



# Service user involvement in the assessment of a practice competency in mental health nursing – Stakeholders' views and recommendations

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Accepted 4 April 2007

## KEYWORDS

Consumer participation;  
Clinical competence;  
Education;  
Nursing;  
Mental health services

**Summary** Competence in building therapeutic relationships is essential for student mental health nurses and therefore requires robust assessment. However, the assessment of such complex skills is problematic. Following policy directives exhorting increased service user involvement in general, there have been recent suggestions that service users could contribute to the assessment of practice. This paper outlines a research project which investigated the views of 24 stakeholders (service users, lecturers, mentors, ex-students and student nurses) about the potential involvement of service users in the assessment of student mental health nurses' competence in forming therapeutic relationships. The findings revealed that service users interviewed had a largely positive attitude towards this potential development. Nurse participants were more ambivalent. Despite citing several key advantages, nurses also expressed some important reservations about how such a proposal could be implemented in practice. Nevertheless, on balance, they were in favour in principle. Key recommendations for the implementation of this potential development included strategies to enable anonymity and freedom of choice for service users. A range of options for obtaining service user feedback were put forward, along with some ideas about how the fairness of the assessment might be protected. © 2007 Elsevier Ltd. All rights reserved.

## Introduction

In the UK, the Nursing and Midwifery Council (NMC) have recently begun consulting with nurses about

the principle of involving service users in the assessment of pre-registration students' practice competence (NMC, 2005). This paper reflects the findings of a research study, undertaken in 2005, which investigated the views of a range of stakeholders on this topical issue. Stakeholders were interviewed about the possibility of asking current mental health service users to provide feedback

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about student mental health nurses' ability to form therapeutic relationships. Information is provided about stakeholders' attitudes and some possible strategies for involving service users in the assessment of practice are put forward.

## Background literature

### The importance of the therapeutic relationship

The literature from both professional (Moyle, 2003) and service user (Adam et al., 2003) sources suggests that the therapeutic relationship is multi-dimensional, encompassing affective, cognitive, moral and behavioural components. In terms of its function, research indicates that in the field of mental health the formation of a therapeutic relationship is a necessary precursor to any other formal therapeutic approach (McAllister et al., 2004; Sainsbury Centre for Mental Health, 2001). Moreover, the quality of the therapeutic relationship is considered a clear predictor of outcome (McCabe and Priebe, 2004). Widespread consensus has been reached that the ability to form such a relationship is essential for any competent mental health practitioner (Sainsbury Centre for Mental Health, 2001; Roberts, 2004). Therefore the central importance of the therapeutic relationship is beyond doubt. What is not beyond doubt, however, is the robustness of current strategies for the assessment of competence in this vital and complex phenomenon.

### The assessment of practice competence – the challenges

There is broad agreement about the tortured history and problematic nature of the assessment of clinical competence (English National Board (ENB), 2000; Redfern et al., 2002). This is especially so when applied to complex, subjective and multifaceted skills such as those required in the formation of the therapeutic relationship (Anderson and Stickley, 2002). Whilst Mercer and Reynolds (2002) contend that empathy is technically observable, Chapman (1999) is a particularly fierce critic of existing assessment methods in mental health, arguing that

*'to render (interpersonal) interactions observable, much less measurable, could be intrusive, unethical, inappropriate, impracticable, inhibiting or a combination of any of these' (p.133).*

Inter-rater reliability and subjectivity are perennial problems and, with the realities of the workplace, the validity and reliability of assessments are often compromised due to a conflict between care delivery and assessment (While, 1991; ENB, 2000). There is a myriad of factors influencing assessment in practice and the opacity of this complicated phenomenon is compounded by the fact that few students fail on clinical grounds (Duffy, 2004), thus casting aspersions on the current assessment tools' ability to discriminate (Giot, 2000). What is more, there is plenty of evidence to suggest that nurses' assessments of service users' views, perceptions and needs often lack accuracy (Twinn, 1995; Löfmark et al., 1999). This, coupled with the evidence that there is a strong relationship between the service user perception of the therapeutic relationship and its effectiveness (Cape, 2000), lends legitimacy to the question of whether mentors can assess this particular competency confidently without feedback from service users.

There is consensus that whilst every method of clinical skills assessment has its strengths and weaknesses, the validity and reliability of assessment are improved through the adoption of a multi-method approach (Norman et al., 2000). Furthermore, Redfern et al. (2002) recommend the better triangulation of witnesses as well as method, with assessment hinging on a range of informed views. More specifically, Norman et al. (2000) highlight the need for studies exploring the feasibility of better triangulation of the assessment process through the use of contributions by service users, citing research showing service users to be acute observers of clinical care (Redfern and Norman, 1999a,b).

### Service user involvement in the assessment of practice competence

There is little provision for current service users to offer feedback in the assessment of student nurses' practice competence. However, contemporary mental health services place emphasis on service users having a voice (Department of Health, 1994; UKCC, 1999). This development has occurred against a backdrop of increased consumerism (and its underlying doctrine that recipients of services have a better grasp of their needs than professionals) and an increasingly vociferous user movement expressing dissatisfaction with services (Bertram, 2002). In part, the purpose of this thrust is to redress power imbalances, particularly prevalent in mental health services (Breeze et al., 2005).

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