



Service user involvement in giving mental health students feedback on placement: A participatory action research study



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SUMMARY

Background: Although the drive to engage service users in service delivery, research and education has mainstream acceptance, it is not easy to achieve meaningful involvement. The contribution that could potentially be made by users whilst accessing services is often overlooked.

Objectives and Participants: This study involved stakeholders (mentors, service users and a lecturer) working together to design, evaluate and refine a system enabling students to seek feedback from service users. The feedback concerned mental health students' interpersonal skills and occurred whilst on practice placement. This research aimed to explore the experiences of those concerned when nine students attempted to learn from rather than about service users.

Design: A 2-year study, encompassing five cycles of participatory action research (PAR).

Setting: A small island community in the British Isles, adopting UK standards for pre-registration nurse education.

Methods: Data came from interviews with service users and mentors and a series of reflective group discussions with students who volunteered to try out the feedback mechanism. The deliberations of the PAR stakeholder group informed the research cycles and added to the data, which were subject to thematic analysis.

Findings: Findings indicated that service users volunteering to give feedback had unanimously positive experiences. Students' experience lay on a continuum: those with a stronger sense of self were more willing and able to ask for feedback than less confident students. Cultural adjustment to the role change needed was challenging, requiring self-awareness and courage. Over time, all students achieved deep learning and, for some, learning appeared transformative.

Conclusion: Although contextual, the study concluded that the feedback initiative encouraged the development of more equitable relationships, in which mental health nurses respected the expertise of service users. This potentially benefits student development, recovery-orientated practice, service users and HEIs searching for meaningful ways to involve service users in learning and formative assessment.

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Introduction

The concept of user involvement has become less radical and more mainstream (Jordan and Court, 2010) and power relationships between professionals and mental health service users are changing. Words such as *engagement*, *collaboration* and *empowerment* pervade policy documents published in the UK, North America, the Antipodes and beyond (e.g. Nursing and Midwifery Council (2010); Federation of Canadian Municipalities, 1999; Consumer Focus Collaboration, 2001). Furthermore, contemporary understanding of the meaning of evidence-based practice (EBP) has evolved beyond the premise that nursing interventions should be predicated solely on knowledge emanating from research. A more inclusive model of EBP encourages the valuing of

knowledge derived from service user expertise too (Aveyard and Sharp, 2013). A sense of this expertise is gained from research undertaken *with* rather than *on* service users (INVOLVE, 2013) and through service user involvement at a strategic and/or service planning level. Less prevalent in the literature is the concept of service user involvement at the 'coal face' i.e. in practice, at the point of service delivery.

The thrust to increase service user involvement is topical and of international interest. In the UK, the Nursing and Midwifery Council (2010) stipulate that service user involvement must be embedded in the pre-registration nursing curriculum. However, a number of commentators e.g. Stickley et al. (2010) in the UK and Elstad and Eide (2009) in Sweden have questioned the extent to which meaningful service user involvement can be achieved within prevailing organisational cultures.

This paper seeks to add to the body of knowledge informing the involvement of service users at the coalface. It reports on a participatory action research project exploring the experience of students and service

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users when students asked mental health service users for feedback about their interpersonal competence. This feedback was sought whilst students were working with adults aged under 65, in both inpatient and community-based practice placements. It sheds light on both students' and service users' perceptions of the nurse–patient relationship.

Relationships Between Professionals and Service Users

From a service user perspective, Beresford and Branfield (2006) outlined the findings of three projects undertaken by 'Shaping Our Lives', a UK-wide, user-controlled organisation. They found that how the 'patient journey' is experienced is inextricably linked to the destination and, for service users, the eventual success of a period of involvement with mental health services depends on the quality of their interpersonal experiences with the people trying to help them. The quality of the relationship built between professional and service user is clearly pivotal. Priebe and McCabe (2008) described this as 'a psychological construct held by the participating individuals on each other and their interaction' (p. 522). This adds legitimacy to the case for asking the people in a relationship for feedback about the relationship.

McCann et al. (2008) suggested that a culture of professional dominance results in a reluctance to cede power, yet relinquishing power is necessary in order to build effective relationships with service users (Warne and McAndrew, 2007). McAllister et al. (2004) provided a compelling link between the dominance of a culture which places emphasis on powerful, scientific, problem-identifying, solution-prescribing experts and its corollary—powerless, depersonalised, passive or therapy-resistant patients. More recently, the recovery model has come to be considered the mainstay of contemporary mental health services (Department of Health, 2011). This model seeks to recognise service user expertise and responsibility, placing emphasis on strengths as well as problems and advocating partnership working between professionals and service users. However, where elements of a culture of superiority remain, this acts as an obstacle to partnership. In a paper from Australia, Jordan and Court (2010) concluded that service users have crucial knowledge, understanding and experience of the diagnosis and management of the illness process which is different to that of professionals. Furthermore, Beresford (2010) suggested that 'significant fault lines' can be expected between service users' views and these views and those of professionals. Asking services users for feedback is one way in which a practitioner might learn to embrace a more inclusive approach to EBP.

The Role of Feedback

Koh (2008) argued that constructive formative feedback is underutilised in nurse education and under-conceptualised in higher education. Properly conducted, it has the potential to enhance insight and confidence (Clynes and Raftery, 2008), long-lasting behavioural change (O'Keefe, 2001), deep learning, self-esteem, motivation and employability (Koh, 2008). There is broad agreement that feedback must be delivered carefully, with emphasis on behaviour rather than character (Clynes and Raftery, 2008). It is best delivered as a dialogue rather than a one-way transmission and presented as an opportunity to learn rather than a judgement about performance (Koh, 2008). Eraut (2006) warned that the strong emotional dimension contained within feedback can result in difficulties, particularly for insecure students. Clynes and Raftery (2008) concurred that students' self esteem and their age emerge as important variables affecting the way in which feedback is received.

Findings from other research such as Stickley et al. (2011) and Masters and Forrest (2010) in the UK and Debyser et al. (2011) in Belgium stressed the importance of formative feedback which supports learning and, vicariously, assessment. These studies varied in the extent to which complexity and ambivalence were acknowledged in the findings. Nevertheless, they all concluded there was a need for the careful management of any system put in place, to avoid exacerbating the

existing disempowerment of students and service users. In conclusion, it is evident that much remains to be learned about the design, impact and effectiveness of systems enabling service users to give feedback to students.

Methods

Study Aim and Design

The relevant research question was, 'When mental health student nurses ask service users for feedback about their interpersonal competence, how is this experienced by those involved?' A participatory action research approach was used which spanned a 2-year period and entailed five action spirals. There were two groups of participants. The former was made up of stakeholder volunteers comprising six people (one mentor, four service users and the lead researcher—a lecturer). This group met for 2 hours every 3 months, working together to devise the original system enabling students to ask for feedback and then modifying it in the light of the experiences of those involved. The second group tried out the system for feedback and totalled nine students, six mentors and ten service users over the course of the five spirals. The students came from two different cohorts. The students asked for feedback from service users in a diverse range of placements (examples included an acute inpatient setting, a therapeutic community and a community team). All service user participants were adults under the age of 65. In most cases, feedback was verbal and written. Service users used a questionnaire as a prompt for a feedback conversation with the student. The questionnaire was devised by the stakeholder volunteer group and, as the spirals of action research progressed, later amended in response to evaluative comments made by students and service users who tried it out.

Data Collection

Narrative data were derived from transcripts of semi-structured individual or group interviews with students, service users and mentors. Documentary data stemmed from feedback questionnaires and students' written reflections. This was used by the stakeholder group to collectively decide how to refine the system for feedback over time. The deliberations of the stakeholder group were also recorded and transcribed.

Ethical Considerations

The following steps were taken to ensure the ethical conduct of the research. The power imbalances inherent in the teacher–student and nurse–patient relationship exacerbated the risk of participants feeling pressurised to take part. Therefore, the principle was adopted that all participants were anonymised, had the choice to opt in (and out) and were provided with sufficient clear information to support valid consent to participation. Formal permission was granted by the local ethics committee. Students and mentors were prepared at a meeting held just prior to each placement and provided with written guidance to support the discussion. The option to participate was advertised to service users in a variety of ways, depending on the placement. Examples include by poster, by student and/or mentor announcement at community meetings and through a user-friendly written information leaflet. Service users who volunteered were not rejected if they lacked capacity but the mentors had a role in supporting students if they received difficult feedback. The preparation of service users to give feedback was supported by the written leaflet and the verbal explanations supplied by participating students and mentors.

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