



Original research

Exploration of the perceived impact of carer involvement in mental health nurse education: Values, attitudes and making a difference

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ABSTRACT

Academic settings are seen to be an ideal, although potentially privileged, environments in which to demonstrate meaningful and authentic involvement. Despite the lack of evaluation and evidence relating to the impact of involvement being noted in the early 2000's, there continues to be a lack of evaluative research in this area (Happell et al., 2014) with the examination of the carers perspective being even more limited.

This paper presents qualitative findings emerging from an Interpretive Phenomenological Analysis (IPA) carried out on transcripts from five individual semi-structured interviews with family carers who contribute to the Bachelor of Nursing (Mental Health) programme at Edinburgh Napier University. The study sets out to explore the perceptions family carers have relating to their involvement in nurse education.

Findings are themed and offer insights into why family carers become involved in educating nurses, the impact they perceive this involvement has on students and themselves and the meaning they make of the feedback they receive.

Drawing on these themes and narratives provides opportunities to understand the motivation and drive carers have to improve health and social care services for carers and for people who use services while offering knowledge about how carers perceive and evaluate the impact of their contributions.

Conclusions made relate to the value of involvement and how connecting with students thought out their programme of study builds rapport and meaningful, authentic partnerships. However, the strategic planning and continued investment in co-production as well as a deeper understanding of the complex relationship students and carers have is needed.

1. Background

The policy and legislative rhetoric in health and health related professional education internationally indicates that the involvement of people with lived experience and their family carers should by now be embedded (Happell et al., 2014a). Within the United Kingdom (UK), there are clear guidelines for nurse education to be delivered in partnership (Department of Health, 2010; NHS Education for Scotland, 2011, 2012; NMC, 2010). For some time there has been an expectation that people with experience of health care services and their carers work together with higher education institutions (HEI) to recruit and select students, develop, approve, deliver and to evaluate nursing curricula (Nursing and Midwifery Council (NMC), 2011). The mental health nursing pre-registration programmes at Edinburgh Napier University have a long history of involvement stemming back from their first co-produced strategy for involvement in the mental health nursing curriculum in 2002 (Masters et al., 2002). More recently universities internationally have formalised, enhanced and embedded involvement

through the development of service user research and academic posts and other co-production initiatives (Happell et al., 2014a,b; Mckeown et al., 2012; Rhodes, 2012). These developments are aimed at increasing the level of involvement and empowerment that people with lived experience and their carers have in the education of the health workforce. Through the broad, demonstrable engagement with the ideology of co-production, authenticity can be enhanced with the notion that this will then encourage those preparing to work in healthcare to adopt this approach in their day to day practice. However, it is perhaps easier to facilitate authentic co-production in an educational setting when compared to practice settings where the power imbalance is more challenging to address (Mckeown et al., 2012).

The Nursing and Midwifery Council (NMC) also increased the significance of partnership working and involvement within the standards relating to nurse education programmes. They state that from a general competence perspective all nurses should: "... work in partnership with other health and social care professionals and agencies, service users their carers and families in all settings" (NMC, 2010: 21). From a field specific

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focus, the NMC states that mental health nurses must “...work with service users, carers, other professionals and agencies to shape future services ...” (NMC, 2010: 27).

People who provide services in health care settings are reported to continue to hold negative attitudes towards true partnership working (Happell et al., 2014b). It is these attitudes that are reported to stand in the way of making progress in relation to meaningful, authentic service user and carer involvement in practice (Warne et al., 2007). Educating the nurses of tomorrow in a way that not only models and advocates involvement but also provides opportunities for this to be visible and meaningful, could be seen as the much needed catalyst for the culture change required in clinical practice (McCaig et al., 2014; Repper and Breeze, 2007) despite the “*privileged place*” academic environments hold (Mckeown et al., 2012: 178) when compared to practice settings. Nevertheless, in academic settings a number of barriers continue to negatively impact development in this area. In particular internal systems and resource issues within higher education bring challenges to developing and sustaining meaningful involvement (Gutteridge and Dobbins, 2010; Mckeown et al., 2012). Added to these practical barriers are concerns about how representative peoples contributions are, assuring a shared agenda and a general lack of evidence and evaluation of the impact and outcomes of involvement (Happell et al., 2014a). Despite the lack of evidence of the impact, the inclusion of service users and carers in higher education in health and social care has become commonplace, if sporadic and variable (Happell et al., 2014a,b; Mckeown et al., 2012; Robinson and Webber, 2013).

Given the lack of evaluation and evidence related to the perceived impact of involvement in nurse education and the investment needed to enhance and maintain authentic meaningful co-production it is essential that research is focussed in this area. A small scale study of student nurse perspectives of service user and carer involvement in education (McIntosh, 2011) indicated that the involvement of family carers had the potential to bring about transformative learning in relation to students recognition, value and respect relating to the role of carers. This initial study's findings encouraged the evaluation and exploration of the experience of involvement from a carers' perspective as a way to build on this work and offer some insights into the carers' views relating to the impact of their contributions. The purpose of this study is therefore to add to and enhance current understanding of the perceived value and impact of carer involvement in mental health nurse education. The study will be of interest to those involved in health/nurse education, students and mental health practitioners.

Aim: An evaluation of family carers' perception of their contribution to the learning teaching and assessment of student nurses on the Mental Health Nursing programme.

1. Why do family carers' become involved in the mental health nursing programme?
2. What are family carers' perceptions of contributing to the pre-registration mental health nursing programme?
3. What are family carers' experiences and perceptions of the impact their contribution has on student nurses.
4. How do family carers' who contribute to the mental health nursing programme evaluate their input?

2. Literature review

A systematic approach was adopted to search the literature relation to the topic. A search of the relevant databases CINAHL and British Educational Index was conducted in July 2015 for the purpose of identifying literature relevant to the study. Inclusion criteria used in the review were: original/primary sources that reported on carers views in relation to involvement in nurse/healthcare education. A range of related terms were included to maximise the identification of literature however none were identified as being closely in line with the study of carer perspectives of involvement in nurse education. Due to the limited

sources the review of the literature expanded and included papers that reported on both service user and carer perspectives and studies that were contextualised in other health or social care professional education, for example social care/work.

Papers were excluded if they did not focus on the education of health or social care staff/students and if the primary focus was not that of service user and carer perspectives for example Gutteridge and Dobbins (2010) who examine faculty staff's perspectives of involvement.

Search terms used are detailed in the Table 3:

While there is has been a steady growth in the volume of literature that focusses on service user involvement the same cannot be said to research that focuses on carer involvement. No studies that solely reported the carer perspectives of involvement in education were identified although some sources considered both service user and carer perspectives (Mckeown et al., 2012; Rhodes, 2012). The detail of the carer perspective was at best limited. Carer perspectives were touched on however they tended not to be the primary focus of the research or discussion therefore had limited depth on which to draw related findings. For example, Mckeown et al. (2012) reports on findings from a participatory action research study where the participants included both service users and carers. Mckeown et al., note that the themes drawn from the analysis did not focus on distinguishing between the views of each. Equally Rhodes et al. (2014) uses a Narrative Enquiry to explore the accounts of service user and carer educators and identifies the individual benefits of involvement but again these do not indicate which participants were carers and which were service users. The lack of specific exploration of carer perspectives in the literature suggests a potential gap in the evidence base and supports the need for wider exploration in this area.

Currently literature shows that despite the clear and growing expectation that people who use mental health services and their carers should be included in the development and delivery of nurse education the assumed benefits of this involvement lacks an evidence base (Rhodes, 2012; Speed et al., 2012). In 2007, Repper and Breeze conducted a literature review that concluded there was a lack of clear evaluation of the impact of service user and carer involvement in education and its link to improved outcomes for people receiving mental health care. A review of literature was also carried out in 2009 by Morgan and Jones with an aim to identify approaches, perceptions and impact of involvement. This review considered differed from Repper and Breeze in that it considered outcomes of involvement rather than process (Morgan and Jones, 2009). Again this review had limited focus on carers despite the title indicating otherwise (Morgan and Jones, 2009). A similar review was conducted by Happell et al., (2014a,b), although being seven years later than the Repper and Breeze review, the conclusions relating to lack of evaluation of impact remain.

Speed et al. (2012) set out to explore service user, carer and staff perspectives of the barriers to involvement in higher education. This study used focus groups to generate data, two focus groups consisted of family carers. Although the focus group did not set out to explore the participant's perceptions of involvement it did generate valuable data around the perceived barriers to participation. The themes that emerged following analysis of the transcribed focus groups included a lack of: teaching context, preparation, support, being “real”, feedback and payment were all seen to impact on effectiveness although there is a need to further define and measure how effective participation is perceived and by who.

The lack of detail relating to carers' perspectives of involvement in the literature it is in itself significant. Conclusions are difficult to draw from this gap and how to ascertain whether this is due to a general lack of research and reporting on carer involvement or that carer involvement in health education underdeveloped generally. If it is the latter then potentially less value and importance is placed on involving family carers in education or that the emphasis in the policy rhetoric guides educators to service user involvement with carer involvement being an

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