including home, clinical practice settings, and community.
Prior to classroom engagement, the journeys of each group tend to be separate, with limited opportunity for supported connectivity and the development of understanding
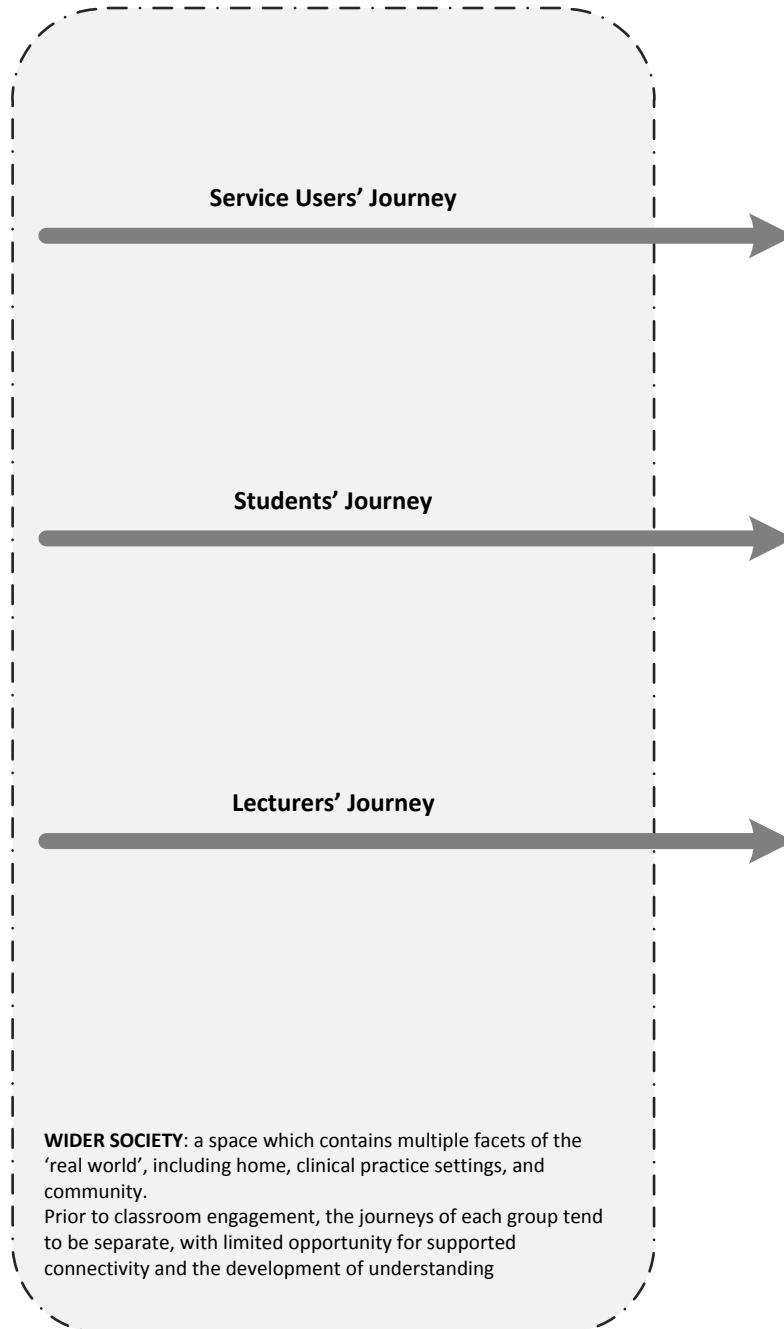
Figure 8.1 The Beginning of the Journey and the Call to Adventure

groups there is a sense that their decision to enter the university was borne of a desire to make a difference in some way. For students, the desire is to enter a caring profession in order to improve the quality of life of others (Crick *et al*., 2014; Edward *et al.*, 2015; Newton *et al.*, 2009), suggesting that a sense of vocation is still evident in the way in which people turn to

nursing (Williamson, *et al.*, 2013). For service users, the desire is to improve the quality of service provision and a desire to give something back to the people and services that have supported them (McKeown *et al*, 2012; Morgan and Jones, 2009; Repper and Breeze, 2007). For lecturers, the desire is to be directly involved in the training of the next generation of caring professionals (Smith and Boyd, 2012). Each of these decisions to enter the special world of the university brings the potential for mutual learning and personal development grounded in authenticity.

By taking the step over the first threshold and into the special world of the university, each of the participants 'encounters new challenges and tests, makes allies and enemies and begins to learn the rules of the special world' (Vogler, 2007, p13).

8.3   The Adventure

Setting is crucial to the success of service user engagement; the findings show that the university is regarded as a special world in terms of its uniqueness with regard to the types of learning that it engenders. In their writing on teaching and learning in higher education, Fry *et al.* (2015) acknowledge that student nurses occupy 'two very different worlds' (Fry *et al.*, 2015, p395) when they discuss the differences between university and practice. Narratives shared by participants in all three groups identified differences between the university setting and those of clinical practice and home, which were described as facets of the 'real world'. This interpretation of the university setting as a special world resonates with The Hero's Journey. As the hero can only overcome the challenges posed in the call to adventure by crossing the threshold into the special world, similarly, mutual development through authentic relationships can only, or perhaps most easily, occur within the 'special world' of the university and the particular conditions created with university classrooms. Figure 8.2 provides an illustration of the ideal

Thomas Covenant, Donaldson's protagonist in 'The Chronicles of Thomas Covenant', has spent so long in the real world focusing on his condition (leprosy) and how to cope with it that he has slowly lost everything that mattered to him and has become an angry and bitter man. It is only by being transported into another world, where his condition is apparently cured, that he can begin to regain some of what he has lost.

The Adventure

Service Users

questioning
appreciating

supporting

Students

facilitating

encouraging
reflecting

Lecturers

MUTUAL DEVELOPMENT THROUGH AUTHENTIC RELATIONSHIPS

CLASSROOM: a space which is safe, respectful and informal, with the capacity to 'contain' turbulence and emotions, and which Ideally contains small groups whose interactions are defined by questioning, appreciating, reflecting, encouraging, facilitating and supporting behaviours

UNIVERSITY: a 'special world', a space which provides opportunities for students, service users and lecturers, in terms of training, briefing, debriefing, reflection, and support, in both classroom and non-classroom places
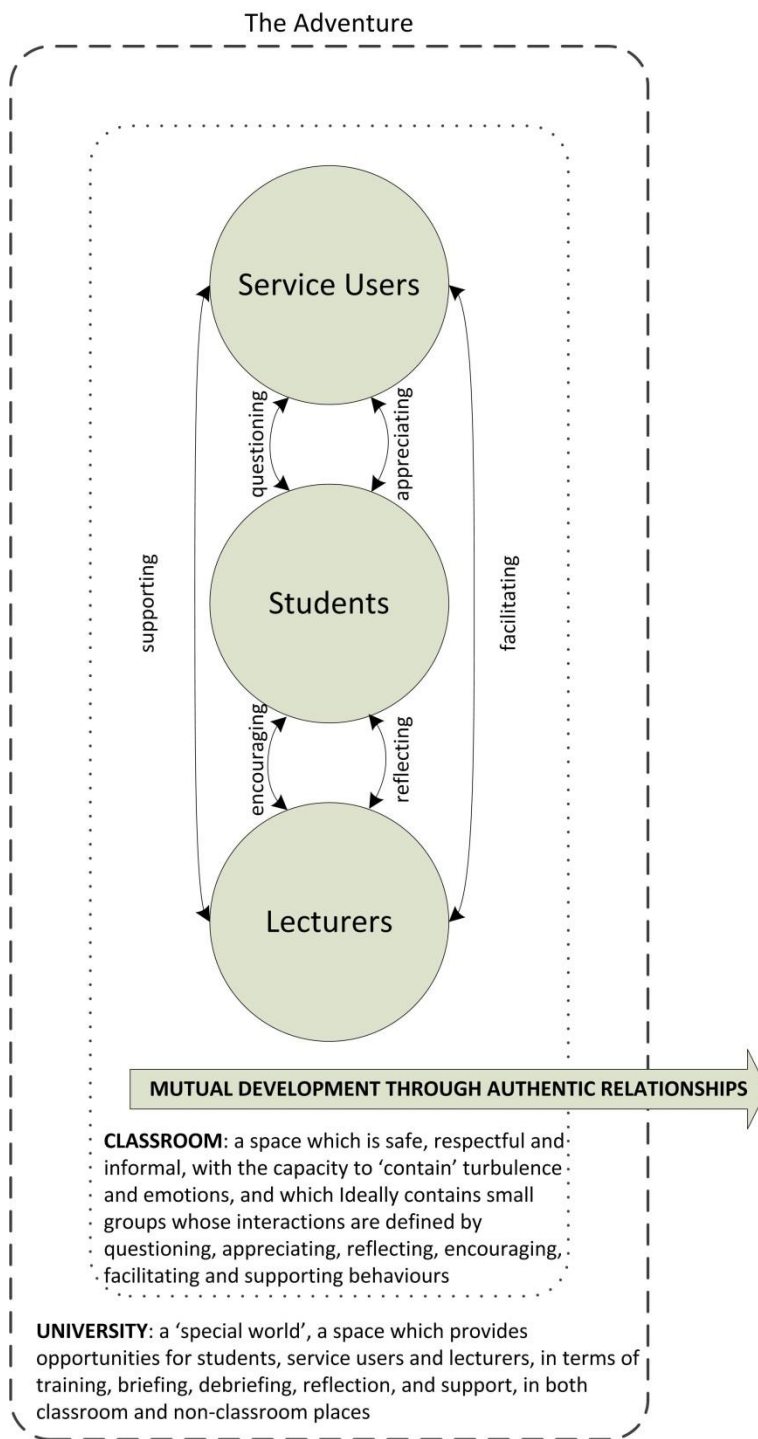
Figure 8.2 The Adventure

conditions and opportunities within the special world of the university which allow mutual development through authentic relationships to occur. The actuality of interactions within the classroom is complex, and the diagrammatic representation in Figure 8.2 shows the key components.

The findings show that the participants' perceived the university to be '*A Safe World*', relative to the real world, as presented in Chapter 5: '*Setting: Real World as Opposed to What?*' Rhodes (2013) also claims that the university is a relatively safe environment compared to the practice setting. The findings from the current study not only support this, but also offer a reason for this in terms of the multi-layered, multi-level support from the university for participants in each of the three groups, that ensures that no-one is isolated; mutual development is achieved by working together[.] This reflects notions of co-operation, which are central to models of user engagement in practice as well as being a key aspect of movement politics and activism (Sennett, 2012). In the same way that the hero in The Hero's Journey often has a mentor to guide them through the special world, participants in each of the three groups have several opportunities to gain support as they undertake their various journeys, such as student to qualified nurse. Recognition of the importance of support is evident in the literature with McDrury and Alterio (2003, p40) suggesting that it is 'prudent for educators to have a range of support strategies in place', and Williamson *et al.* (2013) acknowledging the support plays an important part in student retention. Participants from each of the groups gained support from people such as their peers or colleagues, as well as more formalised support such as the Students' Union, or service user groups such as Comensus at the University of Central Lancashire.

Other studies have suggested that the idea of 'safety' stems from a sense of having less at stake in the special world of the university (Costello and Horne, 2001; Rush 2008) in terms of the communication and interactions within the classroom. This can also be posited in narrative terms of 'what's at stake' (Frank, 2010), or more appropriately in this study 'what's *not* at stake'. For students, their journey as coming-to-be-nurses, their professionalism, and their ability to do the job are less likely to

Mutual development is achieved by working together

Frodo's statement, that he 'couldn't have got far without Sam' highlights the importance of support. In truth, Frodo wouldn't have got very far without any of the companions that travelled with him as part of the Fellowship of the Ring, as each member of the fellowship brought a different set of skills and abilities to the group which allowed them to overcome many obstacles that would have been impossible for Frodo alone.

be called into question within the classroom by those with whom they are interacting, or those observing their interactions than might be expected to occur in a practice setting. Rush (2008) found that students felt they had more at stake in their work environment, and would be less likely to ask a question that they thought might offend in the real world context, which the findings in the current study suggest is supported by a *'breakdown of communication barriers'* within the special world of the university. For service users, their care and treatment is unlikely to be affected, supporting Costello and Horne's (2001) claim that service users are more likely to be open in a classroom setting as opposed to a clinical setting, as within a classroom setting they have a less dependent relationship with student nurses. This shift in dependence offers the freedom to ask and answer in ways that would not necessarily be possible in the 'real world'.

8.3.1 *Setting and Our Sense of Self*

Within the findings related to '*Real world as opposed to what?*' the continuation of the journey through the special world of the university was intrinsically linked to participants' sense of self. 'Where' we are has a direct impact on our sense of 'who' we are⌨, as the set of shared narratives that make up the social context of a setting will have an impact on our sense of place, and therefore how we behave in that particular setting (Kyle and Chick, 2007). This also has resonance with Frank's (2010) ideas around narrative interpellation: the narratives shared by participants in each of the three groups (students, service users and lecturers) highlight the ways in which the university, and more specifically the classroom settings, impacted on their behaviours and actions. Fry *et al.* (2015, p394) note that the university plays 'a significant role in enriching health and social care services by educating the future workforce and through being a springboard for innovation and enterprise'. In this study the university was viewed by participants within the three

.

Our sense of 'who' we are

Covenant's sense of self is intrinsically bound to where he is. For him, the home aspect of the real world is familiar and safe, but it is also a place where he has to work hard to maintain his personal safety in the face of his condition. The rest of the real world is hard, unpredictable, difficult and dangerous. But the Land, his special world, is a place where he can begin to let go of his focus on his condition and begin to develop and learn

groups as a place of learning, a place of aspiration, a place of work and a vehicle for change, depending upon their particular stage of the journey through the special world. Each of these interpretations of place contain their own set of narratives which shape the values and behaviours of participants within the three groups, impacting the participants' sense of who they are as 'students', 'lecturers' and 'service users'. It is the combination of and interaction between the identities of students, service users and lecturers that allows the development of a shared narrative of service user engagement.

Participants in all three groups have different aspects of their sense of self which are dominant in different settings (the 'real world' setting of home and hospital or practice, and the 'special world' setting of the university), as discussed in the sub-theme '*University vs. real life*' (section 5.2). The differences in the narratives that they share about the different settings of the real world and the special world of the university resonate with Goffman's (1959) ideas on Dramaturgy and presentation of self; that people play a role which is dependent on context. For students in the current study, whether the nurse aspect is dominant (nurse-student) or the student aspect is dominant (student-nurse) defines the way they interact and learn, which has resonance with Rush's (2008, p536) study, where students also spoke of the difference in the learning environments of the classroom and placements, with the latter viewed as 'work' and the former as 'an environment where they could 'relax' and concentrate on their learning'. Findings from the current study suggest that this ability to relax in the special world of the university is an important element of the uniqueness of the setting that contributes to the mutual development that occurs through the building of authentic relationships. The differences in participants' narratives regarding the different settings of practice and university may also reflect the inherent differences in the purposes of the two settings. The purpose of the practice

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setting is inherently concerned with actually doing the job of work related to care and caring practices, while the university has a different purpose which is (allegedly) one to do with fostering critical thinking and enhanced communication skills while instilling social democratic values and encouraging civic engagement (Chan *et al.*, 2014). The mission statement for the University of Central Lancashire supports this view of the university:

> *'We create positive change in our students, staff, business partners and wider communities, enabling them to develop their full potential by providing excellent higher education, innovation and research'* (University of Central Lancashire, 2015).

None of these settings are hermetically sealed; there is some flexibility, fluidity, or 'spillage' between them. For the hero on 'The Hero's Journey', the transition from the real world to the special world remains until the hero has succeeded in their quest and is able to return to the real world with their prize (Vogler, 2007). For the participants in the current study, while the many interactions, the developing relationships and much of the subsequent learning takes place within the special world, there is continuous movement between the real world and the special world. For the majority, if not all, of the participants the end of each day will see them returning home (back into the real world) and then journeying back into the special world of the university the following day. Students spend fifty percent of their course on placement (in their 'nurse-student' sense of self) and their time in the special world occurs in predictable blocks of time when they can immerse themselves in their 'student-nurse' sense of self.

The findings suggest that while a student is in the practice setting aspect of the real world, their sense of self is oriented to 'nurse-student', and the patient is real for them within the

confines of the clinical setting, but it appears to be harder for them to imagine patients' continued existence outside of the clinical setting▫. The student participants expressed surprise at learning how conditions impact upon service users' home and wider family life, as discussed in the sub-theme '*University vs. real life*' (section 5.2), which suggests that students' envisioning of service users living with illness and continuing treatment at home - in the real world - is limited and constrained. This has resonance with Simons *et al.* (2007), who suggested that while in the real life setting of a clinical placement, students are more likely to focus on the immediate clinical issues presented by a service user, whereas interacting with service users in the university allows them to see beyond the clinical issues and into the wider context and resulting impact on their lives. The current study found that student interactions with service users in the university setting opened up thoughts of 'home' as an aspect of the real world, which Schneebeli *et al.* (2010, p33) argued 'normalised' the experience of illness, thus enhancing the development of the idea of 'patients as people'. Cooper and Spencer-Dawe (2001) further argued that service user input in the classroom reinforces the principles of service user oriented care, as it emphasises to students how knowledgeable service users are about their own conditions. Students in the current study expressed surprise at '*the amount of knowledge and understanding I can gain from listening to Comensus*'. This suggests that not only do students gain an understanding of how much service users know about their conditions, but that students can learn from service users as well; highlighting the development that can occur through authentic relationships.

The boundaries between the two worlds, the real world and the special world, seemed to be of importance to service users, as they felt that displaying 'university' aspects of their selves (educator-service user) in the clinical setting would be inappropriate (where their service user-patient sense of self was

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more evident), although they were pleased when students approached them. There were also indications of other 'selves' achieving dominance at times. For example, students not wanting to ask what may be perceived as difficult or personal questions suggests that they are exhibiting aspects of their 'nurse' self. This echoes Simpson *et al.*'s (2008) findings, where students exhibited concern for the emotional wellbeing of service users, and did not want to ask questions that might risk upsetting or causing offence to a service user. However, the service users in the current study talked of encouraging students to ask these questions, which emphasises the importance of non-classroom spaces. The service users reported feeling able to protect themselves from unsettling questions as they could choose not to answer the question immediately in the open classroom setting and in front of other students, but that they might speak to the student who asked the question on a one-to-one basis at the end of, or after the session. This reflects Kember's (2007) suggestion that out-of-class activities are particularly effective in terms of establishing good teacher-student relationships which he describes as being essential to the effectiveness of teaching and learning. This also illustrates the wider extent of the special world, as other spaces and places in the university are still seen as having a connection to the classroom, and as such are still perceived as part of the '*safe world*' (see section 5.3). This includes corridors, lifts and the canteen, where students can and do bump into service users. The quality of engagement and conversations in these extra-classroom spaces is seemingly of a different quality, termed '*corridor conversations*' by a lecturer in the current study, possibly allowing self-disclosure such as shared experience of ill health that can, in turn establish common ground with service users.

8.3.2   *The Impact of Self on Interactions*

The shared narratives that develop from the aspects of self which make up 'student', 'service user' and 'lecturer' also provide potential for particular interactions in the parts of the journey which take place within the classroom setting of the special world. Involvement from all three groups was seen to be key within the findings, as discussed in the sub-theme '*Interacting Together*' (see section 6.2), as this allows the breakdown of communication barriers, with the caveat that the resulting communication should be open and honest. This open and honest communication allows students to see beyond the service user's story to what is underneath and what is missing, allowing them to develop their understanding. At the same time, it also unlocks potential for learning for lecturers and service users[▢], as discussed in '*Personal Gain*' (see section 7.2). Each participant brings their own knowledge and experience to the classroom, which is shared through open and honest communication, and lends validity to the use of the Appreciative Inquiry approach, which acknowledges that everyone has their own expertise to contribute (Cooperrider *et al.*, 2008; Reed, 2007).

Involvement from participants in all three groups (students, service users and lecturers) was also felt to be necessary to the development of mutual respect, which the findings showed to be important to the authentic relationships fostered within the special world. This mirrors the Freirian concept of 'dialogue' (Freire, 1971) where open discussion and debate is central to dialogic teaching and learning, with all participants holding mutual respect for each other's knowledge and expertise. Kember (2007) suggests that in order for there to be interaction between teacher and students it is essential to first build a rapport, which reflects the importance of authentic relationships which echoes throughout the findings. The notion of respect is also one of the key setting conditions for spaces

Potential for learning for lecturers and service users

Gandalf travels with Frodo as one of his companions within the Fellowship, and is presented as a wise wizard, with vast amounts of knowledge and experience. However, when he is unable to open the Gates of Moria, it is Frodo, his student, who is able to provide the answer, which allows the Fellowship to continue on its journey.

conducive to deliberative democracy and the social relations that lead to change (communicative action) as posited by Habermas (1986; 1987; 1989). A lecturer in the current study suggested that '*if respect is present then it opens up the door - this is really important and pivotal to service user involvement*'. The development of mutual respect should be an on-going process, and not one that starts and finishes in the classroom.

The period of time before and after a classroom session was thought by participants in the current study to be as important as the classroom session itself, highlighting the importance of training (Cooper and Spencer-Dawe, 2001), which is valued by service users (Simpson *et al.*, 2008), as well as the importance of briefing and debriefing (Rush and Barker, 2006). Narratives shared by service users and lecturers in the current study also highlighted the notion of a partnership between participants in the two groups, in terms of ensuring that the aims of the session are met and everyone is pulling in same direction; each journey has the same goal which is the development of students into competent and compassionate nurses. Although there is a potential contradiction to a partnership approach in the suggestion from some of the lecturer participants that it is up to the service user to create the right balance, which reflects Felton and Stickley's (2004) findings that there are discrepancies in which people view as being true partnership, there was some acknowledgement from lecturers that their input in terms of preparation can go a long way towards achieving the desired balance. Adequate preparation in order to build partnerships has the potential to overcome issues caused by role ambiguity in the classroom, where lecturers feel that by acknowledging service users' expertise their own role is being undermined (Felton and Stickley, 2004). Preparation can also potentially overcome Cooper and Spencer-Dawe's (2001) concern that not all service users are suited to involvement, as evidence from the current study suggests that appropriate training and

preparation can ensure that service users have confidence within the classroom, as discussed in '*Personal Gain*' (see section 7.2).

Findings from the current study suggest that one of the most important interactions within the classroom is that of questioning. Participants in all three groups used questioning in different ways and for different purposes, including opening up discussions and deepening learning, provoking critical thinking and developing questioning minds and encouraging debate through the development of rapport and the use of humour. Active learning is thought to 'encourage higher level thinking such as analysis, application, problem solving and evaluation' (Fry *et al.*, 2015, p97), which aids both understanding and the retention of information. The findings suggest that it is crucial that participants in all three groups are involved and open to questions for the interactions to be successful, as importance is not only placed on the asking of questions, but the answering of them as well. Being open minded and prepared to change one's mind about something rather than adhering to dogma is also part of Habermas's (1986; 1987; 1989) ideal starting point for deliberation. This also reflects feedback from service users in Simpson *et al.*'s (2008) study, as they were frustrated that students were not as engaged as they would like, in terms of asking questions and following up on responses. The findings from the current study also suggest that asking questions is a means of developing communication skills, in terms of knowing what to ask, how to ask it sensitively and in a way that will generate the information being looked for, and how to probe answers to gain further detail or clarification as presented in '*Asking Questions*' (see section 6.3).

The importance of asking questions was further highlighted by participants in all three groups through the perception that students develop a deeper understanding and sense of

relationship through interacting with someone who has been there. First-hand knowledge is valuable, therefore a physical presence, someone with an individualised view and real experiences is preferable to a faceless case study in textbook, as was also found by Costello and Horne (2001) and Rhodes (2013). Case studies, scenarios, and videos were perceived by participants in all three groups to be a second hand presence and have less veracity and authenticity, even though they could be based on a person's lived experience. Whilst an actual person present in the classroom was thought to be more insightful than alternatives such as case studies, scenarios or videos because it supported the notion of '*togetherness*' (see Chapter 6), they also brought with them their own agenda, own values, and own biases. While lecturers suggested a preference for someone who could give a balanced view, students valued realness and authenticity, admitting that they respond more to 'shocking' stories as they find them more believable than stories of positive experiences of care. The emotional impact of a story is reported as being linked to increased learning (McKeown *et al.*, 2012; Rhodes, 2013; Rush, 2008; Tew *et al.*, 2012), where the emotional response is a drive forward⌨ to deeper understanding and development. Moon (2010) describes 'emotional insights' as a substantial change in an individual's perspective on the world, which can be brought about when the person is both emotionally moved by a story and able to understand those emotions through the accompanying context. The intensity of the feelings engendered by a particular story, when taken together with the students' past experiences and the way in which the story is processed, can influence what is learned as well as how it is learned (McDrury and Alterio, 2003).

In reality, it can be difficult for service users to give a fully balanced account when reliving an emotional experience within the special world of the university. One of the concerns that lecturers expressed was that having a service user in the

Emotional response is a drive forward

Ged is a naturally gifted wizard and is able to learn the theory of magic relatively quickly, but it is only after he unwittingly releases an evil shadow and is propelled forward by fear that he is able to deepen his own understanding in a way that allows him to grow and mature as a person

classroom who used the teaching session as '*an opportunity to vent bad care issues which are not the students' fault*' was unlikely to lead to a positive learning experience for the students. This echoes some of the concerns expressed by the lecturers in Felton and Stickley's (2004) study. However, Rush (2008) argued that service users should undergo training to allow them to talk about their life experience in a way that does not make students feel like they are being blamed, the findings from the current study suggest that recounting negative care experiences can be beneficial for students, as long as there is a focus on what could have been done better and reflecting on opportunities for learning from it.

Having a real person to interact with in the classroom also helps to eliminate stigma. Inviting service users into the classroom setting to interact with students reminds students that anyone can have an illness, and that having an illness does not make them any less of a person (Rush, 2008). It also allows the students to see that service users have concerns beyond the immediate clinical issues that they present with in clinical settings ('real world') (Simons *et al*., 2007). Where the only experience that students have of service users is in acute clinical settings, their perspective is limited by their preconceptions and experiences of how service users' behave and respond. They may have little understanding that the same service user when they are well may behave and respond entirely differently. However, this also poses issues in terms of the participants' sense of self within the special world of the university. Although service users are at a point in their journey where they are telling their story and portraying 'wellness', there was a sense from the service user participants in the current study that this could build an expectation that they are fine when they might not be. Even though the service users in the study were able to operate effectively within the classroom and share their story,

they still had a sense of self as a service user who is still managing their illness, treatments or care.

There are also issues around over-generalisation, as having a person in the classroom only presents that individual's story, and it is unlikely to be the same story as those of other people with the same condition, even though there may be similarities. There is resonance here with what Frank (2010) describes as the capacities of stories to make one particular perspective not only plausible, but compelling; he notes the risk of limiting people's sympathetic imagination by making one character's perspective too compelling[▯], so that they are unable to see or accept other perspectives. Ideally, therefore, students would be exposed to a diverse range of service users and perspectives, as well as stressing the nuances of individual uniqueness and generalizability in subsequent relevant discussions.

The interactions and relationships that develop within the classroom may also create tension at times as they create particular issues of power, firstly in terms of the lecturer handing over control of classroom. Lecturers spoke of concerns around the unpredictability of service users, which reflects Felton and Stickley's (2004) study, and resonates with Frank's (2010) capacity of stories to act in ways their tellers did not anticipate. Although this may happen with any story told within the classroom, as lecturers also share stories, there was an implied assumption that this was more likely to be an issue with service user stories, as '*the conversation goes off, off in a direction that you perhaps hadn't, thought it might*', and this was something that lecturers felt they had to learn to facilitate (see '*Asking Questions*', section 6.3). This highlights the importance of briefings and the development of personal connections and authentic relationships, as it is possible for any of the participants in the three groups to expect one sort of character[▯] from the other groups, but then realise that they are

Making one character's perspective too compelling

Covenant struggles with stories of Berek Halfhand, the famed warrior from the Land's history. With his missing fingers in exactly the same place as Berek, Covenant is hailed as Berek reborn and expected to behave in the same manner as the legend from the stories.

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not what you imagined at all. For lecturers, developing the skill of facilitation can also help to overcome this issue, as has also been suggested by Costello and Horne (2001).

Freirian ideas on emancipatory and democratised education, however, suggest that the boundary between educator and student is blurred to the point that the idea of facilitated learning is a misnomer. The role of facilitator is interchangeable and passed around the room, along with the attendant power (Freire, 1971). This can lead to discomfort from all three participant groups through a perceived loss of control. Control is taken away from the lecturer to some extent, and handed to the service user, and can potentially even then be partially handed to students by encouraging questions and open discussion. Proponents of Freirian concepts argue that this uncertainty should not cause fear, as it contains the authentic spark for cooperative learning (McKeown *et al.*, 2015a; Mooney and Nolan, 2006; Purdy, 1997). Issues may arise, however, where service users feel that their contribution is more valid than that of the lecturer. Service users were dismissive of lecturers who give talks from power points as they described lectures from power points as dry and boring. However, students need to learn the theory, a process which is not inherently boring, as well as being exposed to lived experience.

Service users also described the experience of being in the classroom as humbling. Although they embraced the idea of the expert patient (DH, 2001b), they were clear that they were only expert in their own condition, and even as a student the student nurses may already know more than they do. This could potentially lead to fluctuations of power, as participants' different selves, as previously discussed, become more or less dominant, although once again, this uncertainty could be argued to provide opportunities for cooperative learning (McKeown *et al.*, 2015a; Mooney and Nolan, 2006; Purdy,

Expecting one sort of character

As a member of the Fellowship of the Ring, Frodo expected Boromir to be a trustworthy person that he could depend on, which made it all the more difficult to understand when Boromir tried to steal the ring. After his negative experiences with his brother, Frodo expected Faramir to do exactly the same, but he was once again surprised when instead of betraying him, Faramir aided him in his quest to reach Mount Doom.

1997). The fluctuations in participants' sense of self further illustrate the idea that the boundaries between the real world and the special world of the university are not fixed, but are flexible and permeable. This notion was also evident in the findings from the student point of view, as they were concerned about the idea of safety, in terms of their own personal safety and protection from service users who they felt may have previously transgressed in some way, although the students were unclear as to what form this perceived transgression may have taken. Other studies have reported feelings of apprehension and anxiety from students prior to teaching sessions involving service users (Frisby, 2001), with students expressing concerns over the possibility of feeling discomfort (Wood and Wilson-Barnett, 1999) and potentially having to deal with challenging behaviour (Nazarjuk *et al.*, 2013). One group of students in this study, who were all on the adult field of the pre-registration nursing programme, felt that service users should be screened, in the same way that adults working with children are screened via a Disclosure and Barring Service (DBS) check, to ensure that they were 'safe' before they entered the classroom, emphasising the idea that the special world of the university is regarded as a *safe place*. However, the service users in the classroom are likely to be the same, or similar, to the service users that they will be working with in a clinical context on their placements in the real world, whom they would not expect to be screened. This implies that the dominance of different aspects of self (nurse or student) potentially raises different responses from the students. As 'nurse-student' in a clinical setting they perceive themselves to be more in control, providing the care, while the service user is the one who is dependent. In a classroom setting, on the other hand, as 'student-nurse' they are dependent on the service user to provide the information that will help them to develop their

understanding, thus leading to potential feelings of vulnerability.

These issues of power and dominance were also reflected in discussions around engagement and mobile phones. Although students understood the negative impact that inattention due to using mobile phone during a teaching session could have on a service user who was sharing an emotional story, they did not like the idea that the service user then potentially had the power to take their phone from them. However, it was unclear whether the students would accept the same response from a lecturer. Conversely, students also acknowledged that the classroom sessions can be emotionally difficult for service users and that they need support both from lecturers and from the wider academic community.

The findings from the current study also suggest that the timing of classroom interactions is important, with the suggestion being that the earlier they occur within the students' journey the better, as service users believed that students become jaded after their first placement. This reflects findings from Cooper and Spencer-Dawe (2001) who suggest that it is important for students to develop communication skills prior to first placement, and Byrne *et al.* (2013) who believe that early interactions are key to the development of a recovery focused attitude.

8.4 The Return Home and Continuation of the Journey

Having overcome the challenges and the adventure of classroom engagement, participants in each of the three groups take possession of their reward, as does the hero in The Hero's Journey (Vogler, 2007); in this case the knowledge and experience that lead to greater understanding and the development of shared narratives of service user oriented practice. The shared understandings and connections developed

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within the special world of the university allow the journeys of the participants to move closer together, with an increased potential for connections and crossovers, or even for the journeys to overlap and become enmeshed, as depicted in Figure 8.3.

As Vogler (2007) notes, typically within narratives the Hero 'returns to his ordinary world with a treasure, boon or elixir to benefit his world' (Vogler, 2007, p18); in the current study, participants in each of the three groups identified areas where they had grown and developed, particularly in terms of skills. For students, the development of communication skills was thought to be of vital importance, particularly for practice in terms of the explanations of actions, and active listening when communicating with service users, as discussed in '*Personal Gain*' and '*Implications for Practice*' (see sections 7.2 and 7.4). Simpson *et al*. (2008) claimed that service user engagement has a positive effect on interactions in clinical settings, which students in the current study support as they identified a positive relationship between the effectiveness of the communication that they had with service users and the quality of care they were able to provide as nurses. The students emphasised the positive impact that interacting with service users in the classroom had on their communication skills and overall attitude, with the exception of one student, although it is not clear whether that particular student felt that they were already excellent at communicating and therefore did not need to improve, or whether they felt that they were unable to learn anything from the service user.

The Return Home and Continuation of the Journey

Journeys more likely to overlap and become enmeshed going forward

MUTUAL DEVELOPMENT THROUGH AUTHENTIC RELATIONSHIPS

WIDER SOCIETY: a new perspective on the 'real world'
Post classroom engagement, the journeys of each group are more
likely to overlap, or even be enmeshed, as the increased
understanding and connections developed within the classroom
potentially allow for more connections and crossovers in the
journeys of the three groups.

Figure 8.3 The Return Home and the Continuation of the
Journey

The service users in the current study also described their
reward or boon from their journey through the special world, in
terms of positive benefits for themselves, and were vocal with
regard to the enjoyment that they gain from both teaching and
learning. Blackhall *et al.* (2012) suggested that being involved in
a user and carer group in a university provides emotional
support at the same time as reducing isolation and increasing
feelings of self-worth; a claim which appears to be supported by

service users in the current study. Service user participants described feelings of being in relation, connection and belonging, through the ability to interact with other service users in a non-clinical setting, as well as feeling as though they and their experiences were of value to others. This had a positive impact on their journey within the special world of the university, and resonates with the goal of self-actualisation as described by Maslow (1971) as the epitome of personal growth, which is arguably a goal of university education. Williamson *et al.* (2013) also suggest that feelings of belonging are a crucial element in terms of the likelihood of a student completing their course, particularly in terms of informal peer support through strong friendship groups.

A further boon from the journey, within the narratives shared by participants in each of the three groups, was the development of awareness, both in terms of self-awareness and awareness of others. Whereas Turnbull and Weeley (2013) claim that service user engagement allows students to develop their self-awareness, findings from the current study suggest that this extends to service users and lecturers as well, and that an increased awareness of self and others has an impact on how participants within each group behaves and reacts in certain situations. For lecturers, this awareness was in terms of the language that they use when communicating with service users in the university setting, which was also reported by academic staff in Simons *et al.*'s (2007) study. For students, this awareness led to a greater ability to '*empathise*' with others, to journey in their shoes. For all three participant groups this awareness also extended to listening to others' points of view and understanding the contribution that they can make to your own personal development, by challenging things which were previously taken for granted: a greater sense of fellowship was acquired by the participants as a result of journeying together. This emphasis on shared awareness and consciousness raising

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connects with Freire's (1971) concept of 'conscientization', which is relevant to the development of mutual understanding of the goals for change in health and education settings.

The narratives shared by the participants also emphasised the importance of reflection, allowing students to make the link between theory and practice and apply their learning (Kember, 2007), particularly in terms of reflecting on service user experiences with a view to improving practice. Other work has demonstrated the importance of providing opportunities for student nurses to reflect on service users' stories in order to inform their planning and delivery of compassionate care (Adamson and Dewar, 2015). The role of the educator as facilitator is supported in terms of lecturers encouraging students to question and debate. The importance of reflection as a learning tool mirrors Freirian ideas of 'praxis' whereby people must act upon their environment in order to reflect upon their reality and transform it through further action and critical reflection. Merely listening to life experiences is not necessarily enough, regardless of whether the student is moved by it - for any potential impact on practice to be sustained the student must be able to reflect on the experience (Freire, 1971; Mckeown *et al.*, 2015a). Reflection is perceived to be an important tool for learning as it 'enables students to see their own self-development and recognise that learning has taken place' (Fry *et al.*, 2015, p395).

A student participant in Rush and Barker's (2006) study stated that insights into service users' perceptions of health care services could be reflected on, with a view to improving those services as a fully qualified nurse. Students in the current study were able to identify the potential impact on their practice, and suggested ways in which they might do things differently as a result of service users' involvement in teaching sessions, as discussed in '*Implications for Practice*' (see section 7.4).

The onus was placed very much on lecturers to facilitate and encourage reflection both during and after the teaching session, and think carefully about the timing of it. The sharing of negative experiences, for example, were thought to be a worthwhile learning experience where those experiences were shared in a constructive way, which involves looking at what went wrong and how it could have been prevented. Reflection-in-action (Schon, 1987), as carried out during the teaching session, encourages students to examine the story being shared from a personal point of view, and think about how they might have behaved in that scenario compared with how others did/would behave. Alternatively, reflection-on-action (Schon, 1987), as carried out after the teaching session, allows students to reflect back on the service user's story in order to gain insights. Concern from lecturers that there could be a negative impact for service users when sharing difficult experiences was dismissed by service users themselves as they expressed a willingness to share regardless of the experience. This does, however, further highlight the 'spillage' across the different worlds, as it could be argued that the lecturers' concern emphasises their 'nurse' aspect of self.

For students, sharing in home groups and friendship groups was important as it allowed for a different kind of reflection, in terms of discussing experiences and learning from each other. Such informal interaction and support is thought to be crucial for students in terms of their continuing journey to becoming a qualified nurse (Williamson *et al*., 2013). As this is retrospective reflection it suggests that elements of the impact from the teaching session were sustained, and felt to be worth sharing stories about. McDrury and Alterio (2003) argue that being able to acknowledge and share their experiences allows students to reflect on their learning and potentially develop deeper relationships with others. The students valued the ability to look at the experiences being shared, identify issues and think about

how changes could be made to rectify the situation. Although there are potential issues in terms of the size of the changes made, and the power of the student to make that happen, this ability to identify deficits and propose solutions could lead to an increased understanding of the interventions that could be offered (Schneebeli *et al.*, 2010), and emphasises the need for new ways of working (Byrne *et al.*, 2013), and a questioning of one's own practice. This resonates with Frank's (2010) capacity of stories to display and test people's character by inciting and guiding reflection on who the people in the story are and the significance of being that kind of person; 'stories teach good reasons for acting, and stories can be appealed to as supports for claims that an action was acceptable' (Frank, 2010, p30). By reflecting on the narratives told by service users in the classroom, students are given the opportunity to think about their own practice and whether they think that the actions of the healthcare professionals in question were acceptable, or whether they might do things differently if they were faced with the same situation. This allows for a focus on communication, particularly in terms of empowerment, advocacy and individual treatment for service users. This supports Tew *et al*'s (2012) findings that students are able to look at their own approach to care giving and how it is perceived by patients and their families, and Rush and Barker's (2006) claim that students are then able to think about how they can improve this.

Responses to the crisis of legitimacy in nursing emphasise the need for a more democratic approach, allowing previously unheard voices to be heard (Francis, 2013). McKeown et al. (2015b) suggest that there is a need to produce practitioners who are empathic and critically reflective as well as being genuinely compassionate, and who have the courage to challenge prevailing ideologies that are dehumanising. Arguably, service user involvement in the classroom is an important step towards this, as any attempts to transform nursing practice are

more likely to be successful when the nurse practitioners leading that change are already grounded in the concepts of service user involvement (McKeown et al., 2015a).

8.5   Mutual Development through Authentic Relationships: A Model of Best Practice

The three aspects of the journey; beginning in the real world, crossing the threshold into the special world and then returning to the real world, are combined in Figure 8.4 to provide an overview of the movement of participants within the three groups. Each journey begins in the wider society, a space which contains multiple facets of the real world, including home, clinical practice settings and community (Fry *et al.,* 2015). Prior to entering the special world of the university and experiencing classroom engagement, the findings suggest that the journeys of each group tend to be separate, with limited opportunity for supported connectivity and the development of understanding.

Once each of the participants heeds the call to adventure and crosses the threshold, they enter the special world of the university (Vogler, 2007). The special world of the university is a space which provides opportunities for students, service users and lecturers, in terms of training, briefing, debriefing, reflection and support (Chan *et al.*, 2014; Cooper and Spencer-Dawe, 2001; Fry *et al.*, 2015; McDrury and Alterio, 2003). These opportunities are available in both classroom and non-classroom spaces (Kember, 2007). The classroom itself is a space which is safe, respectful and informal, with the capacity to 'contain' turbulence and emotions (Costello and Horne, 2001; McKeown *et al.*, 2015b; Moon, 2010; Rhodes, 2013; Rush, 2008). The ideal classroom contains small groups whose interactions are defined by questioning (Fry *et al.*, 2015; Simpson *et al.*, 2008), appreciating, reflecting (McDrury and Alterio, 2003; Rush and Barker, 2006), encouraging, facilitating (Freire, 1971; McKeown *et al.*, 2015a) and supporting (McDrury

and Alterio, 2003) behaviours. Although these behaviours apply to students, service users and lecturers, certain behaviours were thought by the participants in the current study to be more applicable to interactions between particular participants. The positioning of these behaviours on the *Model of Best Practice* in Figure 8.4 and the associated arrows illustrate these interactions. For students and service users, questioning and appreciating behaviours were felt to be the most important for a teaching session to be perceived as successful; for students and lecturers, encouraging and reflecting behaviours were felt to be the most important, and; for lecturers and service users, facilitating and supporting behaviours were felt to be the most important.

Post classroom engagement, the participants return to the real world with a new perspective (Vogler, 2007). Post classroom engagement the journeys of each group are more likely to overlap, or even be enmeshed going forward, as the increased understanding and connections developed within the classroom potentially allow for more connections and crossovers in the journeys of the three groups (Blackhall *et al.*, 2012; Simons *et al.*, 2007; Simpson *et al.*, 2008; Turnbull and Weeley, 2013).

The model presented in Figure 8.4 provides an overview of the key elements of the special world of the university that are perceived by the participants in the current study to be crucial to the success of service user engagement in the classroom. There is potential for the model to be adopted by other higher education institutions when developing their service user engagement processes and practices, as it provides a basis upon which to measure current activity.

The Beginning of the Journey and the Call to Adventure | The Adventure | The Return Home and Continuation of the Journey

Service Users' Journey

Students' Journey

Lecturers' Journey

Service Users

questioning · appreciating

supporting · facilitating

Students

encouraging · reflecting

Lecturers

Journeys more likely to overlap and become enmeshed going forward

MUTUAL DEVELOPMENT THROUGH AUTHENTIC RELATIONSHIPS

CLASSROOM: a space which is safe, respectful and informal, with the capacity to 'contain' turbulence and emotions, and which ideally contains small groups whose interactions are defined by questioning, appreciating, reflecting, encouraging, facilitating and supporting behaviours

WIDER SOCIETY: a space which contains multiple facets of the 'real world', including home, clinical practice settings, and community.
Prior to classroom engagement, the journeys of each group tend to be separate, with limited opportunity for supported connectivity and the development of understanding

UNIVERSITY: a 'special world', a space which provides opportunities for students, service users and lecturers, in terms of training, briefing, debriefing, reflection, and support, in both classroom and non-classroom places

WIDER SOCIETY: a new perspective on the 'real world'
Post classroom engagement, the journeys of each group are more likely to overlap, or even be enmeshed, as the increased understanding and connections developed within the classroom potentially allow for more connections and crossovers in the journeys of the three groups.
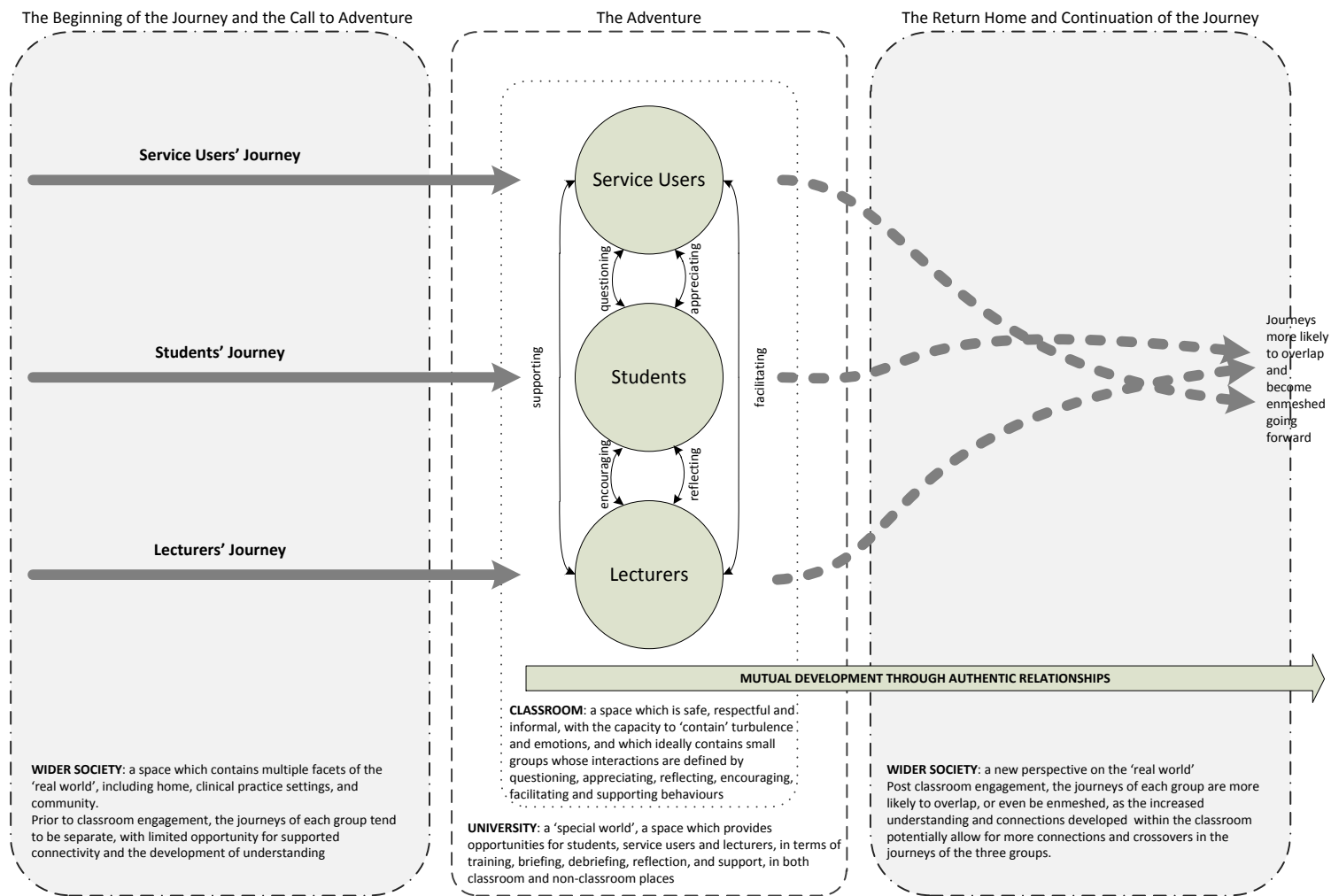
Figure 8.4 Mutual Development through Authentic Relationships: a model of best practice

8.6 A Reflexive Account of the Researcher's Journey

When I saw this project advertised on a higher education recruitment website, I knew immediately that I had to apply. The project proposal spoke to me on so many levels; to my interests in learning and psychology, to my experience of working in education with students as a mentor, tutor and support worker, and as a service user. The methodology, Appreciative Inquiry, intrigued me, as a different and potentially more exciting way of working to what I saw as traditional research methodologies.

<u>Data Collection</u>

I was thrilled when I was offered the studentship, and immediately set about making the project my own, working out the finer details of the proposal and planning the data collection process. I was anxious about the first set of workshops, as Appreciative Inquiry was a new approach to me. I began the first workshop with some trepidation, but the eagerness and enthusiasm with which the participants set about their first task soon dispelled it and my confidence grew. I was initially disappointed with the lack of student response, but that quickly gave way to optimism as my supervision team suggested using the Remerge software at the Media Innovation Studio for a student workshop. Having two of my supervisors present at that workshop made me more conscious of my role as facilitator, but the enthusiasm of the students and their clear enjoyment of the Remerge software allayed my anxiety. The graffiti wall worked really well as a means of collecting more data from lecturers for the first phase, and is definitely a method I'd like to use again.

I approached the second phase of data collection feeling much more confident, but unfortunately that was soon severely dented. The lack of participants at three of the four organised workshops was incredibly disappointing, especially given that several participants from the first phase workshops had agreed to attend and then either gave back word on the day or simply failed to turn up. Having to admit that the approach I was using wasn't working was difficult and frustrating, but I refused to let it get me down.

During this time I was also attempting to organise observations of teaching sessions involving service users. The service users were all enthusiastic, and more than happy for me to sit in their sessions, but only five lecturers responded positively to my request to observe their sessions. However, these five sessions all went really well and provided a lot of

supporting data for the workshops. At this point, though, I couldn't help feeling somewhat disheartened as the data collection certainly wasn't going the way I had anticipated!

My supervision team and I put our heads together to devise an alternative way of collecting the remaining data, which ended up being as one big workshop, held over a full afternoon. Having my supervision team there to act as workshop facilitators worked really well, even if it did increase my anxiety levels, and my only regret is that I didn't audio record the initial discussions. The fourth phase of data collection also went well, and gave me the opportunity to develop my interviewing and survey developing skills.

Regardless of difficulties, and indeed frustrations, around recruitment, the data collection phase was incredibly enjoyable, the enthusiasm of the participants was at times overwhelming, and the richness of the data collected was very satisfying. The debrief sheets filled in by the participants at the end of the workshops were optional, so not all participants filled them in. Those that did found the workshops 'enjoyable' and 'thought provoking' and one commented that they were 'well facilitated'.

<u>Researcher position</u>

Although some of the service users were aware of my own service user identity, on the whole I was able to maintain a role as an independent researcher. Most of the time this was of benefit. I wasn't perceived to be aligned with one particular stakeholder group so the participants all responded to me in much the same way, which potentially gave me a more balanced view than I would otherwise have got. There were times, however, that being independent had its difficulties. I can't help but wonder if being a member of staff at the university would have helped in terms of participant recruitment, for example. I think that attending the Comensus meetings and getting to know some of the service users was of significant benefit when recruiting to the study.

The PhD process has been a learning journey for me, both in terms of the skills and knowledge that I have developed, but also in terms of awareness of myself and others. As a service user I thought I understood why service users get involved in the classroom, and the potential impact that their stories can have on students, but I didn't realise the extent of the

emotion involved, nor did I expect their enthusiasm to affect me to the point that I was ready to share my story as well!

I was able to use experience gained in previous roles to help me with the research process, particularly organisational skills gained throughout my employment. Being used to a flexible and adaptive approach to working as an Accommodation Officer helped enormously when I was faced with having to amend my approach to data collection, and allowed me to stay positive. I was also able to use skills gained from teaching study skills to small groups of students in the appreciative workshops.

8.7   Limitations
8.7.1   *Data Collection and Recording*

As this was the researcher's first large scale research project, opportunities were missed for the collection of data through inexperience. In the early stages of the data collection reflexive notes were not always written up immediately following the research activity, thus it is possible that nuances of participant behaviour, for example, were lost. This was rectified in the following stages of the data collection, as the researcher developed in confidence and experience.

In the third phase workshop the final discussion involving participants from all three groups (students, service users and lecturers) was audio recorded. However, the previous discussions between participants in their separate groups were not audio recorded. Although the researcher spent time with each group and made extensive notes, and post-workshop discussions with the three workshop facilitators took place in the morning following the afternoon workshop, it is possible that some data could have been missed.

8.7.2   *Recruitment*

The study encountered difficulties with the recruitment of lecturers and students, as discussed throughout section 3.6. Wider scoping and more appropriate planning in the initial stages of the study may have allowed these difficulties to have been overcome, however, given the time restrictions of a the PhD programme this was not possible.

This study has shown how difficult it is to engage students in research. Students on pre-registration nursing programmes only attend the university for fifty percent of their course (the other fifty percent is spent on placements) and it was difficult to find students who were

available at the times when the data collection was taking place. Equally, students often have other commitments outside of the university setting, such as part-time jobs, family commitments. Some student nurses enter the caring profession because they have experience of caring for a family member, and such commitments do not stop when they enter the university setting.

Not all service users who contribute at the University of Central Lancashire are involved in Comensus. Lecturers have their own individual links with expert patient groups and NHS provider organisation patient involvement leads, and make their own involvement in modules. This study did not set out to access those service users, although one of the observations of teaching sessions did include service users who were not involved with Comensus.

It could be argued that by recruiting widely and inviting participants to take part in the research leads to positive bias as those who put themselves forward are likely to be those who have something positive to say. However, in this instance, a positive bias could be viewed as favourable as it is aligned with the appreciative way of working, and problems were raised in the process of data collection along with the positive stories of service user engagement in the classroom.

8.7.3 Scale

The study was limited in terms of scale due to geographical and recruitment restrictions. The study was predominantly single site, although the survey in phase four of the data collection did reach out to lecturers in other Higher Education institutions in the UK (see section 3.6.4). Issues in terms of student recruitment meant that students taking part in the workshops were all from the same cohort (all were in their third year of study). However, the observations of teaching sessions covered more than one cohort.

8.7.4 Method

One of the potential issues with the appreciative approach was the contrast that it provided to teaching methods used within the School of Health at the University of Central Lancashire. Students on the pre-registration nursing programmes are taught problem-solving and risk assessment and management, which is at odds with the non-problem orientation of Appreciative Inquiry. This lack of alignment between teaching and the appreciative approach could have had an impact on the level of engagement among students.

In terms of the data analysis the interpretation of the data was the researcher's own, as member checking was not carried out. Although attempts have been made to be as transparent as possible with regard to the analytic process, it is inevitable that other researchers would produce different interpretations and potentially find different ideas within the data.

8.8 Implications and Recommendations

8.8.1 Implications for Classroom Practice

'Mutual Development through Authentic Relationships: a model of best practice' highlights the ideal classroom setting conditions when teaching student nurses, which has implications for the way in which service user engagement is enacted within the classroom. Attention should be paid to the quality of the spaces and places within the university so as to better support authentic relationships and mutual development. This will mean moving beyond the rhetoric of pedagogies to systematically apply these principles at the classroom level, which could necessitate the preparation of students and lecturers to take on appropriate roles in a more democratised learning environment.

> *R1: Attention should be paid to the quality of university spaces and places so as to better support authentic relationships and mutual development.*

> *R2: Adequate preparation of students and lecturers to take on appropriate roles in a more democratised learning environment.*

Creating the right setting conditions is vital to the success of service user engagement in the classroom. All three groups (students, service users and lecturers) require adequate preparation prior to the teaching session in order to make the most of the session. Attention should be paid to the physical location of the classroom, the formality of the session and the group size. Lecturers may require support in terms of enhancing their facilitation skills. Providing the opportunity to ask questions should be integral to the session, and questions should be encouraged from all three groups. Students should be given opportunities to reflect on the service user stories that they have heard, both within the teaching session itself and as part of an on-going process, whereby the lecturer refers back to the service user stories in subsequent teaching sessions.

R3: Appropriate preparation prior to the classroom session, in terms of students, service users and lecturers, as well as the physical aspects of the classroom, such as location and size, and elements such as the formality of the session and the size of the group involved.

R5: Provision of support for lecturers to develop their facilitation skills.

R6: Adequate provision made within the classroom session for questions.

R7: Adequate provision made both within the classroom session, and in subsequent teaching sessions, for students to reflect on the service user stories that are shared.

These setting conditions support the development of authentic relationships, which may give rise to turbulent emotions within the classroom space. There is value in a form of professional development that more obviously engages with compassionate care, and it is important that all three groups are able to recognise the value of turbulent emotions, and that these can be managed and contained within the classroom in order to maintain the safety of the space.

R8: Provision of support for lecturers to understand the value of and develop the ability to deal with turbulent emotions in the classroom in order to facilitate student development while maintaining the classroom as a safe place.

8.8.2 Implications for Policy

The model developed within this study is not necessarily intended to address current policy with a view to making changes, instead, it is intended to engender increased care and consideration in the implementation of current policy as it stands. Inclusion of the model in the relevant section of the NMC Standards for Education could offer education providers more guidance in terms of how to involve service users in the classroom.

R1: Inclusion of the model in the relevant section of the NMC Standards for Education to offer education providers more guidance in terms of how to involve service users in the classroom.

The model also has the potential to be of use to those monitoring and reviewing the implementation of service user engagement in relation to current policy. This could be facilitated through the development of a checklist of key attributes or factors that should be in place for successful service user engagement.

> *R2: The development of a checklist of key attributes of factors based on the best practice model to monitor and review the implementation of service user engagement.*

8.8.3 Recommendations for Future Research

This study goes some way to filling the gap in the literature identified in the literature review (see Chapter 2). The papers in this review provided some indication of how service users are involved in the classroom. However, this was predominantly presented as context to the study, as opposed to being part of the aim of the study. None of the papers offered suggestions as to how or why service user engagement works, and what, if anything, needs to occur for service user engagement to be successful.

Whilst there appeared to be reasonably clear evidence of the value of service user engagement, there were clear gaps around the actual processes and practices that occur both within the classroom, as well as before and after the teaching sessions, that contribute to the perceived success of service user engagement in the classroom. There were also gaps in terms of the interactions and relationships between students, service users and lecturers.

The current study explored the actual processes and practices that occur both within the classroom, as well as before and after the teaching sessions, that contribute to the perceived success of service user engagement in the classroom. The model that has been developed from this appreciative exploration depicts the individual journeys of the three participant groups of students, service users and lecturers, and illustrates the key elements of the special world of the university that are perceived by the participants in the current study to be crucial to the success of service user engagement in the classroom.

There is scope to build on the current study in several different ways. The first of these is a further in depth evaluation of the individual components of classroom engagement, with a view to further refining and developing the model of best practice as presented in this thesis. Secondly, the focus of the current study was the interactions within the specific setting of the

classroom, but that is not the only way in which service users are involved in the pre-registration nursing programmes. There is scope for similar appreciative explorations of other forms of service user engagement in the university setting, such as: service user involvement in student recruitment and selection; service user input into course content and assessment and; service user involvement in practical scenarios and assessments such as Objective Structured Clinical Examinations (OSCEs). Service users in the current study also spoke of a desire to be involved in students' placement assessment, which is an area that could be developed through further research.

> *R1: Research into the individual components of classroom engagement, with a view to further refining and developing the model of best practice.*

> *R2: Appreciative research around other forms of service user engagement in the university setting, such as: service user involvement in student recruitment and selection; service user input into course content and assessment and; service user involvement in practical scenarios and assessments such as Objective Structured Clinical Examinations (OSCEs).*

> *R3: Development of service user engagement in students' placement assessments.*

The findings from the current study also highlighted the potential for the use of technology in service user engagement, although there were some concerns that where technology is used as a replacement for an actual service user the students do not gain the same value (see section 5.4: '*A Practical World*'). There is potential for future research to develop ways to use technology within the classroom so as to enhance service user engagement and maintain the ideal classroom components illustrated in the model of best practice presented in this thesis.

> *R4: Research into the use of technology within the classroom so as to enhance service user engagement while maintaining the ideal classroom components in the model of best practice.*

A further possibility for future research would be a longitudinal research study which examined service user outcome measures to identify the impact of service user engagement in the classroom in the long term. Students in the current study spoke of potential changes to their

practice that they felt they could make following interactions with service users in the classroom (see section 7.4: '*Implications for Practice*'), as did students in several of the studies referred to within the thesis (Byrne *et al.*, 2013; Rhodes, 2013; Rush, 2008; Rush and Barker, 2006; Schneebeli *et al.*, 2010; Simpson *et al.*, 2008; Tew *et al.*, 2012 and Turnbull and Weeley, 2013). Although students in both the current study and the reviewed studies were confident that they would implement certain changes in their practice post-qualification as a result of service user engagement, such changes in nursing practice could only be verified through longer term research involving nurses post-qualification, and even then it would be difficult to separate the influence of service user involvement from everything else that has impacted on a student nurse throughout their studies. If such a study could be developed it would go a long way towards assessing the long term value and impact of service user engagement.

> *R5: Longitudinal research on service user outcome measures to identify the long term impact of service user engagement in the classroom on nursing practice post-qualification.*

8.9   Conclusions

By recognising the knowledge and expertise of the three key stakeholders (students, service users and lecturers) this study has demonstrated that service user engagement in the classroom based elements of the pre-registration nursing programmes at the University of Central Lancashire has the potential to make a profound, positive impact on everyone involved, thus providing evidence to support claims for the value of service user involvement.

The university classroom provides a unique setting for student-service user interactions that are facilitated by lecturers. Where these interactions are democratically organised around the Freirian concepts of 'dialogue' (open discussion and debate, where participants respect one another's knowledge and expertise) and 'praxis' (reflecting on experience and applying theory to inform practice) (Freire, 1971; McGregor and Cartwright, 2011) the classroom setting offers a potentially democratic space. Open discussion with service users encourages self-disclosure, as well as exposing students to the emotional impact of lived experience (Byrne *et al.*, 2013; McKeown *et al.*, 2015b; Simpson *et al.*, 2008; Terry, 2012; Turnbull and Weeley, 2013). Service user engagement has the capacity to move people, sometimes profoundly, and the classroom setting provides a 'protected' space in which to explore the emotions engendered by it (McKeown *et al.*, 2015b; Rhodes, 2013). This in turn supports the development of self-

awareness (Repper and Breeze, 2007), and with it an enhanced sensitivity and awareness of the emotional states, and expressions of those states, in others (McKeown *et al.*, 2015b). This increased knowledge and understanding of both self and others enhances student's capacity for exhibiting empathy (Fenton, 2014; Morgan and Jones, 2009). Developing verbal and non-verbal communication skills within the classroom prepares students for interactions with service users in practice (Cooper and Spencer-Dawe, 2006; Costello and Horne, 2001; Schneebeli *et al.*, 2010), as they are able to develop an understanding of the interpersonal approaches favoured by service users in clinical settings.

The quality of the learning that takes place when service users are present in the classroom arguably pivots on emotional, rather than cognitive factors. People are moved by stories of lived experience, which connect with their own life stories. Passion drives personal or social change as much as rationality; emotion can trigger a significant change in an individual's perspective on the world (Moon, 2010). Where students are educated on pre-registration nursing programmes that feature substantial service user involvement, based on the participatory elements presented in *Mutual Development through Authentic Relationships: a model for best practice*, it appears from the evidence of this study that their emotional lives are nourished and their capacity for compassion consolidated.

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10   Appendices

10.1 Appendix 1: Confirmation of Ethics Approval

22nd March 2013

Bernie Carter & Julie Dix
School of Health
University of Central Lancashire

Dear Bernie & Julie

Re: BuSH Ethics Committee Application
Unique Reference Number: BuSH 143

The BuSH ethics committee has granted approval of your proposal application 'Shifting Perceptions, Developing Dialogues and Relationships'.

Please note that approval is granted up to the end of project date or for 5 years, whichever is the longer. This is on the assumption that the project does not significantly change, in which case, you should check whether further ethical clearance is required

We shall e-mail you a copy of the end-of-project report form to complete within a month of the anticipated date of project completion you specified on your application form. This should be completed, within 3 months, to complete the ethics governance procedures or, alternatively, an amended end-of-project date forwarded to roffice@uclan.ac.uk quoting your unique reference number.
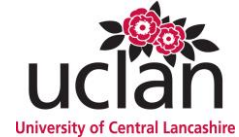
Yours sincerely

Denise Forshaw
Chair
BuSH Ethics Committee

10.2 Appendix 2: Information Sheets and Consent Forms - Students
10.2.1 Information Sheet: Appreciative Workshops

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Appreciative Workshops 1 -5: Student Participants

Introduction
Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?
This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?
It is entirely up to you to decide whether or not to take part. If you do not wish to take part, then you do not have to do anything. If you do wish to take part simply contact us using the details at the bottom of this sheet to register your interest in taking part.

What will happen to me if I take part and how do I give my consent?
If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and bring it with you to the first Workshop. You will be able to ask the researchers questions before the workshop starts and before you sign the form.

Your Workshop group will consist of four members from Comensus (Comensus is a service user group based within the School of Health), four students from the School of Health and four members of staff from the School of Health.

Ideally we would like you to attend a total of five workshops:
- The first set of **three key workshops** will be with your core group
- The final two workshops will be with members of your core group plus other service users, students and staff

Each workshop has a different focus.

Workshop 1: Introductions and Storytelling
In this workshop you will be asked to introduce yourself to the group, and then to think about and write down positive stories about when you have been involved in a teaching session either led by or involving service users in the School of Health. You will be invited to share your stories with the group.

Workshop 2: Personal Development
In this workshop you will be asked to think about and share positive examples of the ways in which being involved in a teaching session either led by or involving service users has helped you to develop in terms of yourself, your practice, or in your professional capacity, or the ways in which you have seen others develop.

Workshop 3: Understanding
In this workshop you will be asked to think about and share positive examples of where being involved in a teaching session either led by or involving service users has improved understanding and supported the development of new skills, either in yourself or others.

At the end of each workshop you will be asked to fill in a debriefing sheet, which will ask how you felt about the session, and whether there was anything that you felt we should have done differently. The researchers will review all of the debriefing sheets and may contact you if there is anything on your debriefing sheet that needs to be clarified or the researchers would like to follow up on.

The researchers will be running similar workshops with other groups of service users, students and staff. Once the researchers have completed 'Workshop 3: Understanding' with all the groups, they will invite all the participants to a fourth workshop on processes and practices. This will either be as one large group or two smaller groups, depending on how many people wish to attend.

Workshop 4: Processes and Practices
This workshop will look at the processes and practices to do with service user involvement in the curriculum that currently exist, and we will also discuss and reflect on the previous three workshops to see if there are any potential changes that could be made.

Following this workshop the researchers will analyse all of the data to create a model of best practice that could be implemented in the future.

Workshop 5: Assessing the model
In this workshop you will be asked to look at the new model and comment on it. You do not have to attend Workshop 4 to be able to come to Workshop 5.

How much of a time commitment will this be for me?

The study should not take up too much of your time. The first three Workshops should take place between February and June 2013. Each workshop should last around 2 hours. We hope that you will continue to contribute to the final two Workshops, these should take place between September and December 2013.

All of the workshops will be held on the UCLan campus, and will be during usual teaching hours.

What are the possible disadvantages and risks of taking part?

We do not think that there are any disadvantages or significant risks for you taking part in this study. However, since the workshops are based on sharing and discussing ideas with other people, the participants in this group will naturally become aware of your views. Since all of the discussion aims to be collegial and will be moderated then we do not foresee problems arising. Everyone who takes part in the study will be aware of the need to respect other people's views and ideas. Personal comments and/or contributions which breach professional codes of conduct will be managed as appropriate.

What are the possible benefits of taking part?

We hope that there will be some direct benefits of taking part in the research study. This is because the study is based on appreciative inquiry which has a positive focus. The hope is that through your involvement in the research study your practice and/or understanding will be enhanced and that you will feel that you can help in the development of Service User Involvement at UCLan. We hope that you will also find it interesting and enjoyable taking part in the study.

All students who attend Workshops 1, 2 and 3 will be entered into a draw to win £20 of book tokens. You will also receive a certificate of attendance which you may be able to include in your portfolio.

What if I want to know more about the research?

If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?

Once you have participated in the workshops you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?

We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE.
Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?
All the information that is collected about you during the course of the research will be kept strictly confidential and your name and other details will be removed as soon as possible after the data has been collected. No personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when discussing issues in the workshops that the other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the workshops, with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?
As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:
- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites
- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?
This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information
If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

10.2.2 Consent Form: Appreciative Workshops

Consent form to participate in Appreciative Workshops 1-3

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time during any of the workshops and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

I understand that in the workshops that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

I understand that extracts of the things that I have contributed to the workshops may be used in the final report & any publications. I understand that these will be anonymised.

I understand that the workshops will be audio recorded.

I agree to take part in the above study.

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Observation of a Teaching Session: Student Participants

Introduction
Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?
This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?
This element of the study involves the researchers attending and observing one of your timetabled sessions. It is entirely up to you to decide whether or not you wish to take part. If you do not wish to take part, then the observation will not take place.

What will happen to me if I take part and how do I give my consent?
If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and return it to the researchers. You will be able to ask the researchers questions before the observation starts and before you sign the form.

During the session the researcher(s) will observe everyone in the room and will be as unobtrusive as possible. After the session we may wish to follow up on what we observed by carrying out individual interviews with students. We will only contact students who have agreed to be interviewed. If you would like to take part in an interview, please fill in the relevant section on the consent form. Unfortunately we will not be able to interview everyone who agrees, therefore filling in the section on the consent form does not mean you will definitely be interviewed.

How much of a time commitment will this be for me?
The study should not take up too much of your time. Participation will not add any extra time to your normal timetabled session. Taking part in an interview should take around 30 minutes.

What if I want to know more about the research?
If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?
Once you have participated in the observation you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?
We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?
All the information that is collected about you during the course of the research will be kept strictly confidential (within the research team). Any contributions that you make during the session that are recorded will not be attributed to you at any point following the session, as your name will not be included in the data collection. Therefore, none of your personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when you are sharing information and discussing issues in the observation that the other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the observation and the interview (if you are interviewed), with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?
As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:
- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites
- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?
This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information
If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

10.2.4 Consent Form: Observations

Consent form to participate in the Observation of a Teaching Session

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time before or during the observation and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

☐

I understand that in the teaching session being observed that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

☐

I understand that extracts of the things that I have contributed to the teaching session may be used in the final report and any publications. I understand that these will be anonymised.

☐

I understand that the teaching session being observed will be audio recorded.

☐

I agree to take part in the above study.

☐

If you agree to be considered for a follow up interview after the observation please initial the box and fill in your details below. If you do not wish to be considered, please leave this section blank.

☐

Telephone ....
Email:...

Name of Participant	Date	Signature

Name of Researcher	Date	Signature

10.2.5 Consent Form: Interviews

Consent form to participate in an Individual Interview

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time before or during the interview and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

I understand that extracts of the things that I have contributed to the interview may be used in the final report and any publications. I understand that these will be anonymised.

I understand that the interview will be audio recorded.

I agree to take part in the above study.

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

10.3 Appendix 3: Information Sheets and Consent Forms - Service Users
10.3.1 Information Sheet: Appreciative Workshops

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Appreciative Workshops 1 -5: Service User Participants

Introduction
Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?
This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?
It is entirely up to you to decide whether or not to take part. If you do not wish to take part, then you do not have to do anything. If you do wish to take part simply contact us using the details at the bottom of this sheet to register your interest in taking part.

What will happen to me if I take part and how do I give my consent?
If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and bring it with you to the first Workshop. You will be able to ask the researchers questions before the workshop starts and before you sign the form.

Your Workshop group will consist of four members from Comensus (Comensus is a service user group based within the School of Health), four students from the School of Health and four members of staff from the School of Health.

Ideally we would like you to attend a total of five workshops:
- The first set of **three key workshops** will be with your core group
- The final two workshops will be with members of your core group plus other service users, students and staff

Each workshop has a different focus.

Workshop 1: **Introductions and Storytelling**
In this workshop you will be asked to introduce yourself to the group, and then to think about and write down positive stories about when you have been involved in a teaching session in the School of Health. You will be invited to share your stories with the group.

Workshop 2: **Personal Development**
In this workshop you will be asked to think about and share positive examples of the ways in which being involved in a teaching session has helped you to develop in terms of yourself, your practice, or in your professional capacity, or the ways in which you have seen others develop.

Workshop 3: **Understanding**
In this workshop you will be asked to think about and share positive examples of where being involved in a teaching session has improved understanding and supported the development of new skills, either in yourself or others.

At the end of each workshop you will be asked to fill in a debriefing sheet, which will ask how you felt about the session, and whether there was anything that you felt we should have done differently. The researchers will review all of the debriefing sheets and may contact you if there is anything on your debriefing sheet that needs to be clarified or the researchers would like to follow up on.

The researchers will be running similar workshops with other groups of service users, students and staff. Once the researchers have completed 'Workshop 3: Understanding' with all the groups, they will invite all the participants to a fourth workshop on processes and practices. This will either be as one large group or two smaller groups, depending on how many people wish to attend.

Workshop 4: **Processes and Practices**
This workshop will look at the processes and practices to do with service user involvement in the curriculum that currently exist (for example, the steps leading up to your involvement in a teaching session), and we will also discuss and reflect on the previous three workshops to see if there are any potential changes that could be made.

Following this workshop the researchers will analyse all of the data to create a model of best practice that could be implemented in the future.

Workshop 5: **Assessing the model**
In this workshop you will be asked to look at the new model and comment on it. You do not have to attend Workshop 4 to be able to come to Workshop 5.

How much of a time commitment will this be for me?
The study should not take up too much of your time. The first three Workshops should take place between February and June 2013. Each workshop should last around 2 hours. We hope that you will continue to contribute to the final two Workshops, these should take place between September and December 2013.

All of the workshops will be held on the UCLan campus, and will be during usual teaching hours.

What are the possible disadvantages and risks of taking part?

We do not think that there are any disadvantages or significant risks for you taking part in this study. However, since the workshops are based on sharing and discussing ideas with other people, the participants in this group will naturally become aware of your views. Since all of the discussion aims to be collegial and will be moderated then we do not foresee problems arising. Everyone who takes part in the study will be aware of the need to respect other people's views and ideas. Personal comments and/or contributions which breach professional codes of conduct will be managed as appropriate.

What are the possible benefits of taking part?

We hope that there will be some direct benefits of taking part in the research study. This is because the study is based on appreciative inquiry which has a positive focus. The hope is that through your involvement in the research study your practice and/or understanding will be enhanced and that you will feel that you can help in the development of Service User Involvement at UCLan. We hope that you will also find it interesting and enjoyable taking part in the study.

What if I want to know more about the research?

If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?

Once you have participated in the workshops you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?

We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?

All the information that is collected about you during the course of the research will be kept strictly confidential (within the research team) and your name and other details will be removed from the information as soon as possible after the data has been collected. None of your personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when you are discussing issues in the workshops that the

other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the workshops, with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?

As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:

- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites
- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?

This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information

If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk. Unfortunately we do not have a telephone number, so if you wish to make contact by telephone, please let the Comensus Office know and they will arrange for us to contact you.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

Consent form to participate in Appreciative Workshops 1-3

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time during any of the workshops and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

☐

I understand that in the workshops that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

☐

I understand that extracts of the things that I have contributed to the workshops may be used in the final report & any publications. I understand that these will be anonymised.

☐

I understand that the workshops will be audio recorded.

☐

I agree to take part in the above study.

☐

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Observation of a Teaching Session: Service User Participants

Introduction

Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?

This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?

It is entirely up to you to decide whether or not to take part. If you do not wish to take part, then you do not have to do anything. If you do wish to take part simply contact us using the details at the bottom of this sheet to register your interest in taking part.

What will happen to me if I take part and how do I give my consent?

If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and bring it with you to the session to be observed. You will be able to ask the researchers questions before the observation starts and before you sign the form.

Before the session to be observed the researchers will briefly ask you about your expectations and hopes for the session. During the session the researcher(s) will observe everyone in the room and will be as unobtrusive as possible, and afterwards the researchers will ask you about your experience of the session, including what went well, how it could be improved and what surprises, if any, were encountered.

What if I am a service user who is a parent or carer?

If you are a parent or carer and will be accompanied by the person that you are caring for then both you and the person you are caring for will need to give consent. However, if the person you are caring for has a significant disability or impairment and cannot give consent themselves please let us know and we will discuss this with you.

How much of a time commitment will this be for me?

The study should not take up too much of your time. Participation will add an extra 5-10 minutes at the beginning and end of the session that you are due to be involved in.

What if I want to know more about the research?

If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?

Once you have participated in the observation you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?

We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?

All the information that is collected about you during the course of the research will be kept strictly confidential (within the research team) and your name and other details will be removed from the information as soon as possible after the data has been collected. None of your personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when you are sharing information and discussing issues in the observation that the other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the briefing interview, the observation and the debriefing interview, with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?

As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:
- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites

- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?

This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information

If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk. Unfortunately we do not have a telephone number, so if you wish to make contact by telephone, please let the Comensus Office know and they will arrange for us to contact you.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

10.3.4 Consent Form: Observations

Consent form to participate in the Observation of a Teaching Session

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time before or during the observation and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

☐

I understand that in the teaching session being observed that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

☐

I understand that extracts of the things that I have contributed to the teaching session, as well as the briefing and debriefing interviews may be used in the final report and any publications. I understand that these will be anonymised.

☐

I understand that the teaching session being observed will be audio recorded.

☐

I agree to take part in the above study.

☐

I am a parent/carer and I am aware that my child/caree will be part of a session which is being observed.   Yes ☐   N/A ☐

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

10.4 Appendix 4: Information Sheets and Consent Forms - Lecturers
10.4.1 Information Sheet: Appreciative Workshops

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Appreciative Workshops 1 -5: Staff Participants

Introduction
Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?
This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?
It is entirely up to you to decide whether or not to take part. If you do not wish to take part, then you do not have to do anything. If you do wish to take part simply contact us using the details at the bottom of this sheet to register your interest in taking part.

What will happen to me if I take part and how do I give my consent?
If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and bring it with you to the first Workshop. You will be able to ask the researchers questions before the workshop starts and before you sign the form.

Your Workshop group will consist of four members from Comensus (Comensus is a service user group based within the School of Health), four students from the School of Health and four members of staff from the School of Health.

Ideally we would like you to attend a total of five workshops:
- The first set of **three key workshops** will be with your core group
- The final two workshops will be with members of your core group plus other service users, students and staff

Each workshop has a different focus.

Workshop 1: Introductions and Storytelling

In this workshop you will be asked to introduce yourself to the group, and then to think about and write down positive stories about when you have involved service users in your teaching sessions in the School of Health. You will be invited to share your stories with the group.

Workshop 2: Personal Development

In this workshop you will be asked to think about and share positive examples of the ways in which the involvement of service users in your teaching sessions has helped you to develop in terms of yourself, your practice, or in your professional capacity, or the ways in which you have seen others develop.

Workshop 3: Understanding

In this workshop you will be asked to think about and share positive examples of where the involvement of service users in your teaching sessions has improved understanding and supported the development of new skills, either in yourself or others.

At the end of each workshop you will be asked to fill in a debriefing sheet, which will ask how you felt about the session, and whether there was anything that you felt we should have done differently. The researchers will review all of the debriefing sheets and may contact you if there is anything on your debriefing sheet that needs to be clarified or the researchers would like to follow up on.

The researchers will be running similar workshops with other groups of service users, students and staff. Once the researchers have completed 'Workshop 3: Understanding' with all the groups, they will invite all the participants to a fourth workshop on processes and practices. This will either be as one large group or two smaller groups, depending on how many people wish to attend.

Workshop 4: Processes and Practices

This workshop will look at the processes and practices to do with service user involvement in the curriculum that currently exist, and we will also discuss and reflect on the previous three workshops to see if there are any potential changes that could be made.

Following this workshop the researchers will analyse all of the data to create a model of best practice that could be implemented in the future.

Workshop 5: Assessing the model

In this workshop you will be asked to look at the new model and comment on it. You do not have to attend Workshop 4 to be able to come to Workshop 5.

How much of a time commitment will this be for me?

The study should not take up too much of your time. The first three Workshops should take place between February and June 2013. Each workshop should last around 2 hours. We hope that you will continue to contribute to the final two Workshops, these should take place between September and December 2013.
All of the workshops will be held on the UCLan campus, and will be during usual teaching hours.

What are the possible disadvantages and risks of taking part?

We do not think that there are any disadvantages or significant risks for you taking part in this study. However, since the workshops are based on sharing and discussing ideas with other people, the participants in this group will naturally become aware of your views. Since all of the discussion aims to be collegial and will be moderated then we do not foresee problems arising. Everyone who takes part in the study will be aware of the need to respect other people's views and ideas. Personal comments and/or contributions which breach professional codes of conduct will be managed as appropriate.

What are the possible benefits of taking part?

We hope that there will be some direct benefits of taking part in the research study. This is because the study is based on appreciative inquiry which has a positive focus. The hope is that through your involvement in the research study your practice and/or understanding will be enhanced and that you will feel that you can help in the development of Service User Involvement at UCLan. We hope that you will also find it interesting and enjoyable taking part in the study.

What if I want to know more about the research?

If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?

Once you have participated in the workshops you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?

We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?

All the information that is collected about you during the course of the research will be kept strictly confidential and your name and other details will be removed as soon as possible after the data has been collected. No personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when discussing issues in the workshops that the other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the workshops, with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?

As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:

- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites
- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?

This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information

If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

10.4.2 Consent Form: Appreciative Workshops

Consent form to participate in Appreciative Workshops 1-3

Study Title: Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time during any of the workshops and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

☐

I understand that in the workshops that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

☐

I understand that extracts of the things that I have contributed to the workshops may be used in the final report & any publications. I understand that these will be anonymised.

☐

I understand that the workshops will be audio recorded.

☐

I agree to take part in the above study.

☐

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

**Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Observation of a Teaching Session: Staff Participants

Introduction

Thank you for reading this information. You are being invited to take part in a research study. Before you make your decision it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If anything is not clear to you or if you would like more information then please feel free to ask Research Student Julie Dix whose details are at the end of this information sheet. Please take time to decide whether or not you wish to take part.

What is the purpose of this study?

This research study is part of a postgraduate research degree programme. The purpose of the study is to find out about how the engagement of service users in delivering the curriculum affects the service users, students and staff involved, with the aim of helping to improve teaching practices. The study uses an appreciative inquiry framework, which acknowledges that good practice already exists and plans to build on this to develop even better practice and services in the future.

Do I have to take part?

It is entirely up to you to decide whether or not to take part. If you do not wish to take part, then you do not have to do anything. If you do wish to take part simply contact us using the details at the bottom of this sheet to register your interest in taking part.

What will happen to me if I take part and how do I give my consent?

If you do decide to take part you should keep this information sheet as it provides details about the research study. If you feel that you have enough information about the study, it would be helpful if you could fill in the attached consent form and bring it with you to a briefing interview which will be held prior to the session to be observed (at your convenience). You will be able to ask the researchers questions before the session to be observed and before you sign the form.

Within the week before the session to be observed the researchers will briefly ask you about your expectations and hopes for the session in a short briefing interview. During the session the researcher(s) will observe everyone in the room and will be as unobtrusive as possible, and within the week afterwards the researchers will ask you about your experience of the session, including what went well, how it could be improved and what surprises, if any, were encountered.

How much of a time commitment will this be for me?

The study should not take up too much of your time. Participation will add an extra 5-10 minutes before and after the session that you are due to be involved in.

What if I want to know more about the research?

If you wish to see the full proposal of the study or if you wish to know anything else about the study, then please contact Julie Dix (contact details below). Julie is the lead researcher and is doing the study as part of her PhD.

What happens when the research study stops?

Once you have participated in the observation you will not need to do anything else. Julie will be presenting a short summary of the research study when it is finished, which you will be invited to attend.

What if something goes wrong?

We do not believe that anything will go wrong with this study. However, if you wish to complain about something to do with this study then you should contact:

Prof Bernie Carter, School of Health, University of Central Lancashire, Preston, PR1 2HE.
Email: bcarter@uclan.ac.uk
Or
Nigel Harrison, Dean & Head of School, School of Health, University of Central Lancashire, Preston, PR1 2HE. Email: nharrison@uclan.ac.uk

The matter will be followed up via the University complaints procedure.

Will my taking part in this study be kept confidential?

All the information that is collected about you during the course of the research will be kept strictly confidential and your name and other details will be removed as soon as possible after the data has been collected. No personal details will be used in the final reports so that you cannot be recognised. However, you should be aware that when discussing issues during the observation that the other participants will see and hear what you are saying. This means that we cannot guarantee anonymity and confidentiality of this aspect of the data collection/management.

The researchers will audio record the briefing interview, the observation and the debriefing interview, with your permission. The recordings will be used only by the research team for clarification purposes, and will be kept in a locked filing cabinet, in a room at the university which is accessible by key code only.

What will happen to the results of the research study?

As this study is funded by the Higher Education Academy, one of the important outcomes is that the results will be shared as widely as possible so as to help improve practice. We are required to create the following outputs:

- A short presentation that will highlight key findings
- A report on the key findings, which will be available on both the HEA and UCLan websites
- Academic paper(s) will also be presented for submission and publication to relevant, peer reviewed journals
- And because this study is part of a PhD, there will be a thesis

Who has reviewed the study?

This study has been reviewed by the BuSH Ethics Committee, University of Central Lancashire.

Contact for further information

If you would like further information on this study please contact: Julie Dix, c/o School of Health, University of Central Lancashire, Preston, PR1 2HE. Email jadix@uclan.ac.uk.

Thank you very much for your time in reading this information leaflet and for considering taking part in the study.

10.4.4 Consent Form: Observations

**Consent form to participate in the Observation
Of a Teaching Session**

**Study Title: Developing an Understanding of Service Users'
Contribution to Nurse Education in the Classroom**

Name of Researcher: Julie Dix

Please initial box

I confirm that I have read and understand the Information Sheet for the above study and have had the opportunity to ask questions.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time before or during the observation and for up to 8 weeks afterward, without giving any reason, without my legal rights being affected.

☐

I understand that in the teaching session being observed that the other people taking part will know who I am and will hear what I say. Because of this the researchers cannot guarantee my anonymity or confidentiality of this particular part of the study.

☐

I understand that extracts of the things that I have contributed to the teaching session, as well as the briefing and debriefing interviews may be used in the final report and any publications. I understand that these will be anonymised.

☐

I understand that the teaching session being observed will be audio recorded.

☐

I agree to take part in the above study.

☐

Name of Participant   **Date**   **Signature**

Name of Researcher   **Date**   **Signature**

10.5 Appendix 5: Phase Two Data Collection Observation Coding Sheet

Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom

Observation Template

Session title	
Time & date	
Course	
Year	
No of students	
Staff present	
Service User	
Learning outcomes	
Style of session	
Arrangement of classroom	

	0h00	0h15	0h30	0h45	1h00	1h15	1h30	1h45	2h00	2h15	2h30	2h45
Who is leading the session:												
Staff												
Service User												
Student												
Style of delivery?												
How dynamic?												

Student Response:												
Level of engagement												
Any verbal engagement?												
Emotionality												

10.6 Appendix 6: Phase Four Data Collection Survey

Sharing Patient & Carer Voices in the Classroom with Pre-Registration Nurses

We know there are lots of ways of engaging service user voices in the classroom (for example, service users sharing their stories in person, showing locally produced videos of service users or films which highlight a particular issue, playing audio clips, using web conferencing, etc.), and we're interested in gaining your opinions about these.

This survey is being conducted as part of a postgraduate research study at the University of Central Lancashire, titled 'Developing an Understanding of Service Users' Contribution to Nurse Education in the Classroom.'

For further information about the study please contact Julie Dix: jadix@uclan.ac.uk

* **1. I teach/have taught on pre-registration nursing degree courses**

◯ Yes

◯ No

Sharing Patient & Carer Voices in the Classroom with Pre-Registration Nurses

Section 1: Your Views

* 2. Thinking about service user involvement in the classroom, please indicate your level of agreement (or not) with the following statements.

Statement 1:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Having a service user in the classroom is always the preferred form of involvement	○	○	○	○	○

If you would like to add any comments please do so below:

* 3. Statement 2:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Service user involvement works better with small groups of students	○	○	○	○	○

If you would like to add any comments please do so below:

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* 4. Statement 3:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Having service users in the classroom is always a positive learning experience for students	○	○	○	○	○

If you would like to add any comments please do so below:

---

* 5. Statement 4:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Service user involvement is more effective when students have the opportunity to ask questions	○	○	○	○	○

If you would like to add any comments please do so below:

---

* 6. Statement 5:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Service user involvement should only take place in the final year of a nursing degree	○	○	○	○	○

If you would like to add any comments please do so below:

Sharing Patient & Carer Voices in the Classroom with Pre-Registration Nurses

Section 2: Technology

7. Do you currently use technology to enhance service user involvement?
(e.g. showing films, playing audio clips, using video conferencing)

○ Yes

○ No

8. Please indicate which forms of technology you currently use:

	Frequently	Rarely	Never
Audio or visual recordings of service user stories produced for cinema, television or radio	○	○	○
Online material around service user stories (e.g. Patient Voices website)	○	○	○
Locally produced pre-recorded videos of service users telling their stories	○	○	○
Locally produced pre-recorded videos of service users being interviewed on a particular topic	○	○	○
Video conferencing with service users where students are in the classroom	○	○	○
Video conferencing with service users where students are online	○	○	○

Other (please specify)

[   ]

9. How do you think that technology can be utilised to greater effect in terms of service user involvement?

Section 3: The Future

10. If a miracle occurred, and you did not have to consider resources, funding, staffing, etc, what would you envisage as the ideal in terms of service user involvement within the university based part of the nursing curriculum?
Please describe:

10.7 Appendix 7: Example of an Iteration of Data Analysis

10.8 Appendix 8: An Overview of the Three Novels Chosen To Illustrate the Findings

10.8.1 *The Chronicles of Thomas Covenant: The Unbeliever, Stephen R Donaldson*

Donaldson's series tells the story of the main protagonist, Thomas Covenant, who is introduced in the first instalment 'Lord Foul's Bane'. As a leprosy sufferer Covenant is treated as an outcast in our world; shunned by society and abandoned by his wife and child, he lives alone in an isolated farmhouse on the outskirts of an American town. His career as a writer has faltered due to the amputation of two of his fingers and generalised numbness in both hands caused by the leprosy. The payment of his utility bills and delivery of groceries is arranged by the people of the town, in an attempt to keep him away through fear of his disease. Covenant, however, refuses to accept his situation, and it is during a particularly stressful visit into the town that he falls unconscious, and awakes to find himself in an alternate reality, known as the Land. The Land is the complete opposite of the uncaring world that Covenant is used to; the people are warm and friendly and open both their hearts and homes to him, and the Land also provides an apparent cure for his leprosy. Unfortunately, having no feeling in either his hands or feet has forced Covenant to develop an almost instinctive caution which he is reluctant to let go of, and his despair leads him to reject the kindness and friendship that he is offered. Instead, he maintains his mental defences by insisting that the Land is a dream, and that to wake up he needs to work through the dream. As such he allows himself to be pulled through events, but finds himself unable or unwilling to take action or make decisions. The plot describes Covenant's slow acceptance of his role in a world which he doesn't really believe in, allowing him to eventually return the love and friendship which he is offered, and ultimately return to our world having let go of much of the bitterness and anger which he has carried for so long.

10.8.2 *Lord of the Rings, JRR Tolkien*

In the first instalment, 'The Fellowship of the Ring', the main protagonist, Frodo, embarks on a quest to destroy a ring of great power, in order to prevent its use by Sauron, a figure of evil who is bent on destroying Middle-earth. Frodo and his companions must journey through unknown lands, where they are exposed to previously unthinkable dangers, and unimaginable beauty in the places that they visit. Frodo is not a typical storybook hero, instead he is described as an 'ordinary fellow' who accepts the task of destroying the ring with some reluctance. He is a hobbit; also known as 'halflings' as they are short in stature in comparison to men, hobbits are perceived as being somewhat innocent and childlike in

comparison to races such as men, elves and dwarves, and therefore the least likely to embark upon such an adventure. Frodo views his quest as a burden, and feels it to be impossible at times, however, he is helped and supported by both the companions that he travels with, and the people that he meets along the way. An arduous journey brings Frodo and his companions to a final decision at the end of the first instalment, to make a detour to the relative safety of Minas Tirith or continue directly to Mordor. Frodo cannot bear the thought of imperiling his friends on the dangerous journey or allowing the Ring to corrupt them, so he attempts to leave secretly and continue the quest alone. Frodo does not, however, manage to elude Sam, so the two of them set out together for Mordor.

10.8.3 Earthsea, Ursula K. Le Guin

The world of Earthsea is an archipelago, made up of hundreds of islands with various cities and settlements on them. In the first novel of the trilogy, 'A Wizard of Earthsea', the protagonist, Ged, is a young man who lives on a predominantly rural island in the northeast, which is renowned for producing wizards of considerable talent. Ged has a natural gift for magic which is discovered by a local mage who offers to mentor him, however, Ged's impatience to master his gift leads him to spurn this offer in favour of attending the school for wizards on the island of Roke. Through his learning at the school, Ged begins to understand and develop his power, but his pride leads him to rise to the challenge of a fellow student and overreach his abilities. In doing so Ged releases a terrible shadow, and his life becomes one of fear. His attempts to evade the shadow lead him all over Earthsea, but the choices that he makes along the way reflect his growing maturity; he disregards two different offers of 'quick fix' solutions to the problem of the shadow, as each of these offers comes with the potential for danger, both to himself and to others. By the end of the book Ged has come of age, and realised the true value of patience, and the importance of thinking things through rather than jumping in head first.